

Child's Name _____ Date of Birth _____

Confirmations completed by May 24th

School-Age Classroom for "Soon-to-be" Kinders thru current 3rd Graders

**MOSS STREET CHILDREN'S CENTER
Summer Term 2019 Child Care Application**

Return application to: 1685 Moss St., Eugene OR 97403, Phone: 541-346-4384
\$10.00/family application fee to be paid at time of application submittal

First Parent (or guardian): Billing is set up under: 1st- UO Student, 2nd- UO Employee name, as applicable.

Name: _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Cell # _____ Home # _____ UO ID # _____ - _____ - _____

During Summer Term 2019, I will be: (this information is used to determine eligibility and rates charged)

UO Student*: Undergrad ___; Grad ___; GTF ___; Law ___; AEI ___

Fulltime ___ or Part time ___; 0 credits ___ (But, I will be enrolled in UO classes starting Fall '19)

CEP (UO Community Education Program)

University Employee: ___ Faculty; ___ Staff Dept/Prog: _____

___ I am also taking UO classes using my reduced staff rates benefit (no incidental fees being paid)

Second Parent (or guardian): Not Applicable:

Name: _____ E-Mail _____

Address _____ City _____ State _____ Zip _____

Cell # _____ Home # _____ UO ID # _____ - _____ - _____

During Summer Term 2019, I will be: (this information is used to determine eligibility and rates charged)

UO Student*: Undergrad ___; Grad ___; GTF ___; Law ___; AEI ___

Fulltime ___ or Part time ___; 0 credits ___ (But, I will be enrolled in UO classes starting Fall '19)

CEP (UO Community Education Program)

University Employee: ___ Faculty; ___ Staff Dept/Prog: _____

___ I am also taking UO classes using my reduced staff rates benefit (no incidental fees being paid)

Non-University Parent

*A UO student at Moss Street is someone who is seeking a degree, taking credits and paying incidental fees.

International Students: Country _____ Do you need a translator? _____

Do You Receive ASUO Subsidy? Yes / No If so, what Percent? _____

Child Info: Child's Name (Last, First) _____, _____

Date of Birth: _____ Grade entering this Sept: ___K ___1st ___2nd or ___3rd

Confirmations completed by May 24th School attending this Sept: _____

Scheduling options: 7:30-5:45; 7:30-3:00; 7:30-12:30 & 12:45-5:45

*All-day Fieldtrip days (two on a Tuesday & six on a Thursday) only option= 7:30-5:45

At least two days per week required for each week care is requested. You can have weeks with no care.
There is a weekly fieldtrip fee of \$5.00.

JUNE 24- JUNE 28 M _____ TU _____ W _____ TH _____ F _____

JULY 01- JULY 05 M _____ TU _____ W _____ TH CLOSED F _____

JULY 08- JULY 12 M _____ TU _____ W _____ TH _____ F _____

JULY 15- JULY 19 M _____ TU _____ W _____ TH _____ F _____

JULY 22- JULY 26 M _____ TU _____ W _____ TH _____ F _____

JULY 29- AUG 02 M _____ TU _____ W _____ TH _____ F _____

AUG 05 - AUG 09 M _____ TU _____ W _____ TH _____ F _____

AUG 12 - AUG 16 M _____ TU _____ W _____ TH _____ F _____

AUG 19- AUG 23 M _____ TU _____ W _____ TH _____ F _____

AUG 26- AUG 30 M _____ TU _____ W _____ TH _____ F _____

W = am swim lesson, for those signed-up TU / TH = all-day fieldtrip day (7:30-5:45)

I understand that if space is available, I will be **financially responsible** for the schedule requested above unless a written schedule change is submitted and approved. **Written schedule change requests are due by June 1st.**

Parent Signature _____ **Date** _____

PARENT NOTE: Completed Enrollment Forms are needed for all children to start care. Also, an orientation visit and a \$75.00 confirmation deposit are pre-requisites to starting enrollment; these items are needed only once a schedule is confirmed for your child. For complete withdrawal, a 30 day written notice is required.

Do you want to continue care at Moss Street this fall (starting 9/16)? Yes / No

If so, what will your family status be at that time? UO Student <or> UO Employee

To be offered care for the 2019-20 academic year, you need to submit that separate application form.