

DATE REC: _____ *\$75 per Semester Non-refundable Registration Fee per Child: _____

DAYS OF WEEK: M am pm T am pm W am pm TH am pm F am pm

*(Part-time Rates less than #20 hrs per week – Full-time Rates #21 hours plus)

NOTES: _____

COLLEGE OF SOUTHERN IDAHO
CHILD CARE CENTER
APPLICATION FOR ENROLLMENT

(Please print)

1st Child's Name _____ Sex _____ Birth Date _____
Last First Middle M/F Month-Day-Year

2nd Child's Name _____ Sex _____ Birth Date _____
Last First Middle M/F Month-Day-Year

3rd Child's Name _____ Sex _____ Birth Date _____
Last First Middle M/F Month-Day-Year

FALL 2011 _____ SPRING 2012 _____ Faculty/Staff _____

#1 Parent's Name _____ CSI ID.# _____
Home Address _____ S.S. # _____
(Street/Box# City State Zip) Home Phone _____
Message Phone _____
Cell Phone _____
E-Mail _____

Marital Status:
Married _____
Widowed _____
Divorced _____
Separated _____
Single _____

Are you enrolled in classes here at CSI? Yes _____ No _____
No. of Credits _____ Major _____
Other: BSU: _____ ISU: _____ UOI: _____

Are You Employed? Yes _____ No _____
Where? _____
Address _____
Street/Box # City State Zip Telephone

NOTES:

#2 Parent's Name _____ CSI ID.# _____
Home Address _____ S.S. # _____
(Street/Box # City State Zip) Home Phone _____
Message Phone _____
Cell Phone _____
E-Mail _____

Are you enrolled in classes here at CSI? Yes _____ No _____
No. of Credits _____ Major _____
Other: BSU: _____ ISU: _____ UOI: _____

Are You Employed? Yes _____ No _____
Where? _____
Address _____
Street/Box # City State Zip Telephone

Who will be responsible for Child Care cost? _____

Are you being aided by any of the following programs? PELL GRANT _____ ICCP _____ WIA _____ VOCATIONAL REHABILITATION _____
H&W TAFI BENEFITS _____ FOOD STAMPS _____ MEDICAID _____ OTHERS _____

ETHNIC BACKGROUND: (Child)

This information is confidential and for nondiscriminatory use. It will be available only upon specific authorization for research and statistical purposes.
Your voluntary cooperation will be appreciated.

_____ White _____ Hispanic or Latino _____ American Indian & Alaska Native
_____ Black _____ Asian _____ Native Hawaiian or Other Pacific Islander Other: _____

Language spoken at home _____

SPECIAL NEEDS: (Child)

Does your child have any physical limitations or special needs? Yes _____ No _____

If yes, please explain _____

IN ACCORDANCE WITH FEDERAL LAW AND U.S. DEPARTMENT OF AGRICULTURE POLICY, THIS INSTITUTION IS PROHIBITED FROM DISCRIMINATING AGAINST ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, AGE, OR DISABILITY.