

Date Received: _____ Date Accepted: _____ Date of Enrollment: _____

*\$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

Program #1 FALL 2008 _____ Program #2 SPRING 2009 _____ Faculty/Staff _____

Parent's Name _____ Home Address _____
(Street/Box# City State Zip) Home Phone _____
Message Phone _____
Cell Phone _____

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

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

Parent's Name _____ Home Address _____
(Street/Box # City State Zip) Home Phone _____
Message Phone _____
Cell Phone _____

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 & Alaskan 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 _____

NO CHILD WILL BE DISCRIMINATED AGAINST ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, GENDER, RELIGION,
AGE, DISABILITY, POLITICAL BELIEFS, SEXUAL ORIENTATION, AND MARITAL OR FAMILY STATUS.

Record#: _____ / _____ / _____ File: _____ Mailbox: _____