

COLLEGE OF SOUTHERN IDAHO
Early Childhood Education Learning Center
APPLICATION FOR ENROLLMENT

DATE RECEIVED: _____

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

TIME: _____

**(Part-time Rates are for 25 hours of care or less a week and are available in blocks from 7-12 & 12-5 Monday-Friday)*

(Please print)

1st Child's Name _____ Last First Middle	Sex _____ M/F	Birth Date _____ Month-Day-Year	<input type="text"/>	<input type="text"/>
2nd Child's Name _____ Last First Middle	Sex _____ M/F	Birth Date _____ Month-Day-Year	<input type="text"/>	<input type="text"/>
3rd Child's Name _____ Last First Middle	Sex _____ M/F	Birth Date _____ Month-Day-Year	<input type="text"/>	<input type="text"/>

AGE:

FALL/YEAR: **SPRING/YEAR:** **Faculty/Staff/Community**

SUMMER/YEAR: **YEAR-ROUND/YEAR:**

CSI ID.#

#1 Parent's Name _____

S.S. #

Home Address _____
(Street/Box# City State Zip)

Home Phone _____
Message Phone _____
Cell Phone _____

Are you enrolled in classes at CSI? Yes _____ No _____
No. of Credits _____ Major _____

E-Mail _____
Other: BSU: _____ ISU: _____ UOI: _____

Are You Employed? Yes _____ No _____
Where? _____

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

NOTES:

#2 Parent's Name _____

CSI ID.#

S.S. #

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 _____

E-Mail _____
Other: BSU: _____ ISU: _____ UOI: _____

Are You Employed? Yes _____ No _____
Where? _____

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 _____