# ASUM Child Care Preschool Center Enrollment Application & Contract Note: Completing this application does not guarantee enrollment

**Office Use**

WL Date\_\_\_\_\_\_\_\_\_\_\_

Time Called\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Called\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Called\_\_\_\_\_\_\_\_\_\_\_\_\_

Conf\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Autumn semester enrollment will begin June. Spring semester enrollment will begin November. Summer Enrollment will begin in April*

**Faculty/Staff: Re-enrollment will occur each Autumn.**

**Students: This Application is for Autumn/Spring/Summer of Year**

**(*Please circle semester above*)**

Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St \_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Parent’s Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Parent’s Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Birthdate** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Health \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adequately Immunized for Age: Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

**Status:** Student \_\_\_\_\_\_\_ Faculty\_\_\_\_\_\_\_\_ Staff \_\_\_\_\_\_\_ (see faculty/staff information on website)

\_\_\_\_\_ Yes \_\_\_\_\_No \_\_\_\_\_(initial if “Yes”) I am receiving U of M financial aid to assist me with payment of my child care services and understand that the full balance for the semester as contracted will be put on my account at the beginning of the semester and my financial aid will be used to pay my account.

\_\_\_\_\_ Yes \_\_\_\_\_No \_\_\_\_\_(Initial if yes) I am participating in a State or Agency program that will be assisting me with payment of my child care services and understand I will be responsible for any balance not paid by the State or Agency Program. Name of Agency/Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***YOUR CHILD WILL BE PLACED IN THE CLASSROOM THAT IS AGE APPROPRIATE***

| **Learning Center I (4-5 yr olds)**  **Learning Center II Green (3-5 yr old flex)**  Minimum two day enrollment.  Full day enrollment only.  Students: $39.50 per day  Faculty/Staff: $890 per month  Pro-rated on # of days |
| --- |
| | M | T | W | R | F | | --- | --- | --- | --- | --- | |  |  |  |  |  | |

| **Early Learning Center IIInfants (0-23 mths)**  **Early Learning Center I (2-3 yr olds)**  **Learning Center II Red (19-35 mths olds)**  Minimum two day enrollment.  Full day enrollment only.  Students: $42.00 per day  Faculty/Staff: $940 per month  Pro-rated on # of days |
| --- |
| | M | T | W | R | F | | --- | --- | --- | --- | --- | |  |  |  |  |  | |

**Upon submitting this application/contract you are agreeing to all policies, fees, deadlines etc. as indicated in the Parent Handbook Contract posted on the program’s web page at** [**www.umt.edu/childcare**](http://www.umt.edu/childcare)**.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASUM Child Care Preschool and Family Resources,**

**McGill Hall 021A, Missoula, MT 59812. Fax 406-243-2534**

**Email:** [**vicki.olson@mso.umt.edu**](mailto:vicki.olson@mso.umt.edu)

**For more information call 406-243-2542 or go to** [**www.umt.edu/childcare**](http://www.umt.edu/childcare)**. Thanks!**