Office Use
WL Date_____
Time Called_____
Time Called_____
Time Called_____
Conf_____
_

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

Office Use
Welcome_____
BW_____
Bill_____
Enroll_____

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
Preference is given to full time enrollment

Learning Center I (4-5 yr olds)

Learning Center II Green (3-5 yr old flex)

Full day enrollment only.
Students: $980 per month
Faculty/Staff: $1270 per month

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)

Full day enrollment only.
Students: $1030 per month
Faculty/Staff: $1320 per month

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.

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
For more information call 406-243-2542 or go to www.umt.edu/childcare. Thanks!