



### APPLICATION

(Please print using a ballpoint pen. Return completed forms to the ECC.)

**Child's Name**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ SSN \_\_\_\_\_

**Mother's Name**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail address:

Circle one:            SIUE Student            SIUE Faculty/Staff            Other

**Father's Name**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail address:

Circle one:            SIUE Student            SIUE Faculty/Staff            Other

If your social security number is not included, your application will not be considered.

#### Please complete the following information:

**Circle the program and specify which days are desired below.**

Full Day	Morning Half Day
5 full days	5 mornings
3 full days     M T W R F	3 mornings     M T W R F
2 full days     M T W R F	
Preferred start date: _____	

**Fees will be paid by:**

personal check or money order  
 financial aid allocation  
 state subsidized child care program  
 (please specify) \_\_\_\_\_

When enrollment is confirmed, you will be charged a non-refundable registration fee (\$30 for first child; \$15 for each additional child).

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

ECC applications are reviewed and updated yearly, so that we may keep our waiting list current. You will be mailed a copy of this application at that time to update as needed. Please notify the Early Childhood Center of any changes in contact information. If we are unable to reach you, we will assume you are no longer interested, and your child may be removed from the waiting list. Thank you.