

EMU Children's Institute Application
734-487-2348, Fax 734-487-0427, emu.ci@emich.edu
1055 Cornell Street, Suite 101, Fletcher Building
Ypsilanti MI 48197



PLEASE PRINT ALL INFORMATION

A new Application Form must be filled out prior to each semester of attendance.

*A \$20.00 non-refundable application fee must accompany this application

*A \$50 non-refundable registration and materials fee will be assessed to your
1st billing statement each Fall Semester.

*Both the application and registration and materials fee are charged one-time each Institute calendar year. The Institute calendar year will begin **each fall semester** and end at the close of summer semester. All new families are responsible for fees upon first semester enrolled.

Semester _____ **Date of Application** _____ **NEW** _____

Have you received a program tour? Yes _____ No _____ If yes, when: _____

MO. YR.

CHILD'S NAME _____ **M/F** _____ **DATE OF BIRTH** _____

1. _____
LAST, FIRST

2. _____

PARENT/GUARDIAN 1: ALUMNI Yes _____ No _____ FACULTY/STAFF Yes _____ No _____

E-MAIL ADDRESS: _____ STUDENT E# _____

SOCIAL SECURITY _____ CURRENTLY ENROLLED Yes _____ No _____

NAME _____ HOME PHONE# _____

ADDRESS _____ WORK PHONE# _____

CITY/STATE _____ ZIP CODE _____

PARENT/GUARDIAN 2: ALUMI Yes _____ No _____ FACULTY/STAFF Yes _____ No _____

E-MAIL ADDRESS: _____ STUDENT E# _____

SOCIAL SECURITY # _____ CURRENTLY ENROLLED Yes _____ No _____

NAME _____ HOME PHONE# _____

ADDRESS _____ WORK PHONE# _____

CITY/STATE _____ ZIP CODE _____

Ethnicity/Racial Beneficiary Data: Please check the racial/ethnic identity of your child(ren). You are not required to answer this question however; this information is used by the Child and Adult Care Food Program to assure we are an equal opportunity program.

Ethnicity: ☐Hispanic or Latino ☐Not Hispanic or Latino

Race: ☐American Indian or Alaskan Native ☐Asian ☐Black or African American ☐Native Hawaiian or Other Pacific Islander ☐White

SCHEDULING: Minimum 2 separate day sessions required
Limited part day options available for the Preschool, Prekindergarten
Programs

	7:30-5:30 Includes Breakfast Lunch and Afternoon Snack	7:30-1:00 (Preschool, and Prekindergarten Only) Includes Breakfast and Lunch
MON	_____	_____
TUES	_____	_____
WED	_____	_____
THURS	_____	_____
FRI	_____	_____

PHOTO RELEASE PERMISSION:

I hereby authorize the Children's Institute to photograph and/or record audio and video of my child while he/she is participating in the Children's Institute programs and activities. (Please check one box for each choice.)

☐ I do or ☐ I do not authorize the Children's Institute to disseminate such recordings for classroom and educational purposes. (e.g. web sites, classroom displays, blogs)

☐ I do or ☐ I do not authorize the Children's Institute to disseminate such recordings for informational and promotional purposes. (e.g. printed materials, web sites, conferences)

☐ I do or ☐ I do not allow the Children's Institute to use my child's name with accompanying recordings or photographs.

DROP OFF/PICK UP PERMIT: Required in designated Children's Institute areas at Fletcher. A fifteen-minute limit is enforced.

License Plate #1 _____ Car Make/Model _____ Color _____ Permit# _____

License Plate #2 _____ Car Make/Model _____ Color _____ Permit# _____

office use

Parent/Guardian 1 Signature _____ **Date** _____

Parent/Guardian 2 Signature _____ **Date** _____

Semester Fee _____ Installment _____ Room _____

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 by fax (202) 690-7442 or email at program.intake@esda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.