



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 for each Academic Year and for each Summer Semester.

- *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 Academic Semester.

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

Semester Academic Year **Date of Application** _____ **New Family OR New Child**
(Please Circle)
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/CELL PHONE# _____

ADDRESS _____ WORK PHONE# _____

CITY/STATE _____ ZIP CODE _____

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

E-MAIL ADDRESS: _____ STUDENT E# _____

SOCIAL SECURITY # _____ CURRENTLY ENROLLED Yes _____ No _____

NAME _____ HOME/CELL 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 INFORMATION: Permits are no longer required. However, families do need to park in spots listed with a sign. All other spots are subject to receiving a parking ticket from campus parking. Please observe a 15 minute drop off and pick up time.

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

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

Semester Fee _____ Installment _____ Room _____

Non-Discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) (http://www.ascr.usda.gov/complaint_filing_cust.html) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.