

EMU Children's Institute Application
734-487-2348, Fax 734-487-0286, emu.ci@emich.edu
1055 Cornell Street, Suite 101, Fletcher Building
Ypsilanti MI 48197
Updated 2/4/21



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 \$30 non-refundable registration fee will be assessed to your 1st billing statement

*Both the application and registration 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		Application Date		<input type="checkbox"/> New	<input type="checkbox"/> Returning
Have you received a program tour?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when	
CHILD'S NAME		M/F		DATE OF BIRTH	
1.					
LAST FIRST					
2.					
LAST FIRST					
PARENT/GUARDIAN 1:	ALUMNI:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	FACULTY/STAFF:	<input type="checkbox"/> Yes <input type="checkbox"/> No
E-MAIL ADDRESS:			STUDENT E #:		
SSN:			CURRENTLY ENROLED:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NAME:			HOME PHONE #:		
ADDRESS:			WORK PHONE #:		
CITY/STATE:			ZIP CODE:		
PARENT/GUARDIAN 2:	ALUMNI:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	FACULTY/STAFF:	<input type="checkbox"/> Yes <input type="checkbox"/> No
E-MAIL ADDRESS:			STUDENT E #:		
SSN:			CURRENTLY ENROLED:	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 Young Preschool, Preschool
and Pre-Kindergarten Programs

	7:30 – 5:30 Includes Breakfast Lunch and Afternoon Snack	7:30 – 1:00 Includes Breakfast And Lunch	<i>(Young Preschool, Preschool, Pre- Kindergarten only)</i>
MON	<input type="checkbox"/>	<input type="checkbox"/>	
TUE	<input type="checkbox"/>	<input type="checkbox"/>	
WED	<input type="checkbox"/>	<input type="checkbox"/>	
THU	<input type="checkbox"/>	<input type="checkbox"/>	
FRI-close at 1	<input type="checkbox"/>	<input type="checkbox"/>	

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: at designated Children’s Institute areas at Fletcher. A fifteen-minute limit is enforced. A \$6 fee is assessed for each fall/winter parking permit and \$3 for each summer I and summer II parking permit.

License Plate #1	Make/Model	Color	Permit # _____
License Plate #2	Make/Model	Color	Permit # _____
			<i>office use</i>

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

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

Semester Fee _____ Installment _____ Room _____

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