

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	<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 _____

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.