



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

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 \$50.00 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 _____ **DATE OF BIRTH** _____

1. _____ M F _____
 LAST, FIRST

2. _____ M F _____
 LAST, FIRST

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: 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 _____

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

	7:30-5:230 Includes Breakfast Lunch and Afternoon Snack	Programs 7:30-1:00 Includes Breakfast And Lunch	(Young Preschool, Preschool Only)
MON	<input type="checkbox"/>	<input type="checkbox"/>	
TUES	<input type="checkbox"/>	<input type="checkbox"/>	
WED	<input type="checkbox"/>	<input type="checkbox"/>	
THUR	<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: 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 _____

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