

early learning center

UNIVERSITY OF DELAWARE

REGISTRATION FORM - FY08

*No faxed or emailed registrations accepted. Please complete a separate registration form for each child.
Return to: Early Learning Center, University of Delaware, Newark, DE 19716*

Child's Name: _____ Age: _____ Date of Birth: _____ Sex: _____

Child's Address: _____

Home Telephone: (_____) _____ Email Address: _____

Parent/Guardian Information:

Name:	Name:
Relationship to Child:	Relationship to Child:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Name of Employer:	Name of Employer:
Work Phone:	Work Phone:

Care Needed:

Date you would like enrollment to begin if space is available: _____

Preferred time schedule:

Note: Part time care is not available.

Mon _____	Tues _____	Wed _____	Thurs _____	Fri _____
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If applicable: My school age child attends _____ Elementary School in grade _____.

Additional Information – ALL SECTIONS MUST BE COMPLETED:

<input type="checkbox"/> Yes <input type="checkbox"/> No	One or more parent/guardian is an UD employee receiving benefits. _____ full-time _____ part-time
<input type="checkbox"/> Yes <input type="checkbox"/> No	This child currently qualifies for Purchase of Care. <i>* You must attach a copy of this child's <u>current</u> authorization form - Do NOT request Early Learning Center POC authorization at this time</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	This child does not currently receive Purchase of Care funds, but I would like more information to see if our family qualifies for state subsidized child care.
<input type="checkbox"/> Yes <input type="checkbox"/> No	This child has a diagnosed disability and an active IFSP (Individual Family Service Plan) or IEP (Individual Education Plan). Diagnosis: _____ Services received: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	This child lives in foster care, or has lived in foster care or an orphanage at some time.

▶ **I understand that the registration fee is non-refundable and that although this registration places my child's name on the ELC wait list, it does not guarantee enrollment for my child on a specific date. I also understand that because of the number of variables on the wait list, it is not possible for an exact wait list number to be assigned to me.**

▶▶ **I have read the information sheets provided to me regarding the wait list and ELC activities, including my on-going responsibility to participate in research.**

▶▶▶ **NOTE: Registration form must be returned with a signed copy of the Parent's Right to Know Notice.**

Parent/Guardian Signature _____
Date