UMCCC 02/08Rev

University of Minnesota Child Care Center
1600 Rollins Avenue South East
Minneapolis, MN 55455
telephone: 612-625-2273
fax: 612-626-3200

University of Minnesota Child Care Center
Application Form

|_____|
center use only

Please return this form with the $15 application fee to add your child's name to the waiting list

Child's name:_____
*Last First Middle

Birthdate:_____
Actual or Anticipated

PREFERRED START DATE_____
please enter a complete date: Month Day Year

When your child's name reaches the top of the list, we will call you for any age appropriate opening in the schedule you have checked below occurring 30 days prior to or any time after your indicated preferred start date.
Most openings occur between May and September

*Please print the child's last name. He/she will be listed by this name

Parent or Guardian's name:_____

Address_____

City, State, zip code_____

Home Phone:(____)_____Wk. Phone:(____)_____
please include area code

Parent or Guardian's name:_____

Address_____

City, State, zip code_____

Home Phone:(___)_____ Wk. Phone: (___)_____
please include area code

Check the option(s) you are willing to accept. You may indicate more than one enrollment schedule, but if you are offered and decline any enrollment schedule you have checked, your child's name will be deleted or go to the bottom of the waiting list for all enrollment schedules.

____ Full Time (Monday through Friday)

Part time:
____ Monday, Wednesday, and Friday Full Day
____ Tuesday and Thursday Full Day

These are the only part time options offered
Part time is extremely limited. The wait for part time is usually considerably longer than the wait for full time If you are only waiting for part time, it is possible that you may never be offered an opening.

U of M Affiliation: You must be affiliated with the U of M in order to enroll

____ Student *Major*_____*(at least half-time certification of student status by office of registrar or letter from advisor for thesis only graduate students)*

____ Civil Service/Bargaining Unit *Department*_____ *(minimum 50% paid appointment)*

____ Faculty *Department*_____ *(minimum 50% paid appointment)*

____ Professional and Administrative *Department*_____*(minimum 50% paid appointment)*

You may notify us anytime before you are offered an opening of changes in choice of enrollment options or preferred start date. Please also remember to notify us of changes in your phone numbers and/or address. Call UMCCC at 612-625-2273 or email Tracy Beseman at besem011@umn.edu if you have questions about this form.