## UMD Children's Place Application for Admission

## <u>Please return this form with the non-refundable \$30 application fee</u> to add your child's name to the waiting list (fee is \$45 for multiple children)

Child's Name:	_ Date of Birth			
*Last	First	Middle		Actual or Anticipated
*Please print the child's last name. S/	he will be listed	by this name.		-
Address		City _		Zip
Does this child have an identifie	ed special nee			*UMD Children's Place is
PREFERRED START DATE				_ Age on start date
Please enter a complete date:		DAY	YEAR	(in months)

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 indicated on the reverse of this form occurring 30 days prior to or any time after your indicated start date. \*\*\*Preference is given to UMD faculty, students and staff.

If you are offered and decline the enrollment date noted above, or the schedule requested on the reverse side of this form, your child's name will go to the bottom of the waiting list.

Parent or Guardian 1: Name				
Address		State	Zip	
Phone numbers: (H)	(W)	(Cell)		
Email address				
Parent or Guardian 2: Name				
Address				
Phone numbers: (H)	(W)	(Cell)		
Email address				
UMD Employee UI	MD Student No 7	UMD Relationship a	at this time	
I (We) understand that this applic	cation does not guarantee enrol	lment in the UMD Ch	nildren's Place.	
Signed	Date			
For office use only: *Pre-enrol	Ilment conference held	Appl. recv'o	d. on	
Non-refundable Appl. Fee paid	on Check #	Amt. Pa	Amt. Paid	
Child enrolled	Child withdrawn			
260 Kirby Plaza 1208 Kit	rby Drive Duluth, MN 55812	218.726.6727 FA	AX 218.726.665	

<b>UMD</b> Children's Place
Application for Admission

Child's Name	e: Age Group:		ddler Pr	reschool
for full-time,	<b>)</b> ptions <b>** Please note that enrollment op</b> full year enrollment.	tions are for F	ULL DAYS o	nly and priority is
<u>Full time</u>	Full Time (Monday through Friday full da	ys; full year)		
	Full Time (Monday through Friday full da Care requested from			
<u>Part-time</u>	Monday, Wednesday, Friday (Full Days; f Monday, Wednesday, Friday (Full Days; f Care requested from	partial year)through	Date	
	Tuesday and Thursday (Full Days; partial Care requested from	year)	Date	
Rates (as of 7	//01/12 and subject to change)			
<b>Infant Care:</b> 6 wks – 16 mc	Monday through Friday onths Monday/Wednesday/Friday Tuesday/Thursday	\$210/week y \$139/week \$101/week		
<b>Toddler Care</b> (16 mo. – 33 r	J 8 J	\$190/week y \$127/week \$ 93/week		
<b>Pre-school Ca</b> $(33 \text{ mo.} - 1^{\text{st}})$	, <sub>6</sub> , <sub>1</sub>			

## A 10% discount is given to families with multiple children enrolled.

I/We understand that tuition is billed in four week increments and a statement with due date will be issued. Families receiving childcare assistance are responsible for all charges not paid by the funding source. A late fee of \$25 will be applied to any account where payment is not received by the due date. Delinquent accounts will be turned over to a collection agency, and enrollment will be terminated. Accounts in collection will be assessed up to 50% of the balance to cover collection costs. We charge for all absences including illness or vacation. If a child is withdrawn from the program, written notification must be given to the director. Tuition is charged for four weeks following this written notification. Changes to an enrollment schedule will only be made if space is available.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Notify us of ANY changes in your enrollment choice. When offered a placement, it is based on this information. If you do not accept the enrollment option offered, your child will go to the bottom of the waiting list. All changes must be submitted in writing.