

APPLICATION

Child's name: _____ Home address: _____
Birth date: _____ Sex _____

Home phone: _____



Mother/Parent 1 name: _____ Work phone: _____

Occupation and place of employment: _____ Cell phone: _____

RU Dept: _____ Circle One: Faculty, Staff, Administrator, Other
Undergraduate Student, Graduate \Student

Mother/Parent 1 Email Address: _____

Father/Parent 2 name: _____ Work phone: _____

Occupation and place of employment: _____ Cell phone: _____

RU Dept: _____ Circle One: Faculty, Staff, Administrator, Other
Undergraduate Student, Graduate \Student

Father/Parent 2 Email Address: _____

Emergency contact (other than parents) *Required:

Name: _____ Phone: _____
Relationship to child: _____ Address: _____

Other adult(s) authorized to remove child from Center *Required:

Name: _____ Phone: _____
Relationship to child: _____ Address: _____

Child's Physician *Required:

Name: _____ Address: _____
Phone: _____

Custody: Is child currently residing with both custodial parents? YES NO.

If not, with whom does the child live? _____

If non-custodial parent is prohibited by court order to remove the child from our Center, the state requires the custodial parent to provide the Center with a copy of the court's order.

Siblings: Please give the names and ages of other children.

Name _____ age _____ Name _____ age _____

Fall 2017 Tuition & Fees:

____ Toddler/2 years \$1,170 ____ Preschool/3 years \$1,085 ____ Pre-K/4 years \$985

A \$35 Materials Fee applies yearly, in September. An Activities Fee, \$75 maximum, applies each semester.

Tuition amounts above are RU Affiliate Rates; Community Applicant Rates are \$100 higher

When do you want your child to be enrolled at the Center? SPRING ____ SUMMER ____ FALL ____ Year _____

Has your child been diagnosed with any special needs or allergies? If yes, please describe on separate sheet of paper.

Parent/Guardian Signature date Parent/Guardian Signature date

