

**STAFF USE ONLY**

**Date Received ­\_\_\_\_­­­­­­­\_\_\_\_\_**

**Check Number \_\_\_\_\_\_\_\_\_\_\_\_**

**Check Amount $\_\_\_\_\_\_\_\_**

**Child Enrollment Form**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(If expecting a child, please list name as “Baby [Last Name]” and indicate Due Date in place of Birth Date)

**Contact Information**

|  |  |  |
| --- | --- | --- |
|  | **Parent/Legal Guardian** | **Parent/Legal Guardian** |
| **Name** |  |  |
| **Home AddressCity, State Zip** |  |  |
| **Work AddressCity, State Zip** |  |  |
| **Preferred E-mail Address** |  |  |
| **Home Phone**  |  |  |
| **Cell Phone** |  |  |
| **Work Phone** |  |  |

**The Early Learning Campus serves the faculty, staff, and students of the University of Louisville and affiliated universities, residents of Family Scholar House, and residents of Old Louisville neighborhood. If your family does not meet this affiliation requirement, we will not be able to offer your child a space unless all others on the waiting list have been given priority for filling the openings. Non-affiliated infants and young toddler openings are not likely to become available.**

What is your relation to the University of Louisville? (Please Circle, if applicable): Faculty Staff Student

Please list your UofL ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a resident of Family Scholar House? (Please Circle) Yes / No

Are you a resident of Old Louisville? (Please Circle) Yes / No

Do you currently have a child/children enrolled at the ELC or on the Wait List? Yes / No

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Classroom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature of Parent or Guardian Date**

*All Enrollment Applications require a $100 non-refundable fee payable by Check or Money-Order.*