



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 Address City, State Zip		
Work Address City, 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.