UNI Child Development Center
Application for Enrollment

Today's Date_____

Child's Name_____ Child's Birth/Due Date_____

Parent/Guardian Name_____

Address_____

City/State/Zip_____

Phone Number_____ Email_____

Indicate the sessions you wish your child to attend:
Fall_____ Spring_____ May _____ June_____ July_____

Indicate your family's current status (to be verified each semester):

Student_____ Faculty/Staff_____Both_____ Neither_____

ID Number_____

Expected Graduation Date_____ Are you DHS qualified?_____(yes/no)

Special
Information_____

_____

_____