EMPORIA STATE UNIVERSITY
Center for Early Childhood Education
School Age Program Application

1200 Commercial Campus Box 4042 Emporia, KS 66801
Office Phone: (620) 341-5290 Fax: (620) 341-6290 E-mail: mcape@emporia.edu

Child's Full Name: _____ Birth Date:_____ Today's Date: _____

What grade is your child **currently** in: *(circle one)* **Pre-K** **Kindergarten** **1st** **2nd** **3rd** **4th** Gender: **M or F**

What elementary school does/will your child attend **NEXT YEAR**?

Father's Name:	Mother's Name:
Father's Address: Street City State Zip	Mother's Address: Street City State Zip
Father's Home Phone:	Mother's Home Phone:
Father's Workplace:	Mother's Workplace:
Father's Work Phone:	Mother's Work Phone:
Cell Phone or Beeper:	Cell Phone or Beeper:
Email Address:	Email Address:

1. Child lives with:
2. Please list name and social security number/Student ID of parent(s) attending ESU:
   a.
   b.
3. Does your child have any allergies or medical conditions? If yes, please explain:

Available Enrollment Options include: (full day only)

Monday – Friday or **Monday/Wednesday/Friday** or **Tuesday/Thursday**

My schedule preferences:

1st choice = 2nd choice = 3rd choice =

I understand that I am responsible for updating my address, schedule and phone number. I understand that this means that if I cannot be reached by phone, the CECE will call the next person on the waiting list.

_____
Signature Date

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for office use only

Date Accepted: _____ Reservation Deposit Date: _____ Paperwork Completed: _____

Comments/Phone Contacts/Messages: