

Child Application

Campus Childcare Center

(Office Use)

Bemidji State University

Registration Fee \$20.00/family_____

(Due upon acceptance)

Date App Returned_____

1500 Birchmont Drive NE

Bemidji, MN 56601

Telephone: (218) 755-3133

Previously Enrolled_____ New Enrollment_____

Child_____ Gender_____ Age/DOB_____

Parent(s)/Guardians_____ Address_____

Home Ph#_____

Summer Address (if different from above)_____

Summer Ph#_____

Current Employment/Class Schedule of Parents

Parent/Guardian_____ Employer_____ Days/Hrs_____

Work Phone_____ Cell Phone_____ Email_____

BSU Student_____ ID#_____ BSU Faculty/Staff_____ Community_____

Parent/Guardian_____ Employer_____ Days/Hrs_____

Work Phone_____ Cell Phone_____

BSU Student_____ ID#_____ BSU Faculty/Staff_____ Community_____

** (If student or faculty please attach class schedule including bldg/rm #s)

Emergency Preferences-If parents cannot be reached

Primary Care Hospital_____ Address_____ Phone_____

Physician_____ Address_____ Phone_____

Dental

Clinic/Dentist_____ Address_____ Phone_____

Health Insurance Carrier_____ Policy #_____

Friends or relatives authorized to have access to child's health information:

Friends or relatives in the Bemidji area that can be notified if neither parent is available:

The following persons are also authorized to pick up your child from Campus Childcare:

Name_____ Relation_____ Address_____

Home Phone_____ Work Phone_____ Cell Phone_____

Name_____ Relation_____ Address_____

Home Phone_____ Work Phone_____ Cell Phone_____

Name_____ Relation_____ Address_____

Home Phone_____ Work Phone_____ Cell Phone_____

Enrollment ___ Infant (6wk-18mths) ___ Toddler(16- 36mths) ___ PreK(33mths-5years)

_____ **Full Day** Monday-Friday (over 5 hours)
Students and County Assistance: \$26/day
Non-Students: \$27/day
Drop off times 7:30-9:30 AM, pick up times 1:30-5
Choose full days needed (minimum of 2) ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri
(full days Mon-Fri gets 1st preference)
_____ **Part Day** Monday-Friday (5 hours or less)
Students and County Assistance: \$17/day
Non-Students: \$18/day
Choose Mon-Fri schedule ___ 7:30-12:30 ___ 8-1 ___ 8:30-1:30 ___ 1:30-5 (Infant Room is more flexible,
Preschool and Toddler Room afternoon schedule is 2-5)

Background Information

1. **Child's Group Experience:**
Indicate types of group experiences your child has had or is having now: _____
2. **Child's Interests and Activities:**
Does your child prefer to play: __alone__ with playmates __with siblings__ with adults?
What are his/her favorite toys or play things? _____
What are his/her favorite indoor and outdoor activities? _____
3. **Needs, Habits or Behavior:**
Napping, eating, toileting? _____
Communication (children 6 weeks to 36 months) _____
Are there any circumstances in the family which we may need to know about? (e.g. adoption, illness, legal custody arrangements) _____
Food or other allergies _____
Is there anything else you feel we should know about your child in order to personalize our approach? _____
Please describe any significant birthmarks your child may have _____
4. **Please describe your child as you see him/her.** _____

5. **Please tell us what you hope to gain for your child and yourself from our early childhood program.** _____

I would like my child to start attending Campus Childcare Center on _____. A non-refundable registration fee of \$20.00 is due upon acceptance of enrollment. Upon my child's enrollment, I recognize that I am responsible to adherence to all policies as outlined in the Statement of Policies/Parent Handbook.

Parent's Name

Date