

Child Application

Campus Childcare Center

(Office Use)

Bemidji State University

Registration Fee \$20.00/family_____

(Due upon acceptance)

1500 Birchmont Drive NE

Date App Returned_____

Bemidji, MN 56601

Telephone: (218) 755-3133

Previously Enrolled_____ New Enrollment_____

Child_____ Sex_____ 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_____ Email_____
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_____ Address_____ Phone_____
Dentist_____

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-15mths)___ Toddler(16-32mths)___ PreK(33mths-5years)

___ **Full Day** Monday-Friday (over 5 hours)

Students and County Assistance: \$25/day

Non-Students: \$26/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: \$16/day
Non-Students: \$17/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 activities?_____
What are his/her favorite 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 \$15.00 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