

Dolores Doré Eccles
Center for Early Care and Education
 School Year _____

OFFICE USE ONLY:
Date Received: _____
Currently Enrolled: _____
Center Wait List: _____

ANNUAL ENROLLMENT APPLICATION
Please Check:
<input type="checkbox"/> Sibling Currently Enrolled <input type="checkbox"/> First Time Applicant <input type="checkbox"/> Returning Student

(Please √ one that applies)

	Infant	Toddler	Jr. Preschool	Sr. Preschool	Kinder Care
Tuition:					
Full Day	\$50.00/day	\$45.00/day	\$40.00/day	\$36.00/day	
Half Day	\$25.00/day	\$22.50/day	\$20.00/day	\$18.00/day	\$25.00/day

Child's Name _____	Name preferred _____
Gender _____ Birthdate _____	Present age _____ years _____ months
Parent(s)/guardian name with whom child lives _____	
Mailing address _____	City _____ Zip _____

Father's Name _____ A# _____
 Contact Information: Home # _____ Work # _____
 Cell # _____ Email _____

Relationship to USU (Please √ all that apply)

<input type="checkbox"/> Full-Time Student	<input type="checkbox"/> Part-Time Student	<input type="checkbox"/> Full-Time Grad Student	<input type="checkbox"/> Part-Time Grad. Student
<input type="checkbox"/> Classified	<input type="checkbox"/> Hourly	<input type="checkbox"/> Faculty	<input type="checkbox"/> Professional
			<input type="checkbox"/> Alumni
			<input type="checkbox"/> Community

Mother's Name _____ A# _____
 Contact Information: Home # _____ Work # _____
 Cell # _____ Email _____

Relationship to USU (Please √ all that apply)

<input type="checkbox"/> Full-Time Student	<input type="checkbox"/> Part-Time Student	<input type="checkbox"/> Full-Time Grad Student	<input type="checkbox"/> Part-Time Grad. Student
<input type="checkbox"/> Classified	<input type="checkbox"/> Hourly	<input type="checkbox"/> Faculty	<input type="checkbox"/> Professional
			<input type="checkbox"/> Alumni
			<input type="checkbox"/> Community

Enrollment Options		
Check all Preferred Enrollment Options		
<input type="checkbox"/> M-F Full Day 7:45-5:15	<input type="checkbox"/> M-F Half Day AM 7:45-12:30	<input type="checkbox"/> M-F Half Day PM 12:30-5:15

- I have attached the non-refundable \$35.00 registration fee required.
 (Please make check or money order payable to: DDE Center)
- I have read, understood, and completed the waitlist policies attached with this form

Parent Signature _____ Date _____

Dolores Doré Eccles Center for Early Care and Education

Waitlist Policies

1. The waitlist is prioritized to serve students, faculty, and staff before openings are offered to the community. Up to 25% of enrollment must serve student families so at times students have a high priority for any openings. **Current families adding time and siblings of currently enrolled children are also given the highest priority for any available openings.** This can lead to varied wait list times.
_____ Initials

2. Openings are filled based on the vacant slot. For example, a vacant M-F Full Day slot will be filled with the next available M-F Full Day wait list child. If a family has flexibility and would like to take any opening regardless of schedule they should note that on their registration form.
_____ Initials

3. When an opening is offered it will be for the schedule noted on the registration form. Families are strongly encouraged to update their requested schedules when changes occur so that we can ensure we are offering the appropriate spot.
_____ Initials

4. Openings may come available at any time. We understand that families may not be able to take an offered opening. However, the DDE Center cannot hold an opening without receiving tuition. If a family does not wish to enroll at the time a spot becomes available, they may choose to remain on the waitlist but they will be placed at the bottom of the waitlist. Families must understand that it may be several months or more before another opening is available.
_____ Initials

5. The DDE Center works very hard to accommodate as many children as possible. However, we limit the number of children in each class, and in some cases restrict the schedule options, so that we can assure each child is receiving the best care. For this reason, some requested schedules can be difficult to accommodate, which can lead to increased wait times.
_____ Initials

6. We cannot accurately estimate the wait time for enrollment as many factors play into a slot being available.
_____ Initials

7. We contact families via email when a space is available that meets the requested schedule. If your email address changes, please update your contact information with us.
_____ Initials

I _____, acknowledge that I have read and understand the above information about the DDE Center wait list.

Family Signature _____ Date _____