# ASUM Child Care Preschool Center Enrollment Application & Contract Note: Completing this application does not guarantee enrollment

**Office Use**

WL Date\_\_\_\_\_\_\_\_\_\_\_

Time Called\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Called\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Called\_\_\_\_\_\_\_\_\_\_\_\_\_

Conf\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Autumn semester enrollment will begin June. Spring semester enrollment will begin November. Summer Enrollment will begin in April*

**Faculty/Staff: Re-enrollment will occur each Autumn.**

**Students: This Application is for Autumn/Spring/Summer of Year**

**(*Please circle semester above*)**

Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St \_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st Parent’s Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Parent’s Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Birthdate** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Health \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adequately Immunized for Age: Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_

**Status:** Student \_\_\_\_\_\_\_ Faculty\_\_\_\_\_\_\_\_ Staff \_\_\_\_\_\_\_ (see faculty/staff information on website)

\_\_\_\_\_ Yes \_\_\_\_\_No \_\_\_\_\_(initial if “Yes”) I am receiving U of M financial aid to assist me with payment of my child care services and understand that the full balance for the semester as contracted will be put on my account at the beginning of the semester and my financial aid will be used to pay my account.

\_\_\_\_\_ Yes \_\_\_\_\_No \_\_\_\_\_(Initial if yes) I am participating in a State or Agency program that will be assisting me with payment of my child care services and understand I will be responsible for any balance not paid by the State or Agency Program. Name of Agency/Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\_\_\_\_\_Yes \_\_\_\_\_No Are you politically affiliated\* or connected to a federally recognized tribe?*

*\*Acknowledging tribes as sovereign nations, political classification is recognized in the Constitution and defined in the Supreme Court case* [*Morton v. Mancari*](https://nam04.safelinks.protection.outlook.com/?url=https%3A%2F%2Floc.gov%2Fitem%2Fusrep417535%2F&data=05%7C02%7Cvicki.olson%40mso.umt.edu%7Ced4c3817f6d44d07381b08dc87376e72%7C68407ce503da49ffaf0a724be0d37c9d%7C0%7C0%7C638533919345732344%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=uEbECRV5mIKPVcaFHvx%2BNFwdLOSuUZ95RPvt727%2BJVE%3D&reserved=0)*. This question is not used to determine eligibility for ASUM Child Care enrollment, but rather to determine which learning center placement if the student is eligible for childcare enrollment.*

\_\_\_\_Yes \_\_\_\_\_\_No \_\_\_\_\_\_(Initials if “yes”) I am interested in participating in the Pilot Indigenous Child Care Program.

| **Learning Center I (4-5 yr olds)**  **Learning Center II Green (3-5 yr old )**  Minimum two day enrollment.  Full day enrollment only.  Students: $39.50 per day  Faculty/Staff: $890 per month  Pro-rated on # of days |
| --- |
| | M | T | W | R | F | | --- | --- | --- | --- | --- | |  |  |  |  |  | |

| **Early Learning Center Infants (0-23 mths)**  **Early Learning Center I (2-3 yr olds)**  **Learning Center II Red (19-35 mths olds)**  Minimum two day enrollment.  Full day enrollment only.  Students: $42.00 per day  Faculty/Staff: $940 per month  Pro-rated on # of days |
| --- |
| | M | T | W | R | F | | --- | --- | --- | --- | --- | |  |  |  |  |  | |

| **Pilot Indigenous Child Care**  **(3-5 yr olds)**  **Academic Year only**  **No Summer Care**  **Craighead Family Housing**  **We provide snacks, you provide lunch**  Minimum two day enrollment.  Income based sliding fee scale  Scholarships available for those eligible |
| --- |
| | M | T | W | R | F | | --- | --- | --- | --- | --- | |  |  |  |  |  | |

**Upon submitting this application/contract you are agreeing to all policies, fees, deadlines etc. as indicated in the Parent Handbook Contract posted on the program’s web page at** [**www.umt.edu/childcare**](http://www.umt.edu/childcare)**.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASUM Child Care Preschool and Family Resources,**

**McGill Hall 021A, Missoula, MT 59812. Fax 406-243-2534**

**Email:** [**vicki.olson@mso.umt.edu**](mailto:vicki.olson@mso.umt.edu)

**For more information call 406-243-2542 or go to** [**www.umt.edu/childcare**](http://www.umt.edu/childcare)**. Thanks!**