

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

1 Kellogg Circle Campus Box 4042 Emporia, KS 66801
Office Phone: (620) 341-5290 Fax: (620) 341-6290 E-mail: cece@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?**

Parent's Full Name:	Parent's Full Name:
Address: _____ <small>Street City State Zip</small>	Address: _____ <small>Street City State Zip</small>
Home Phone:	Home Phone:
Workplace:	Workplace:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email Address:	Email Address:

Child Lives with: _____

If applicable, please list the name(s) & student "E" Number of parent(s) enrolled as ESU students:

Name: _____ E Number: _____

Name: _____ E Number: _____

In case we cannot reach you at the phone numbers you listed above, please list the name and daytime phone number of a relatives/friend that we can call to try and reach you in case we have an opening for your child.

Name: _____ Relationship to child: _____ Daytime Phone #: _____

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

For Office Use Only

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

Comments/Phone Contacts/Messages: