



Children's House

FALL SEMESTER 2009
(August 24 – December 11)

PRE-REGISTRATION FORM

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

Father's Name _____ A# _____
Telephone _____ Home _____ Work _____
Relationship to USU (please all that apply)

Student Classified Hourly Faculty Professional Alumni Community

Mother's Name _____ A# _____
Telephone _____ Home _____ Work _____
Relationship to USU (please all that apply)

Student Classified Hourly Faculty Professional Alumni Community

I PREFER THE FOLLOWING ENROLLMENT OPTION(S) CHECKED () BELOW:

ENROLLMENT SESSION OPTIONS		
<input type="checkbox"/> 8:00 AM - 5:00 PM	<input type="checkbox"/> 8:00 AM - 12:00 NOON	<input type="checkbox"/> 1:00 PM - 5:00 PM
<input type="checkbox"/> FULL-DAY (MTWThF)	<input type="checkbox"/> HALF-DAY AM (MTWThF)	<input type="checkbox"/> HALF-DAY PM (MTWThF)
<input type="checkbox"/> FULL-DAY (MWF)	<input type="checkbox"/> HALF-DAY AM (MWF)	<input type="checkbox"/> HALF-DAY PM (MWF)
<input type="checkbox"/> FULL-DAY (TTh)	<input type="checkbox"/> HALF-DAY AM (TTh)	<input type="checkbox"/> HALF-DAY PM (TTh)

I PREFER THE FOLLOWING EXTENDED CARE OPTION CHECKED () BELOW:

EXTENDED CARE OPTIONS*		
12 NOON - 1:00 PM		
<input type="checkbox"/> MTWThF	<input type="checkbox"/> MWF	<input type="checkbox"/> TTh
*Available to children enrolled in half-day session options based on need, space, and staff availability.		

I have attached the non-refundable \$25 registration fee required each semester to reserve an opening for my child.

(Please make check or money order payable to: USU Children's House.)

Parent Signature _____ Date _____