


 Center for Early Education and Care
Application for Enrollment

Thank you for your application for enrollment in the Center for Early Education and Care. If you do not receive acknowledgement of this application, please call the CEEC office at 413-545-1566.

Child Information (Please complete a separate application for each child you wish to enroll).

Child's Name: _____
First Middle Last

Birth Date/Due Date/Adoption Date: _____ Current Age: ___ Years and ___ Months

Primary Language: _____ Number of Siblings (if any): _____

Voluntary Ethnic Background Information: please check the ethnic identity of your child (check all that apply).

American Indian/Alaskan Native
 Black/African American
 Native Hawaiian/Pacific Islander
 Asian
 Latino
 European American
 Other _____

Name(s) of siblings currently enrolled: _____

Name(s) of siblings for whom a separate application is being submitted: _____

Does your child have any needs that we should know about (allergies, medical conditions, an IFSP, or early intervention services)?

Family Information

University Parent/Guardian:

Name: _____

Relationship to child: _____

Student/Employer ID #: _____

Home Address: _____

City _____ State _____ Zip _____

Home Phone: (____) _____

E-mail (*Umass): _____

*Provide at least one UMass email per family (if applicable)

Work Place: _____

Address: _____

Work Phone: (____) _____

Type of Affiliation: (check one)

- University Employee
- circle one** (Staff, Faculty, Post-Doctoral)
- University Undergraduate Student**
- University Graduate Student**
- **Expected Graduation Date _____
- UMass Amherst Alum
- 5-College Employee/Student or US Fish & Wildlife Employee
- Community-at-Large

Second Parent/Guardian: OR I am the sole guardian

Name: _____

Relationship to child: _____

Student/Employer ID #: _____

Home Address: _____

City _____ State _____ Zip _____

Home Phone: (____) _____

E-mail: _____

Work Place: _____

Address: _____

Work Phone: (____) _____

Type of Affiliation: (check one)

- University Employee
- circle one** (Staff, Faculty, Post-Doctoral)
- University Undergraduate Student**
- University Graduate Student**
- **Expected Graduation Date _____
- UMass Amherst Alum
- 5-College Employee/Student or US Fish and Wildlife Employee
- Community-at-Large

How did you learn about the Center for Early Education and Care? _____

(i.e. current parent, UMass website, someone in your University department, newspaper advertisement, etc.)

Enrollment Options

Date Child Care is Requested to Begin: _____

Schedule Preference:

___ 5-Day (M-F) ___ 4-Day ___ 3-Day ___ First Available

Enrollment eligibility and priorities are listed in the CEEC handbook available on our website www.umass.edu/ceec and will be confirmed prior to enrollment. Inquiries can be directed to ceec@umass.edu or call us at 413-545-1566.

I understand it is my responsibility to notify the Center for Early Education and Care of any change to my address, phone number, University affiliation, household information, etc.

University Parent/Guardian Signature

Date

The University of Massachusetts Amherst prohibits discrimination on the basis of race, color, religion, creed, sex, age, marital status, national origin, mental or physical disability, political belief or affiliation, veteran status, sexual orientation, gender identity and expression, genetic information and any other class of individuals protected from discrimination under state or federal law in any aspect of the access to, admission, or treatment of students in its programs and activities, or in employment and application for employment. Furthermore, University policy includes prohibitions of harassment of students and employees, i.e. racial harassment, sexual harassment, and retaliation for filing complaints of discrimination.

Thank you for your application!

Returning this application:

Mail: Center for Early Education and Care
University of Massachusetts
21 Clubhouse Drive
Amherst, MA 01003
Email: ceec@umass.edu
Fax: (413) 545-0944

For Office Use Only

Date Received
Date Acknowledged
Notes