

## PRE-ENROLLMENT

**Child Development Academy at Marshall University**  
**520 22<sup>nd</sup> Street, Huntington, WV 25703**  
**304-696-5803 fax 304-696-5805**

Today's Date: \_\_\_\_\_

Full Time \_\_\_\_ Part Time \_\_\_\_

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_

Home Address: \_\_\_\_\_

Street

City State Zip

Date Enrollment Desired \_\_\_\_\_

Days Required: M T W R F

(circle)

Birthdate: \_\_\_\_\_ Present Age: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Child's S.S. #: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer \_\_\_\_\_

Work Telephone \_\_\_\_\_

Times of Employment

or School Attendance: \_\_\_\_\_

MU Student: \_\_\_\_ Full Time \_\_\_\_ Part time \_\_\_\_ N/A

Student I.D. Number \_\_\_\_\_

Day or Alternative Phone: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer \_\_\_\_\_

Work Telephone \_\_\_\_\_

Times of Employment

or School Attendance: \_\_\_\_\_

MU Student: \_\_\_\_ Full Time \_\_\_\_ Part time \_\_\_\_ N/A

Student I.D. Number \_\_\_\_\_

Day or Alternative Phone: \_\_\_\_\_

Who to contact if parent cannot be contacted:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City WV Zip

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

When you need child care services, where do you find information? \_\_\_\_\_

I agree to complete the required forms for enrollment, submit income verification, a current health report/immunization record for my child, and updates as required.

\_\_\_\_\_  
Signature of Parent or Guardian

Please enclose a non-refundable pre-enrollment fee (\$15.00 for Marshall University students/\$30.00 for non-students).

Make check payable to MURC

This facility operates in accordance with state and federal laws and guidelines which prohibit discrimination on the basis of race, color, sex, age, disability, religion, creed, ancestry or national origin. This institution is an equal opportunity provider.

OFFICE USE: Check No. \_\_\_\_\_ Amount: \_\_\_\_\_ Date Received: \_\_\_\_\_

Date(s) of contact: \_\_\_\_\_