

**PACT/WIU Child Care  
Enrollment Application**

Name of First Child \_\_\_\_\_ Birthdate \_\_\_\_\_ boy \_\_\_ girl\_\_\_

Race/ Ethnicity of Child \_\_\_\_\_ Primary Language of Child \_\_\_\_\_

Name of Second Child \_\_\_\_\_ Birthdate \_\_\_\_\_ boy \_\_\_ girl\_\_\_

Race/ Ethnicity of Child \_\_\_\_\_ Primary Language of Child \_\_\_\_\_

**Assigned to:**

☐ **CC 0-3 Room**

☐ **EHS/CC 2- 3 Room**

**Day & Hours of Child Care per week**

M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_

✓ Check One:

☐ W. I. U. Student ID# \_\_\_\_\_

☐ W. I. U. Faculty Member ☐ Other

Pell Grant Eligible Yes \_\_\_ No \_\_\_ if yes, S.S.# \_\_\_\_\_

**PARENT OR GUARDIAN PLACING THE CHILD**

Name \_\_\_\_\_ DOB \_\_\_\_\_ Relation to child(ren) \_\_\_\_\_

Home address \_\_\_\_\_ Home phone number \_\_\_\_\_

Email address \_\_\_\_\_ Cell phone number \_\_\_\_\_

Place of employment \_\_\_\_\_ Work phone number \_\_\_\_\_

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**Parent Authorization for Screening**

Developmental and Vision/Hearing Screening will be used by PACT to provide an educational program suited for your child.

Yes \_\_\_ No \_\_\_ I give permission for PACT to complete a developmental screening on my child or children listed on this form.

Yes \_\_\_ No \_\_\_ I give permission for PACT to complete a vision and hearing screening on my child or children listed on this form.

I understand the results of the *Screening* will be discussed with me after the screening or during my first parent-teacher conference.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
date

CC 4/19