



Office Use

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ECCLES LAB SCHOOL
801-957-4567

Enrollment Application

Please fill in **both** sides completely and legibly

Child's Name _____
(Last Name) (First Name) (Middle Initial)

Date of Birth: _____ Sex: Male _____ Female _____ Phone# _____

Child's Address: _____

City: _____ State: _____ Zip: _____

Parent Information:

Enrolling Parent/Guardian: _____
(Last Name) (First Name) (Middle Initial)

Relationship to child: _____ Home phone #: _____ Cell Phone #: _____

Address: _____
(Street) (City) (Zip Code)

Employer: _____ Work #: _____

SS or SLCC# _____ Drivers License #: _____ State _____

Email Address _____

Other Parent/Guardian: _____
(Last Name) (First Name) (Middle Initial)

Relationship to child: _____ Home Phone #: _____ Cell Phone #: _____

Address: _____
(Street) (City) (Zip Code)

Employer: _____ Work #: _____

SS or SLCC# _____ Drivers License #: _____ State _____

Email Address _____

Primary Residence: With Mother ___ With Father ___ Both ___ Guardian ___

Parents' Marital Status: Married ___ Single ___ Divorced ___

If divorced, who has legal custody? _____

ENROLLMENT MENU

Please select the preschool sessions(s) in which you wish to enroll your child. Full time enrollment will be given priority.

Tuition Rates are based on a sliding scale using age of child and family income as criteria and may be lower than listed

Age 2 and 3 full day rate is \$38.41. Age 4 and 5 full day rate is \$34.56
Age 2 and 3 half day rate is \$24.97. Age 4 and 5 half day rate is \$22.47.

Extended care is \$25.00 weekly

A contract is drawn up using the total # of weeks in the semester, divided into three or four payments payable during the semester.

<u>Schedules Available</u> (please MARK your preference)			
<input type="checkbox"/> 5 Full Days(8a-5p)	<input type="checkbox"/> 3 Full days MWF(8a-5p)	<input type="checkbox"/> 2 Full days M.W(8a-5p)	<input type="checkbox"/> 2 Full days T.TH (8a-5p)
<input type="checkbox"/> 5 Half Days(8a-12p)	<input type="checkbox"/> 3 Half days MWF(8a-12p)	<input type="checkbox"/> 2 Half days M.W(8a-12p)	<input type="checkbox"/> 2 Half days T.TH (8a-12p)
<input type="checkbox"/> 5 Half Days(12p-5p)	<input type="checkbox"/> 3 Half days MWF(12p-5p)	<input type="checkbox"/> 2 Half days M.W(12p-5p)	<input type="checkbox"/> 2 Half days T.TH (12p-5p)
<input type="checkbox"/> 1 Full Day F(8a-5p)	<input type="checkbox"/> 1 Half Day F(8a-12p)	<input type="checkbox"/> 1 Half Day F(12p-5p)	
<input type="checkbox"/> Extended care 6:45-8:00am (Available only in connection with A.M preschool. Not available for 1 day a week care)			
<u>Affiliation with SLC</u>		<u>Please indicate which semester you are applying for</u>	
<input type="checkbox"/> Faculty/Staff	year _____	Fall	Spring Summer
<input type="checkbox"/> Student			
<input type="checkbox"/> Non affiliated			

Parent Agreement

The Eccles Lab School follows the SLCC semester calendar, observing the same vacation periods. The Lab School is not open during semester breaks or on days when the campus is closed.

I agree to pay a \$15.00 (non refundable) application fee for my enrollment application to be considered by the Eccles Lab School. **Applications will only be accepted with receipt of payment of \$15.00.** This can be paid at the cashiers office located in the Student Center or on line at <http://www.slcc.edu/eccleslabschool/forms.aspx>.

I agree to pay an enrollment (non refundable) fee of \$100.00 upon my child's acceptance, this will be applied to your last payment. The enrollment fee for returning sponsored clients with a zero balance will be waived. Verification from sponsoring agency is required.

I realize that the tuition is based on a semester rate that will be divided into three/four equal payments. The first tuition payment is due on or before the first day of attendance. Subsequent tuition payments will be due according to the contract written at the time of enrollment (usually the first working day of the following three months). There will be a 5-day grace period after which a \$25.00 late fee will be charged.

I understand that in the event that I have a past due balance, child care services may be terminated and /or a hard hold placed on college records until the account is paid in full.

Parent/Guardian Signature: _____ Date: _____