

Southeastern Illinois College
Mary Jo Oldham Center for Child Study
3575 College Road
Harrisburg, IL 62946

APPLICATION FOR ENROLLMENT

CHILD'S FULL LEGAL NAME: _____
CHILD'S DATE OF BIRTH: _____ CHILD'S SEX: _____
I WOULD LIKE TO ENROLL MY CHILD BEGINNING: _____

AGE GROUP

___ TODDLER ROOM (15 - 36 months)
___ PRE-SCHOOL ROOM (2 1/2 - 4 years)
___ PRE-SCHOOL ROOM (4 - 5 years)
___ ISBE PRE-K (Qualifying/ages 3 - 5 years)

DAYS AND TIMES

CHECK ALL DAYS YOUR CHILD WILL NEED CARE AT THE MJOCCS

___ MONDAY ___ TUESDAY ___ WEDNESDAY ___ THURSDAY ___ FRIDAY

PLEASE INDICATE YOUR PREFERRED SESSION AND TIME:

___ PART TIME (Up to 5 hours) ___ FULL TIME (Up to 9 hours)

PARENT/GUARDIAN INFORMATION

NAME(S) OF PARENT(S): _____

ADDRESS OF PARENT(S): _____

TELEPHONE NUMBER OF PARENT(S): _____

Check below if this pertains to you.

I AM AN SIC STUDENT _____

I RECEIVE A PELL GRANT _____

DATE: _____

(SIGNATURE OF PARENT)

(SIGNATURE OF COORDINATOR)

Families should keep the M.J.O.C.C.S. supplied with current addresses and phone numbers so that enrollment information can be provided when available.