

# “Spartan Kids” Parent Registration Form 2015-2016

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

PID No.: \_\_\_\_\_

*Please check the appropriate boxes:*

*Which semesters will you need childcare? Please write in the year in the space following.*

1).  Fall \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_

2).  Undergraduate Student  
 Freshman  Graduate Student  
 Sophomore  Masters  
 Junior  PhD  
 Senior  Other: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Enrolled Credits for Current Semester: \_\_\_\_\_

3).  Male  Domestic (U.S. Citizen)  
 Female  International

4). Race (optional): \_\_\_\_\_

5).  Parent  
 Legal Guardian

6).  Living independently  
 Living at home (applicant is legally dependent on their parents)

7).  Single  
 Married / Living with Partner

Is your spouse a MSU student?	Stay at home?	Working?	Attend another School?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Is your spouse a faculty/staff member?  
 Yes  
 No

8).  I am the head of the household financially  
 I am not the head of the household

9). Are you employed?

Yes

No

If yes, how many hours per week do you work? \_\_\_\_\_

10). Do you receive childcare assistance from outside sources (such as Dept. of Human Services, MSU Child Care Grant, Women's Caring Program, City of Lansing)? If so, please describe type, amounts and time frame of funding.

---

**Children:**

**First Name**

**Last Name**

**Gender**

**Date of Birth**

1. \_\_\_\_\_

*In need of:*  Regular part-time/full-time care  Evening Care  Weekend Care  Before & After School Care (for East Lansing schoolagers)  Summer Camp (for schoolagers)  Emergency Back-up Care

2. \_\_\_\_\_

*In need of:*  Regular part-time/full-time care  Evening Care  Weekend Care  Before & After School Care (for East Lansing schoolagers)  Summer Camp (for schoolagers)  Emergency Back-up Care

3. \_\_\_\_\_

*In need of:*  Regular part-time/full-time care  Evening Care  Weekend Care  Before & After School Care (for East Lansing schoolagers)  Summer Camp (for schoolagers)  Emergency Back-up Care

**Parents should:**

✓ Be respectful of provider policies and rules

✓ Communicate with your childcare provider about appointments, illnesses, schedule changes, etc.

✓ Drop your child off and pick them up at the scheduled times

If you arrange childcare for a certain time and do not bring your child, you may incur fees of up to \$4.80 per hour. If you drop off your child early or pick them up late, you may incur additional fees as well. It will be up to the provider to decide what those fees and consequences will be. If problems continue, you may be removed from the program.

By signing this form, you acknowledge MSU is not liable for the childcare quality you receive. The quality of appropriateness of these dependent care services cannot be guaranteed by Michigan State University. The childcare providers listed have been verified to be licensed by the State of Michigan Department of Human Services – Division of Child Day Care Licensing. As the parent/guardian, you are responsible for making the selection that best suits your child's needs.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office use only:**

Date Received: \_\_\_\_\_

Pell-Award Letter/Proof of Income Attached

Entered Into Database

Entered Into Hour Tracker

Email entered into Distribution List

Confirmation form and letter sent:

Sent to Registrar – Skid

# Subsidy/Income Eligibility

Are you Pell Grant eligible?

Yes (If the answer is yes, STOP here!)

No

If graduate student, what is your EFC (Expected Family Contribution calculated on your FAFSA for Fall 2015/Spring 2016)?

## Income

### Family Size

Check your household size and your total family income

- |  |   |
|--|---|
| <input type="checkbox"/> Household size 2 - \$0 - \$20,628 | <input type="checkbox"/> Check this box if income is higher than \$20,628 |
| <input type="checkbox"/> Household size 3 - \$0 - \$25,975 | <input type="checkbox"/> Check this box if income is higher than \$25,629 |
| <input type="checkbox"/> Household size 4 - \$0 - \$31,322 | <input type="checkbox"/> Check this box if income is higher than \$31,322 |
| <input type="checkbox"/> Household size 5 - \$0 - \$36,668 | <input type="checkbox"/> Check this box if income is higher than \$36,668 |
| <input type="checkbox"/> Household size 6 - \$0 - \$42,015 | <input type="checkbox"/> Check this box if income is higher than \$42,015 |

Do you receive Woman Infant Children (WIC) benefits?

Yes

No

Does your family receive DHS Assistance?

Bridge Card (Food Assistance)

Medicaid

Cash Assistance

Child Care Assistance

Does your child receive free or reduce lunch at school/daycare?

Yes

No

(Documentation of proof of income, WIC, DHS benefits, EFC or reduce lunch will need to be shown)