

**K-State Center for Child Development**  
1400 Jardine Drive, Manhattan, KS 66506  
**Application for Care/Waitlist**

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Date care is needed: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Gender: Female  Male  Age: \_\_\_\_\_ Birthdate or Due Date: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Is this person legally responsible for this child? Yes  No

Select all that apply:

*K-State Student:* Graduate  Undergraduate  *K-State Employee:* Faculty  Staff

K-State Alumni  Military  DOD Civilian  Community

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**Father's Name:** \_\_\_\_\_ Is this person legally responsible for this child? Yes  No

Select all that apply:

*K-State Student:* Graduate  Undergraduate  *K-State Employee:* Faculty  Staff

K-State Alumni  Military  DOD Civilian  Community

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**We have another child:** Enrolled in the Center  On the waiting list

**Age of child when care is needed:**

Infant (6 weeks to 12 months)  Toddler (12 months and walking to 30 months)

Twos (2-3)  Preschool (2.5 or 3)  Pre-K (4 until Kindergarten)

**IMPORTANT – READ AND INITIAL**

\_\_\_\_\_ I understand there is a \$50 non-refundable fee due at the time this form is turned in.

\_\_\_\_\_ I understand I will incur the following charges per child once enrolled:

- A one-time \$100 enrollment fee upon placement in a classroom;
- A \$40 annual registration fee on September 1;
- Classroom supply fees of \$30 on September 1 and January 1, and summer supply fee of \$10 for infants, \$30 for toddlers and twos, \$35 for preschool and Pre-K due on July 1.

\_\_\_\_\_ I understand that tuition is billed monthly and due by the first of every month; a late charge of \$40 per child will be applied if a balance remains after the 10<sup>th</sup> of the month.

\_\_\_\_\_ I understand that if I wish to terminate care, the notice of termination form must be completed and returned **at least 21 days in advance of the child's last day**. Tuition fees will be charged during the 21 day notice period whether or not the child is at the Center. Tuition fees paid in excess of the 21 day notice period will be refunded. When a child terminates, all subsidies and classroom placements are forfeited.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

03 2020 For Office Use ONLY:

\$50 Application Fee: Check # \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

ES Initial: \_\_\_\_\_ Date Received at CCD: \_\_\_\_\_

Procure updated \_\_\_\_\_ Wait list updated \_\_\_\_\_