Michigan State University
“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? ☐ Yes ☐ No
    Stay at home? ☐ Yes ☐ No
    Working? ☐ Yes ☐ No
    Attend another School? ☐ Yes ☐ 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

☐ Household size 2 - $0 - $20,628  ☐ Check this box if income is higher than $20,628
☐ Household size 3 - $0 - $25,975  ☐ Check this box if income is higher than $25,629
☐ Household size 4 - $0 - $31,322  ☐ Check this box if income is higher than $31,322
☐ Household size 5 - $0 - $36,668  ☐ Check this box if income is higher than $36,668
☐ Household size 6 - $0 - $42,015  ☐ 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)