

# **APPLICATION FOR FULL FEE ENROLLMENT**

ece.berkeley.edu

### **UCB STUDENTS:**

## **Students Applying for Non-Subsidized Enrollment:**

- Complete application below
- Submit application by email at: ecep@berkeley.edu

## **STAFF, FACULTY, POST-DOCS and Others:**

- Complete application below
- Include nonrefundable \$50 application fee
- Make check payable to UC Regents and submit application and fee to:

Student Affairs Cashiers Office 2610 Channing Way Berkeley, CA 94720-2272

There is no application fee for UC Berkeley students.

### **ELIGIBILITY & PRIORITY**

The UCB Early Childhood Education Program provides developmental programs for children of University students, staff, faculty, post-doc, LBNL, LLNL, UCOP, UCB visiting scholars and other UC campus staff and faculty. Community applicants are considered in a second-ary priority group.

**Research:** Applicants should recognize the research functions of these facilities and upon enrollment are welcome to participate in research and teaching programs administered by the University.

Child's Name		Birth date			
Note: Children ent	ering the program must	be at least three months old in Augus	st of the year of enrollment.	month/day/year	
Male	Female	Date you would like chil	d to START being considered f	for entry	
Current Siblings in ECEP Center			ates	·	
Home Address	5				
State/Zip/Coun	itry				
Home/Work/C	ell phones				
Parent Name			UC ID Number (if applicable)		
UC affiliation (	(student or job title	if UCB employee)			
Work phone _		Work address			
Department			Email address		
Parent/Domestic Partner			UC ID Number (if applicable)		
UC affiliation (	(student or job title	if UCB employee)			
Work phone Work address					
Department			Email address		
Please check	ALL boxes that a	pply below:			
<ul> <li>□ Parent is UCB graduate student, applying for full fee non-subsidized enrollment</li> <li>□ Parent is UCB undergraduate student, applying for full-fee, non-subsidized care</li> </ul>			<ul> <li>□ Parent is UCB fact</li> <li>□ Parent is UCB staf</li> <li>□ Parent is UCB Post</li> <li>□ Parent is a Visitin</li> <li>□ Parent is LBNL, LL faculty or staff me</li> <li>□ Parent is not UC a</li> </ul>	f member t-Doc g Scholar NL, UCOP, or 'other UCB campus' Imber	

# **EARLY CHILDHOOD EDUCATION PROGRAM**

Parent Signature

(if applicable)



Child's Name	Birth date
	month/day/year
<b>CENTER SCHEDULES</b> Centers are open Monday - Friday, 7:45 a.m. t breaks between semesters. Part-time child ca	to 5:30 p.m. All centers operate full time on a year-round basis, with short are is not available.
Any Additional Notes you want to include:	
<b>GENERAL INFORMATION</b> By checking the following boxes, as Parent or	r Legal Guardian, you agree to the application and enrollment policies.
<ul> <li>You are responsible for notifying us of affiliation status. Report changes at ece</li> <li>Applications remain active until:</li> </ul>	any updates to your contact information, child's information, or UC Berkeley ep@berkeley.edu
	he waitlist
<ul> <li>You decline 3 enrollment offe</li> <li>The application fee for non-students is you.</li> </ul>	ers in non-refundable and does not ensure that we will be able to provide services to
	ept strictly confidential by the UCB Early Childhood Education Program. t you by email to let you know your application was received.
<b>FOR FURTHER INFORMATION AND FEES</b> Please see our website at: housing.berkeley.ed	lu/child or contact ECEP at 510-642-1827, or email ecep@berkeley.edu
Parent Signature	Date:

Date:

UC Berkeley, ECEP is an equal opportunity provider and employer (EOE).