Received:_____

Eligible for Classroom:_____

Enrollment Request Form

The Evergreen State College (TESC) Campus Children's Center

Child's Name _____ Birth Date ___/___/___

Child's Name _____ Birth Date ___/___/___

Parent/Guardian (please list parent/guardian affiliated with TESC first.)	Parent/Guardian
Home Address:	Home Address:
TESC ID#	TESC ID#
Home Phone:	Home Phone:
Day Phone: ext:	Day Phone: ext:
Relationship to TESC (check all that apply) **Student Status:** Enrolled ☐ or Planning to Enroll ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate Student ☐ **Employee:** TESC Staff or Faculty ☐ or Applying at TESC ☐ Other:_____	Relationship to TESC: **Student Status:** Enrolled ☐ or Planning to Enroll ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate Student ☐ **Employee:** TESC Staff or Faculty ☐ or Applying at TESC ☐ Other:_____

Desired date of Enrollment: _____

Full-time Childcare:_____

Estimated date of Withdrawal**:**_____

Additional information about your child or plans which may affect your child's registration:

_____

_____

Confirmation Notes: Entered on Wait List ___/___/___