



SMU Child Care Center Pre-Registration Form

Thank you for your interest in the **SMU Child Care Center**. Choosing a quality child care program is one of the most important decisions you will make. We take your decision seriously and are committed to living up to the important responsibility of caring for your child.

Please complete the form below to place your child on the wait list. We also require a \$150.00 registration fee, payable online. Please call the center for more information. Only full time, permanent SMU faculty/staff and students are eligible pre-registration. **This is a non-refundable administrative fee and does not guarantee a spot at the child care center.**

Position: Staff _____ Faculty _____ Post-Doctorate: _____ **Student:** Grad _____ Undergrad _____

Child's Name: _____ Birthdate or Due Date _____

SMU Parent/Guardian Information:

Other Parent Guardian Information:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Home Address: _____ Home Address: _____

City, State, Zip: _____ City, State, Zip: _____

Email Address: _____ Email Address: _____

Work Phone: _____ Work Phone: _____

SMU ID# _____ **SMU Department** _____

SMU Child Care Center
3000 Daniel Ave, Dallas TX 75205
214- SMU-KIDS

Desired Start Date:

What date would you like enrollment to begin? _____

(Parent/Guardian's Signature)

(Date)

Thank you for your interest in the SMU Child Care Center!

For Administrative Use:

Date EIF Received: _____

Date Info Entered Into IMS: _____