ADMISSION APPLICATION FORM
TIGER TOTS NURTURY CENTER
FORT HAYS STATE UNIVERSITY

Child's Name Last	First	Age in Months (By September 1)	Birthdate MM/DD/YY	Sex M/F

Child's Address_____

Mother's Name_____ **Father's Name**_____
Last First Last First

Address_____ **Address**_____

Place of Employment_____ **Place of Employment**_____

Phone: Home_____ **Office**_____ **Phone: Home** _____ **Office**_____
Cell Phone:_____

Parental Status: (check one) Couple Parent ☐ **Single Parent** ☐

FHSU Student Classification: FR ☐ **SO** ☐ **JR** ☐ **SR** ☐ **GR** ☐
Full-time ☐ **Part-time** ☐
Faculty ☐ **Staff** ☐

Child's Daily Enrollment:
Full-day enrollment (up to 9.5 hours) M-F ☐ **M-W-F** ☐ **T-Th** ☐
Half-day enrollment (up to 4.5 hours) M-F ☐ **M-W-F** ☐ **T-Th** ☐

Schedule of Hours:
Monday _____**to**_____
Tuesday _____**to**_____
Wednesday _____**to**_____
Thursday _____**to**_____
Friday _____**to**_____

Monthly Family Income: (check one up to amounts listed below)
$300 per month ☐ **$500 per month** ☐
$700 per month ☐ **$900+ per month** ☐

OFFICE USE ONLY: **Date Enrolled**_____
End Date _____

PLEASE NOTE: All of the above questions must be answered for the enrollment of each child through the admission's priority rankings.

- **Tiger Tots enrolls children who have reached the age of 30 months.**
- **Children need to be toilet trained prior to admittance.**

The following immunizations are required:

Immunization	Comments
Diphtheria, Tetanus, Pertussis (DTaP/DT/Td/Tdap)	Continues to be required
Polio	Continues to be required
Measles, Mumps, Rubella (MMR)	Continues to be required
Varicella (chicken pox)	**New 2009** (previously recommended)
Haemophilus influenzae type b (Hib)	**New 2009** (previously recommended)
Hepatitis A (HEP A)	**New 2009**
Hepatitis B (HEP B)	**New 2009** (previously recommended)
Pneumococcal (PCV7)	**New 2009**

Consideration for admission to the Center will be based on a first come-first serve basis. Tiger Tots is a non-discriminatory child care center in regard to race, color, religion, national origin, ancestry, physical handicap, or sex, in accordance with K.S.A. 44-1009.