

Michigan State University
Spartan Kids Registration Form 2021-2022

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 a legal dependent of their parent)

7). Single
 Married / Living with Partner

Is your spouse a MSU student?	Stay at home?	Working?	Attend another School?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> 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 2021/Spring 2022)?

Income

Family Size

Check your household size and your total family income

- | | |
|--|---|
| <input type="checkbox"/> Household size 2 - \$0 - \$24,690 | <input type="checkbox"/> Check this box if income is higher than \$24,690 |
| <input type="checkbox"/> Household size 3 - \$0 - \$31,170 | <input type="checkbox"/> Check this box if income is higher than \$31,170 |
| <input type="checkbox"/> Household size 4 - \$0 - \$37,650 | <input type="checkbox"/> Check this box if income is higher than \$37,650 |
| <input type="checkbox"/> Household size 5 - \$0 - \$44,130 | <input type="checkbox"/> Check this box if income is higher than \$44,130 |
| <input type="checkbox"/> Household size 6 - \$0 - \$50,610 | <input type="checkbox"/> Check this box if income is higher than \$50,610 |

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)