

Mini University Registration/Wait List Form

___ County ___ Miami ___ Valley ___ WSU ___ Sinclair

Age Group _____

Parent/Guardian _____ E-mail _____
 Home Address _____ City, State, Zip _____
 Cell Phone _____ Work Phone _____ Other _____

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 Home Address _____ City, State, Zip _____
 Cell Phone _____ Work Phone _____ Other _____

Child's Name _____ Date of Birth or Due Date _____ Gender _____
 Desired Schedule: _____ Desired Enrollment Date _____

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Enrollment Priority & Discount Eligibility

Are you affiliated with one of the following? (Please Check) How are you affiliated? (Please Check)

___ <i>Wright State University</i>	___ <i>Faculty</i>	___ <i>Undergraduate Student</i>
___ <i>Miami University</i>	___ <i>Classified Staff</i>	___ <i>Full Time</i> ___ <i>Part Time</i>
___ <i>Montgomery County Administration</i>	___ <i>Unclassified Staff</i>	___ <i>Graduate Student</i>
___ <i>Premier Health</i>	___ <i>Employee</i>	___ <i>Full Time</i> ___ <i>Part Time</i>
___ <i>Mini University</i>	___ <i>Medical Resident</i>	___ <i>Alumni</i>
___ <i>Sinclair Community College</i>		___ <i>Military</i>
___ <i>Wright Patterson Air Force Base</i>	___ <i>Other:</i> _____	
___ <i>McCullough-Hyde Memorial Hospital</i>		
___ <i>Miami Valley Hospital</i>		
___ <i>Good Samaritan Hospital</i>		
___ <i>Caresource Employee</i>		

Employee or Student ID # (necessary for discount verification) _____

Are you eligible for Public Assistance (Ohio ECC) Yes No If yes, what County? _____

Referred By: _____

Parent/Guardian Signature Required

This confirms payment of the registration fee for the child(ren) listed above. I understand this is a \$40 per child **NON-REFUNDABLE** fee. After my eligibility is verified my child(ren) will be placed on the waiting list if no current spaces are available. The Enrollment Priority Policy has been fully explained to me and I fully understand that my child(ren) will be placed on the waiting list according to this policy. By signing below, I am acknowledging receipt of this policy and the Tuition Schedule. I understand the waiting time varies and could be lengthy.

When a space is available, I will be given 24 hours to make a decision about whether or not I will take the space. To confirm that I want the space, I will immediately pay the \$100 Tuition Deposit. On the date the space is available, I will begin paying for the space, regardless of whether or not my child starts on this date. If I turn down an opening I have specifically requested, I understand my family will be placed at the bottom of the waiting list, but I will be given one more opportunity to accept an opening. In the event I decline two times, I agree to my child(ren) being taken off the waiting list.

Date: _____ Signatures: Parent/Guardian _____ Office Staff: _____

Registration Fee Paid on: _____ by: Check # _____, Credit Card, Other _____ Coupon amount _____

