

For Office Use Only:
Date Received:
Initial:

PRE-REGISTRATION APPLICATION

Interested Starting Date:	Date Admitted (Office use only):
Registering as a Northeastern	Days Required
<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Alumni <input type="checkbox"/> Community Member	<input type="checkbox"/> Tuesday and Thursday <input type="checkbox"/> Monday, Wednesday and Friday <input type="checkbox"/> Monday - Friday
Northeastern Illinois University Student Name:	<input type="checkbox"/> Half Day 8:00 a.m. – 12:30 p.m. <input type="checkbox"/> Full Day 8:00 a.m. – 5:30 p.m.

Child's Name	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth :
Home Address	City:	Zip:
Parent's/ Guardian's Name	University ID #	Cell Phone #
Work	Work Hours	Work Phone #
Work Address		
Email Address		
Parent's/ Guardian's Name	University ID #	Cell Phone #
Work	Work Hours	Work Phone #
Work Address		
Email Address		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	

EMERGENCY CONTACT INFORMATION – 3 NAMES REQUIRED

Person(s) other than parents who are authorized to receive above child:			
Name	Address	Phone #	Relationship to Child
Person(s) to notify in case of emergency if parents are unavailable (If different than above):			
Name	Address	Phone#	Relationship to Child