

**APPLICATION FOR ENROLLMENT
IOWA WESTERN EARLY CHILDHOOD EDUCATION CENTER
2700 COLLEGE ROAD, BOX 4-C COUNCIL BLUFFS, IA 51502-3004
(712) 325-3429**

The ECE Center is operated by the Director in cooperation with the Early Childhood Education Program and is maintained:

- *To provide a training laboratory for students in Early Childhood Education courses;
- *To provide a quality early care and education program for children;
- *To provide a service to students, faculty/staff, and community.

We are licensed by the Iowa Department of Human Services and accredited by the National Academy of Early Childhood Programs. An open enrollment policy is observed. Children ages Infant through age 5 are accepted as scheduling allows in the order the in which the application forms are received. **A \$25 non-refundable deposit is required with the application form.** (Make checks or money orders payable to Iowa Western Community College.)

The ECE Center operates according to the College Calendar; hours of operation are from 7:00 a.m. to 5:30 p.m., Monday through Friday. A separate summer term is also offered for school age children (ages 6 through 8) based upon need. A listing of fees for services is available. *Fees are subject to change upon notice. Parents contract for an enrollment slot and are billed accordingly. A \$35.00 materials and activities fee is added to the 1st bill of fall and spring and summer.*

The Early Childhood Education Center offers a full day early childhood program for children ages infant to five.

*Our center welcomes children with disabilities. In order to properly care for your child we might need additional information or help with making sure we have the support we need. If your child has a disability, please arrange to speak to the director so that we can move the enrollment process quickly along.

Child's Name: _____ Birthdate: (MM/DD/YY) _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____

Parents' Name(s): _____

Soc. Sec. # (for billing purposes) Mother _____ Father _____

Email Address: Mother _____ Father _____

Who will be responsible for ECE Center fee payment? _____

Check all that apply: IWCC Student IWCC Faculty/Staff Community

If IWCC Student or Faculty/Staff, indicate which program: _____

This request is for enrollment beginning: Fall Semester 20 ____ Spring Semester 20 ____
Summer Semester 20 ____

Hours for Contract: From ____ a.m. to ____ p.m. Specify Days: _____

Do you have a second preference if this time is not available? _____

*Does your child have a disability or special need that may require some accommodations to activities? ____ If so, please describe so that we can make our program accessible to your child.

*Does your child have an IFSP/IEP? ____ If so, who is the contact person? (name and phone number-release of information is also needed.)

YOU WILL BE NOTIFIED VIA MAIL OF ACCEPTANCE / ENROLLMENT

Parent's Signature Date _____ \$25 deposit enclosed For Office Use Only
Schedule listed