

Mini University Wait List/Registration Form

County Miami Valley WSU

Age Group _____

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

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

Child's Name _____ Date of Birth or Due Date _____ Gender _____
Desired Schedule: Full Time *or* Part Time: _____ Desired Enrollment Date _____

Child's Name _____ Date of Birth or Due Date _____ Gender _____
Desired Schedule: Full Time *or* Part Time: _____ Desired Enrollment Date _____

Enrollment Priority & Discount Eligibility

Are you affiliated with one of the following? **Yes** (If yes please circle below) **No**
Wright State University *Miami Valley Hospital* *Good Samaritan Hospital* *Montgomery County* *Miami University*

How are you affiliated? (Please circle below)
Faculty *Classified Staff* *Unclassified Staff* *Graduate Student* *Undergraduate Student*
Employee *Alumni* *Good Samaritan Employee* *Physician* *Other* _____
Employee or Student ID # (necessary for discount verification) _____

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

Parent/Guardian Signature Required

This confirms payment of the registration fee for the child(ren) listed above. I understand this is a **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.

I would like to be notified when I am at the top of the waiting list for my child(ren)'s class and schedule, AND the space is available within:

- A. two weeks of my desired enrollment date.
- B. one month of my desired enrollment date.
- C. _____ of my desired enrollment date.

When a space is available within or after the time indicated above, 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 _____

