



Thank you for your interest in Child Care at UnityPoint – Methodist | Proctor

Please fill out the attached application and return it to the Child Care Center office as soon as possible. Upon receiving your application, we will contact you to about availability for child care by email or telephone.

In the event that there is a wait list for the age group your child is in, the date that we receive your application will determine your place on the list. UnityPoint employees are given first priority.

Please feel free to call with questions and to schedule a tour of the Center and to meet the teachers! We want you to feel as comfortable and confident as possible in your decision to have your child cared for by our qualified and caring staff. We look forward to talking with you soon!

www.unitypoint.org/peoria/child-care-center.aspx

Two locations:

Methodist Child Care Center

415 NE St Mark Ct

Peoria, IL 61603

(309) 671-5153

Fax: (309) 671-5157

LeeAnn.Mowers@unitypoint.org

Julie.Harms@unitypoint.org

Proctor Child Care Center

5409 N Knoxville Ave,

Peoria, IL 61614

(309) 691-1009

Fax: (309) 689-8338

Val.Sadler@unitypoint.org



UnityPoint Health

Methodist | Proctor

For Office Use Only

Application Received: ____/____/____

Enrollment Fee Received: ____/____/____

Check # _____ Credit Card

Payroll Deduct

Classroom _____

Start Date ____/____/____

CHILD CARE CENTER WAITING LIST APPLICATION

Center Location (if both, please prioritize first & second choice): **Methodist** **Proctor**

Children: (for whom child care is requested)

First Name	Middle	Last	Sex	Date of Birth or Due Date	Toilet Trained?
			M / F	/ /	Y / N
			M / F	/ /	Y / N
			M / F	/ /	Y / N

Desired Start Date: ____/____/____ (If unsure, please estimate)

Care Needed: To secure a spot at our Center (excluding PRN), your child must be enrolled a minimum of two days per week, Monday through Friday. The Center enrolls children with a set, rotating, or varied schedule.

Set Schedule: (circle) Monday Tuesday Wednesday Thursday Friday

Rotating Schedule (circle) – Number of days per week: 2 3 4

Varied Schedule (circle) – Number of days per week: 2-3 3-4 4-5

PRN – Child Care “as needed” and based on availability at the Center

Additional notes about scheduling needs: _____

Usual drop off time:

Usual pick-up time:

Mailing Address: (house number, street, city, state, zip)

Parent(s) or other person(s) placing the child:	
Name:	Name:
Relation to Child:	Relation to Child:
Phone Number: () - cell or home	Phone Number: () - cell or home
Email:	Email:
Place of Employment:	Place of Employment:
Department:	Department:
Work Phone Number: () -	Work Phone Number: () -
UnityPoint ID Number (if applicable):	UnityPoint ID Number (if applicable):
Marital Status of Parents: <input type="checkbox"/> married; <input type="checkbox"/> separated; <input type="checkbox"/> divorced; <input type="checkbox"/> single	
Will you be receiving child care subsidy assistance? Yes / No (If yes, you must be a UnityPoint employee.)	
Financial Information:	
<ul style="list-style-type: none"> • There is no fee to place your child to the waiting list. • A one-time enrollment fee of \$30 per child is charged upon enrollment. This fee is non-refundable. • An annual activity fee of \$25 per child is charged for those enrolled in School-Age Summer Camp. This is at the Proctor location only. • A one-time book fee of \$75 per child is charged for those enrolled in Kindergarten. This is at the Methodist location only. • Multi-child discount: A 10% sibling discount is applied if more than one child is enrolled at least four days per week. The full rate applies to the youngest child. The Proctor School-Age program is exempt from this discount. • UnityPoint employees' tuition will be collected through payroll deduction. • Non-UnityPoint families must pay in advance of using care each week. 	
<p>I hereby agree to pay a one-time enrollment fee per child at the time of enrollment. This is paid when both the Center and family agree to enroll the child. I understand the enrollment fee is non-refundable.</p>	
Name: _____	Signature: _____ Date: ___/___/___
Name: _____	Signature: _____ Date: ___/___/___