APPLICATION FOR ENROLMENT

Please check the program(s) that you are applying for:

☐ Child Care Program
☐ Health Care Program

PLEASE PRINT

1. Applicant Information

LAST NAME ____________________________________________

FIRST NAME ____________________________________________

EMAIL ADDRESS ________________________________________

MAILING ADDRESS _______________________________________

______________________________________________________

DAYTIME TELEPHONE NUMBER ___________________________

CURRENT POSITION (please check all that apply):

☐ Per-Course Instructor (responsible for one course or more)

☐ Postdoctoral Fellow (with a contract for four months or longer)

LUMUN STANDING: Have you filled out a LUMUN card? YES NO
2. APPLICATION FOR CHILD CARE PROGRAM

Full Name of Child: ____________________________________________

Child's Date of Birth: ____________________________________________

Copy of Government-Issued Identification for Child Enclosed: YES NO

3. APPLICATION FOR HEALTH AND DENTAL CARE PROGRAM

Do you currently have health care coverage from an employer, a graduate program, a spouse/partner's insurance, or any other source? YES NO

Was the Health or Dental expense accrued during the Fall semester? YES NO

Have you included the relevant receipt(s)? YES NO

PRIOR FUNDING FROM THE LUMUN CARES PROGRAM

Have you received LUMUN Cares Funding in the past? YES NO

If yes, which type of funding did you receive? [please circle all that apply]

Child Care Heath/Dental Care

Please enclose the appropriate documentation and/or receipt(s) with your application.

I hereby certify that, to my knowledge, the contained information is correct. I also understand that the information and supporting documents provided here are for administrative purposes only and will be kept confidential by LUMUN.

Signature of Applicant: ___________________________ Date: ___________________________