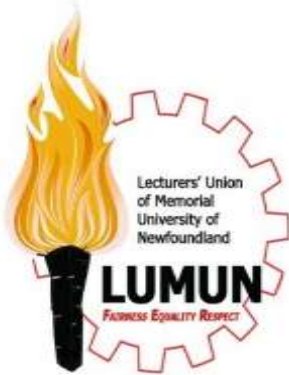


# LUMUN CARES PROGRAM



## 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

Postdoctoral Fellow

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?	<b>YES</b>	<b>NO</b>
Was the Health or Dental expense accrued during the current semester?	<b>YES</b>	<b>NO</b>
Have you included the relevant receipt(s)?	<b>YES</b>	<b>NO</b>

**PRIOR FUNDING FROM THE LUMUN CARES PROGRAM**

Have you received LUMUN Cares Funding in the past?	<b>YES</b>	<b>NO</b>
If yes, which type of funding did you receive? [please circle all that apply]	<b>Child Care</b>	<b>Heath/Dental Care</b>

**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: