

CYERT CENTER FOR EARLY EDUCATION  
ENROLLMENT APPLICATION

Child’s Full Name: Name Preference:

Date of Birth / Expected Due Date: Current Age:

Date Care Is Needed:

**Parent 1 Information**

Name:

Street Address:

City: State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: Email Address:

Current CMU Affiliation (required):

 Undergrad  Grad  Faculty  Staff

Andrew ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College/Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent 2 Information**

Name:

Street Address:

City: State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: Email Address:

Current CMU Affiliation (required):

 Undergrad  Grad  Faculty  Staff

Andrew ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please complete both sides of application.)

College/Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does this child have a sibling currently enrolled in the Cyert Center for Early Education?**  Yes  No

Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Classroom/Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I acknowledge the following:**

1. **This application for admission to the Cyert Center for Early Education will not be complete until I have submitted my $50 non-refundable application fee.**
2. **I have read and reviewed the** [**Cyert Center Application and Enrollment Policy and Procedures document [pdf]**](https://www.cmu.edu/hr/assets/cyert/cyert-enrollment-policy.pdf) **and understand it is my responsibility to adhere to the Policy and Procedures and to contact the Cyert Center with any changes to my application or any questions that I have about the information contained therein.**

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Application:

Please make checks payable to: **The Cyert Center for Early Education.** *Please be sure to indicate your child’s name in the memo field.*

Mail checks to:

Morewood Avenue Penn Avenue

1060 Morewood Ave. or 6555 Penn Ave.

Pittsburgh, PA 15213 Pittsburgh, PA 15206

We are committed to reaching out to people of different races, genders, ethnicity, and ability, and we strive to create an environment of inclusion that celebrates our differences and highlights our commonalities. Our program accepts children with special needs as long as a safe, supportive environment can be provided for the child consistent with the requirements of the Americans with Disabilities Act. For a complete description of Carnegie Mellon’s Commitment to Diversity, please visit the following website: [www.cmu.edu/diversity.](http://www.cmu.edu/diversity.)

O*ffice Use Only: \_\_\_\_\_\_\_\_\_\_\_\_date application and fee completed*

*\_\_\_\_\_\_\_\_\_\_\_\_check number*

*\_\_\_\_\_\_\_\_\_\_\_\_ initials*