



Children's Campus at SF State

Center for Early Care & Education, Professional Development and Research

Enrollment Forms Instructions – New Enrollment

In order for your child to begin attending at Children's Campus, we must receive all these completed forms and immunization history, with the exception of the Physician's Report (see instructions for this form). These forms provide information about your child that we need in order to support her/his learning and development. Please follow the instructions for completing each form. All forms are completed by the parent/guardian, including a portion of the Physician's Report. Please use this checklist to ensure you have completed all required enrollment forms.

Child's Name _____ DOB _____	
1.	Physician's Report (LIC 701) – This form is required by Community Care Licensing. The parent completes Part A. Part B must be completed by your child's health care provider. It is best to submit this form prior to your child's first day at Children's Campus. However, you can submit this completed form within 30 days of your child's first day of attendance.
2.	Immunization Records – Please provide a copy of your child's immunization records. No child may begin attending without submitting immunization records. We can make a copy of these records at the center if you bring in an original immunization record. A copy of the California Immunization Requirement for Child Care is provided for your information.
3.	Child's Preadmission Health History (LIC 702) – This form provides information on your child's health history and is required by CCL.
4.	Identification and Emergency Information (LIC 700) –This form provides information on who to contact in an emergency, including physician and dentist, and who is authorized to take the child from the facility. This form is required by CCL.
5.	Consent for Emergency Medical Treatment (LIC 627) –This form provides authorization for Children's Campus to secure emergency medical treatment for your child and is required by CCL.
6.	Personal Rights (LIC 613A) – This form outlines your child's personal rights at a licensed childcare center. This form is required by CCL.
7.	Parent's Rights (LIC 995) - This form outlines your rights as a parent at a licensed childcare center. This form is required by CCL.
8.	CSU Release of Liability – Children's Campus is a program of SF State University, which is one of the campuses of the California State University (CSU) system. This release of liability is required for all children enrolled at Children's Campus.
9.	University ID – All families must have a University ID (UIN) in order to pay tuition. The UIN becomes your account number. This form is used to provide your current UIN if you are staff/faculty or to request a UIN. <i>Please keep the payment instruction for your records.</i>
10.	Emergency Messaging and Email Communication Contact Information – Please read the information about Children's Campus' emergency messaging system and provide text and e-mail communication information.
11.	Permission to Share Class Rosters & Permission for Walks
	Permission to Apply Sunscreen
	Permission for Photography, Video Recording and Audio Recording
12.	Family Participation – We encourage all families to participate at Children's Campus to support your child's classroom and the center. This form outlines various ways you can contribute.
13.	Allergy Intake Form – Please let us know if your child does or does not have any known allergies and provide information if s/he does have allergies. Please see instructions on the form in any medication is required.
15.	Needs and Services Plan – This form provides us with important information about your child's development and needs so that we are able to meet your child's needs and support their experience at Children's Campus. Your child's teacher will discuss this information with you during an intake conference. <i>When completing the Needs and Services Plan, you may be asked to complete additional forms, based on the needs of your child. Please complete these forms only if applicable. You can download these forms on the Children's Campus website (childrencampus.sfsu.edu).</i> a) Toilet Learning Agreement and Approach to Toileting (for children that are currently in the process of toilet learning) b) Asthma Action Plan (for children with asthma or children that need to keep a rescue inhaler at the Center) c) Medication Consent (for children that need to receive medication while at the Center; note that prescription medication must include the prescription label with administration instructions; the center will administer over-the-counter medication only with doctor's orders).
	16. ASQ
	17. ASQ:SE

Person Completing Form: _____

Date _____

Admin Review: _____

Date _____

Entered into Procure by: _____

Date _____



RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS

Activity: Enrollment and participation of child(ren) (minors) at SFSU Children's Campus

Activity Date(s) and Time(s): Duration of child's (minor) enrollment at the SFSU Children's Campus

Activity Location(s): SFSU Children's Campus, 1600 Holloway Avenue San Francisco, CA 94132

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue** the State of California, the Trustees of the California State University, San Francisco State University and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims **including claims of the University's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with traveling to/from and participating in this Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to **hold** the University **harmless** from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity.**



I understand that this document is written to be as broad and inclusive as legally permitted by the state of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Signature: _____

Participant Name (print): _____

Date: _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (print)

Date

Minor Participant's Name

Date of Birth



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University Identification Number (UIN) for Payment of Tuition and Fees

Primary Payer's Name _____

Child's Name(s) _____

Select one option:

I am a current staff/faculty/student at SF State. My UIN is _____

I am a former staff/faculty/student at SF State.

Date of Birth _____ If you recall your UIN please provide it: _____

Non-SF State Email Address _____

This address will be used to send the initial password and for password resets.

Your account will be deactivated at the end of your child's enrollment period and can be re-activated if you re-enroll for subsequent enrollment years.

I need a UIN. Date of Birth _____

Non-SF State Email Address _____

This address will be used to send the initial password and for password resets.

Your account will be deactivated at the end of your child's enrollment period and can be re-activated if you re-enroll for subsequent enrollment year.

For Staff Use Only

Date Submitted to HRMS _____ UIN Effective Date _____ UIN Expiration Date _____

New UIN _____



Children's Campus at SF State

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Emergency Messaging and Email Communication Contact Information

As a part of our safety procedures, Children's Campus uses a text and email messaging system to notify parents of an emergency, evacuation or closure, when possible. These messages are sent through our Procure database program.

We ask all parents to provide a text cell phone number and email address that we can use for emergency communication. In addition, we need the name of the cell provider (AT&T, Verizon, etc.). If there is an emergency, evacuation or closure, we will distribute a text and email message to all families to alert you of the situation when possible. If our computers or Procure system are not available, we will call you. *Please note, text messages are sent through our email account so your phone/text plan must be enabled to accept texts from emails.*

Child/ren's Name(s): _____

Parent Name		Relationship to Child
Text Cell Number		Cell Provider (eg: ATT)
Email Address		
Place of Work	Job Title	
Parent Name		Relationship to Child
Text Cell Number		Cell Provider (eg: ATT)
Email Address		
Place of Work	Job Title	



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Child's Name _____

Permission to Share Class Rosters

At Children's Campus, we encourage parents to build a sense of community around their classrooms. In order to support this sense of community and promote parent-to-parent communication, we will provide parents with a class roster that includes the child's name, parents' names, and parents' email addresses. Please **initial one of the options** below to indicate whether you give permission to include your information on the class roster.

_____ I **DO** give my permission to include my child's name, parents' names and parents' email addresses on the class roster that is shared with other classroom parents.

_____ I **DO NOT** want to be included on my child's class roster. By selecting this option, I acknowledge that my child's name, parents' names and parents' email addresses will be excluded from the class roster that is distributed to other classroom parents.

Parent's Signature _____ Date _____

Permission For Walks

Please check the options below to indicate whether you give permission for your child to participate in walks with his/her teachers as follows:

_____ I **AGREE** to walks on the SF State campus.

_____ I **DO NOT** give permission for any walks outside of the Children's Campus facility. I understand that if the class takes a walk on campus that my child might stay at Children's Campus with a staff member or join another classroom.

Parent's Signature _____ Date _____



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Permission To Apply Sunscreen for 2018-2019

Child's Name: _____

Sun Screen

Children's Campus provides **Rocky Mountain Sunscreen SPF 30** as a measure to reduce children's exposure to sunlight. Too much exposure to sunlight increases a child's risk of skin cancer later in life. We require parental permission to apply sunscreen to your child. This sunscreen may be applied to a child's exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs.

Please indicate below whether you provide permission for Children's Campus staff to apply **Rocky Mountain Sunscreen SPF 30** to your child.

- YES** - I give permission for the staff at Children's Campus at SF State to apply Rocky Mountain Sunscreen SPF 30 Sunscreen Lotion to my child. In providing this permission I am also stating that *I do not know of any allergies or allergic reactions* my child may have to Rocky Mountain Sunscreen SPF 30 Sunscreen Lotion or any of its ingredients.
- NO** - I do not give permission for the staff at Children's Campus at SF State to apply Rocky Mountain Sunscreen SPF 30 Sunscreen Lotion to my child. Please indicate below whether you will provide another brand of sunscreen for staff to apply or if you do not want any sunscreen applied.
 - Please apply the sunscreen I provide when my child will be playing outside.
 - Do not apply sunscreen to my child under any circumstances.

Parent/Guardian Signature

Date

Admin Signature

Date



Children's Campus at SF State

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Permission for Photography, Video Recording, and Audio Recording

Child's Name _____

1. Photographs, Video Recording and Audio Recording by Children's Campus Staff

Children's Campus staff take photographs, videos, and audio recordings of the children while they are taking part in activities at the Center. These photographs and recordings are used assessment, documentation of learning, weekly newsletter for classroom families, children's portfolios, and training presentations. I have indicated my permission below for staff to take photographs, video recordings or audio recordings of my child. I understand that I have a right to view all photos, videos, or audio files of me or my child, and other members of my family or my child.

- | | |
|---|---|
| <input type="checkbox"/> I ALLOW Children's Campus staff to take photographs of my child. | <input type="checkbox"/> I ALLOW Children's Campus staff to take photographs of me and my family while at the center. |
| <input type="checkbox"/> I ALLOW Children's Campus staff to take videos of my child. | <input type="checkbox"/> I DO NOT ALLOW Children's Campus staff to take photographs, videos or audio tape me or my child. |
| <input type="checkbox"/> I ALLOW Children's Campus staff to audio record my child. | |

2. Photographs, Video Recording and Audio Recording by SF State Faculty and Students

As a Lab School, SF State faculty and students use Children's Campus to support college coursework and student learning. To support this learning, students and faculty take photographs, videos or audio recordings of the children while they are taking part in activities at the Center. These photographs and recordings are used for educational purposes, course assignments and/or class projects. Indicate your permission below for SF State faculty and students to take photographs, video record or audio record to advance learning in the field of Early Childhood Education. I understand that I have a right to view all photos and/or video/audio tapes taken of my child.

- | | |
|---|--|
| <input type="checkbox"/> I ALLOW SF State faculty and students to take photographs of my child. | <input type="checkbox"/> I ALLOW SF State faculty and students to audiotape my child. |
| <input type="checkbox"/> I ALLOW SF State faculty and students to videotape my child. | <input type="checkbox"/> I DO NOT ALLOW SF State faculty and students to take photographs nor to video or audio tape me or my child. |

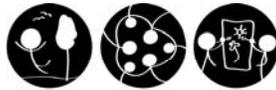
3. Restrictions on Parents Photographing, Videotaping or Audiotaping at Children's Campus

(Parent Initial)

By initialing this statement, I indicate that I have been informed of Children's Campus policy on parents taking photographs or video or audio taping children at the Center. This policy limits me to taking photographs, video recordings or audio records of my own child. I will not photograph, video record or audio record other children without the permission of the other children's parents. It is my responsibility to request this permission and I acknowledge that Children's Campus staff cannot provide permission for me to photograph, video tape or audio record any children.

Parent/Guardian Signature

Date



Children's Campus at SF State

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Family Participation 2018 – 2019 Program Year

Parent Name _____ Child(ren) Name(s) _____

Date _____

Family participation is an essential component of quality childcare programs. At Children's Campus, we encourage all families to participate in our program. We offer a variety of ways for you to be involved in supporting the center and your child's classroom. Please indicate your choice on how you would like to get involved and support Children's Campus. *We hope you will select more than one way to get involved!*

CLASSROOM SUPPORT *(please select from the options below)*

- Room Parent:** Works with Head Teacher to plan, organize and engage classroom parents in activities such as classroom parent events and scheduling parents for Team Meeting Snack donations. The Room Parent coordinates collections for end of semester gifts for staff.
- Team Meeting Meal Donation:** Teachers hold monthly team meetings after the center closes for their classroom staff. Help make staying late a little more fun by donating food to feed 5-8 staff. The Room Parent coordinates this.
- Volunteer in Classroom:** Volunteer in the classroom by assisting with activities. Classroom teachers coordinate this.

CENTER-WIDE SUPPORT *(please select from the options below)*

- Center Staff Snack Donation**
Donate snacks for approximately 25 staff members to eat during their lunch or break time. Families who sign up will receive an emailed with a Sign-up Genius link to choose the month and day that works for their schedule.
- Parent Representative on Children's Campus Advisory Committee or Research Committee**
 - Advisory Council** or **Research Committee**

The Advisory Council is comprised of University faculty and staff, Children's Campus staff and two parents. The Council provides guidance, advice and support to Children's Campus by reviewing and discussing program and Research Committee reports and making recommendations on tuition/fees and parent feedback/requests. The Council meets monthly, September-May, on the first Monday of the month, from 2:30-4:30 PM at Children's Campus.

The Research Committee is comprised of University faculty and staff, Children's Campus staff and two parents. The Committee reviews and approves proposals to conduct research at Children's Campus. The Committee meets monthly, on the first Friday of the month, from 11:00 AM – 12:30 PM.
- Teacher Appreciation Committee May 5-May 11**
This committee will work with administration to plan some kind of acknowledgement for teachers during Teacher Appreciation Week in May.

Classroom Fruit Bowl - *In addition to these activities, we hope all Toddler and Preschool families will contribute fruit to the **classroom fruit bowl** by contributing a couple of pieces of fruit each week. These contributions are served to the children during snack time.*



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Allergy Intake Form

Child's Name: _____

DOB: _____

My child has **no known** allergies (please sign and date the form below)

My child **has allergies** which are indicated on their Physician's Report

Food Allergies: _____

Medication Allergies: _____
(To inform medical responders if medical treatment is needed.)

Other Allergies: _____

Allergic Reactions: Please describe your child's allergic reactions (mild and severe):

Mild Reactions: _____

Severe Reactions: _____

Instructions for Responding to Allergic Reactions: Parents will be called at the first sign of an allergic reaction, in the case of a severe allergic reaction, we will call 911.

_____ Mild: _____
Parent Initial (Name of Medication/s)

_____ Severe: _____
Parent Initial (Name of Medication/s)

Please make sure you have provided your child's teacher with the medications listed above along with a Medication Administration Form. All prescription medications require a prescription label with instructions; over-the-counter medications require doctor's written instructions.

I understand that I must provide the Children's Campus with updated information on my child's allergies and will update this form as my child's conditions change. I also understand that, for my child's safety, his/her photograph and allergy information will be posted in the classroom kitchen area, in office, and at the front desk.

Parent/Guardian Signature: _____

Date _____

Admin Review: _____

Date _____

Head Teacher Review: _____

Date _____



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Needs and Services Plan: Teach Us About Your Child

As the expert on your child, we appreciate the information you share with us about your child. This questionnaire provides us with important information that we need to understand your child's unique characteristics and meet his/her individual needs. The more we know about your child and your family, the better we are able to make connections between home and school, which will provide more consistency and predictability for your child.

Child's Name: _____ Birthdate: _____

What would you like us to call your child? _____

Developmental History

Birth Complications: _____

Age child began: sitting _____ walking _____ talking _____

Times child may be fussy/irritable: _____

How do you handle these times? _____

Family Information

With whom does your child reside? _____

Who else lives in the home (e.g. siblings, extended family, pets)? _____

What names does the child call family members? _____

Language(s) spoken at home: _____

Are there words/phrases in the home language that we should know? _____

Are there cultural or family customs, rituals, or traditions that will help us make your child's experience more meaningful? _____

Are there other matters or concerns about your family that you feel are important to share with us? _____

Health/Development

Describe any serious illnesses or hospitalizations: _____

Describe any special physical conditions or disabilities: _____

Does your child have asthma? _____ If Yes, complete an **Asthma Action Plan Form**

Does your child have any allergies? _____ If Yes, provide additional information on the **Allergy Intake Form**

Has your child been diagnosed with a special need? _____ If Yes, please identify any special services your child is receiving and provide a copy of your child's IFSP/IEP _____

Does your child take any regular medications? _____ If Yes, please list these and the times of day medications are taken _____

*If your child must take medication at the center, please complete a **Medication Administration Form**. Please review the requirements in the Parent Handbook regarding prescription and over-the-counter medications.*

Eating Routine

Please describe your child's eating schedule/routine: _____

Food likes and eating preferences: _____

Food dislikes or eating concerns/difficulties: _____

Child eats: on lap in high chair at table other _____

Child eats with: spoon fork hands chopsticks other _____

Your child drinks from: Bottle Sippy Cup Regular Cup Other _____

Breast Feeding: No

Yes - How often? _____ Will you come to the center to nurse? _____

Toilet/Diapering Habits

Does your child currently use the toilet on their own? Yes No

If no, please answer the following:

Is your child currently toilet learning? No Yes. Please complete a **Toilet Learning Agreement** and provide tips for helping your child to use the toilet _____

Diapers: I wish staff to use diapers and wipes on my child that are:

Provided by Children's Campus Provided by parent

Does your child have frequent diaper rash? N/A No Yes, please explain: _____

For diaper rash, please apply: Desitin ointment provided by Children's Campus

Ointment provided by parent No Ointment

Are bowel movements regular: Yes No How often: _____

Is there a problem with: diarrhea constipation NA

Comforting/Distress

Does your child have a security object? No Yes – Name _____

Does your child use a pacifier? No Yes – When _____

How do you comfort your child? _____

Sleep Routine

Does child sleep in: Crib Single Bed Family Bed

Pre-nap routines/rituals: _____

How many naps per day does your child typically take? AM _____ PM _____

Typical time(s) and length of nap: _____

Waking behavior/routine: _____

Any concerns about sleeping at school: _____

What time does child go to bed at night: _____ wake in morning: _____

Does your child need a transitional object during nap? No Yes If so, what is it: _____

Separation

Has your child been left in the care of someone other than mom or dad? No Yes – With whom?

Does your child experience difficulty when separating from you? _____

What are some ways to calm your child during separation? _____

How can we help you feel more comfortable and involved in the care of your child at school?

Social Relationships

Tell us about your child's experience playing with other children. _____

How would you characterize your child's temperament: friendly active slow to warm

What is your child's reaction to strangers? _____

Have you had any previous childcare experience? _____ If so, how was your child's experience there?

Does your child prefer to play: alone with others adults with other children

Favorite toys and activities? _____

What frightens your child? _____

Parenting Philosophy

Do you have ideas/suggestions that would help us to better care for your child? _____

What do you as a family hope to get out of this childcare experience? _____

Please note any other requests or concerns you would like to share about your child: _____

Date: _____ Family Signature: _____ Teacher Signature: _____



Children's Campus at SF State
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Tuition and Fees Payment Instructions

Children's Campus does not accept any payments on site. All payments must be made through the University payment system, using a University Identification Number (UIN).

1. All payers must have a University ID (UIN). The UIN is your account number in the University payment system. SF State staff and faculty must provide their UIN. Community families must be issued a UIN. Please complete the University Identification Number for Payment of Tuition and Fees Form to either request a UIN or provide your current UIN.
2. Tuition and fees can either be paid (1) electronically or (2) by cash or check at the Bursar's Office. Tuition must be posted in the University payment system on time to avoid a \$25 late payment fee (tuition is due on the first day of the month and is late if not paid by the 5th school day).

Electronic Payment

You can pay your tuition and fees electronically through the University's electronic payment system. This is the fastest and most convenient way to pay tuition and fees. This is a **free service** if paid by an electronic transfer from a bank account (e.g.: checking). You can also pay by credit card; however **a 2.75% surcharge will be added to credit card transactions.**

To access the University's electronic payment system:

- cms.sfsu.edu
- Login with you UIN and password
- Please see page 2 for detailed instructions for paying electronically, including setting up your password.

Payment by Cash or Check

You can pay by cash or check in person at the Bursar's Office in the Administration Building or Student Services Center. Please enter your **UIN on the check** to ensure your payment gets credited to your account.

You can mail a check to the Bursar's Office. Keep in mind it takes several days for the Bursar's Office to post your mailed payment so be sure to allow sufficient time for processing so your payment is recorded by the due date.

Bursar's Office
San Francisco State University
1600 Holloway Ave - Adm 155
San Francisco, CA 94132-4161
Phone: 1.415.338.1281
Fax: 1.415.338.7787
bursar@sfsu.edu

Please Keep These Instructions for Your Records



Children's Campus at SF State
Center for Early Care & Education, Professional Development and Research

INSTRUCTIONS FOR PAYING TUITION ELECTRONICALLY

GENERAL INFORMATION

SF State's data system for payments is called Campus Solutions (CS). Since students pay tuition, the payment module is located in the "Student Center". While Children's Campus parents are not students, parents will be given access to their "Student Center" so that monthly tuition payments can be paid electronically.

Browser Requirements

For security purposes, SF State recommends that you keep your Internet browser up to date. CS may not operate as expected if it is running on a browser unsupported by the manufacturer (Oracle). If you experience issues with the system, please verify that you are using a supported browser:

- Internet Explorer: 10 or 11
- Safari: 6 or 7
- Firefox: 30
- Chrome: 24

All Browsers, including Safari, must be set to accept pop-ups.

Troubleshooting

Most technical issues can be resolved by *clearing your browser cache* and *verifying cookies are enabled*. If you attempt these resolution steps and are still experiencing issues, please give us a call.

Clearing the Browser Cache

Every time you visit a Web page, your browser stores a local cache to allow easy reference later. This can speed up browsing but may also cause out-of-date information to be stored. To troubleshoot CS issues, please clear your browser cache, and then completely restart your browser before trying to log in again.

Enabling Cookies

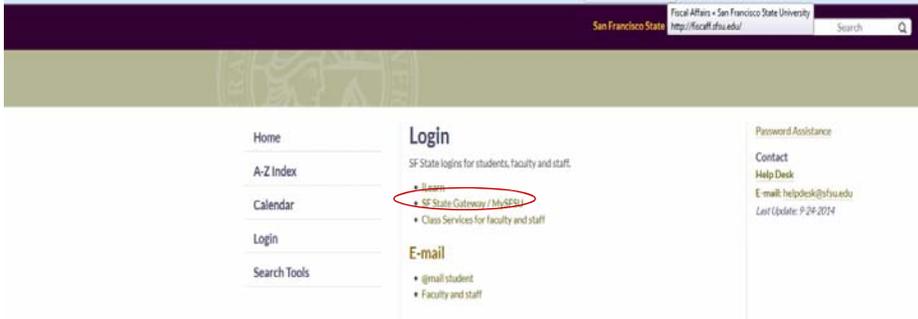
Campus Solutions requires the use of internet cookies (a small setting that gets saved in your browser). If you are experiencing problems, please verify that cookies are enabled for the browser you are using. If you need assistance in Enabling Cookies, you can check your Browser or view instructions on the University Campus Solutions website: <http://cms.sfsu.edu/content/campus-solutions-browser-requirements#trouble>

SETTING YOUR UNIVERSITY PASSWORD

To set your password, please call 415-405-HELP (4357) and request a password reset code.

LOGGING INTO CAMPUS SOLUTIONS

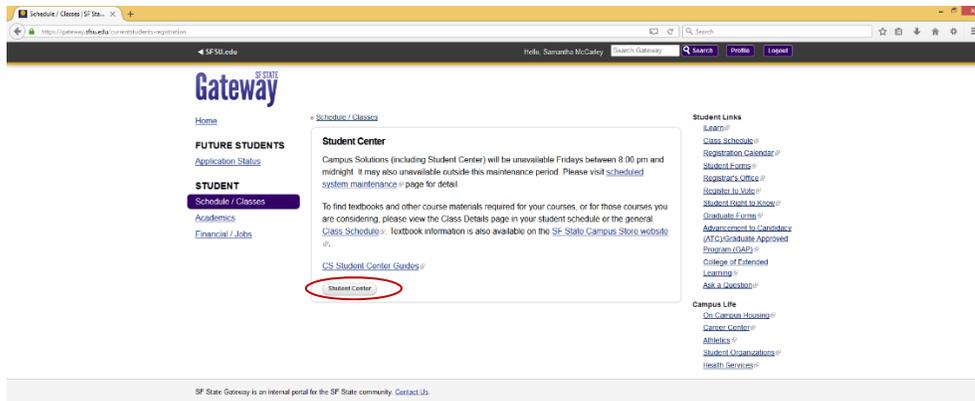
1. Log into the SF State Gateway:
 - a. www.sfsu.edu/
 - b. Select **Login** from the top of the screen
2. Front the Login Page, select **SF Gateway/MySFSU**



3. Enter your **SF State ID Number or Email** and **Password**
4. From the SF Gateway Screen, select **Schedule/Classes** from the left side



5. Select **Student Center**, which is located at the bottom of the box



6. Once in your Student Center, your account balance will appear in the Finance Section. To pay your tuition:
 - a. Select Make A Payment
 - b. The Online Payment System only accepts payments for the full amount owed.
 - c. Payment by **E-Check** (electronic funds transfer from a bank account) is **free**; a 2.75% service fee will be charged for payment by credit card.

Marjorie's Student Center

Academics

i You are not enrolled in classes.

SEARCH FOR CLASSES

Holds

No Holds.

To Do List

No To Do's.

Important Links

[Register to Vote](#)
[Address and Phone Changes](#)
[Key Dates and Deadlines](#)

Finances

My Account

[Account Inquiry](#)
[Enroll In Direct](#)
[Deposit](#)

i You have no outstanding charges at this time.

[*Important Student Fee Information](#) [Make a Payment](#)

other financial... 

Personal Information

Contact Information