

Office Use Only	
Date Received:	Time Received
Payment Amt.	Sibling:
Entered:	Initials:

CHILDREN'S CENTER WAITLIST APPLICATION FORM

Please return this form with the \$25 application fee to add your child's name* to the waitlist
*Only one fee is required for each family

Return this Form to:

Children's Center
Housing & Dining Services
University of Colorado Boulder
2202 Arapahoe Boulder CO 80302
o. 303-492-6185 / f. 303-492-1080

Child's Name		
Child's Name <i>Last First Middle</i>	Gender Male or Female	Birth date <i>Actual or Anticipated</i>
Parent Information		
Parent/Guardian Name(s) 1. 2.	Address Street: City: State: Zip code:	E-mail
Home Phone	Work Phone	Cell Phone
Enrollment Information		
Preferred Start & Year* Fall Spring Summer <i>*Children are only enrolled in the first month of each semester</i>	Is Child Potty-Trained? Yes No In process	CU Affiliation Housing Resident Student Faculty/Staff/Alumni
<i>When your child's name reaches the top of the list, we will call you for any age-appropriate opening in the schedule you have checked. Please remember to notify us of changes in your preferred start date, scheduling options, and/or contact information</i>		

Schedule Request – Full or Part time			
Check the option(s) you are willing to accept. You may indicate more than one enrollment schedule. If you are unsure at this time, please estimate the number of days you will need here: _____			
Number of Days	Full Time	Part Time 7:30 to 12:30	Days of the Week (Circle the ones you need)
Five Days			
Four Days			M T W R F
Three Days			M T W R F
Two Days			M T W R F