

**APPLICATION FOR ENROLLMENT & WAITING LIST**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Child |   | Phone |       | [ ] Male | [ ]  Female |
| Street Address |       | Date of Birth |       |  |  |
| City, State, Zip |       | OR Due Date |       |  |  |
| Class Level |  | If School Age: |  School  |       | Grade |  | Year |       |
|  |  |  |  |  |  |
| Father/Co-Parent/Guardian Information |
| Name |       | Work Phone |       | Cell |       |
| Employer |       | Employer Address |       |
| Email 1 |       | Email 2 |       |  |  |
|  |  |  |  |  |  |
| Mother/Co-Parent/Guardian Information |
| Name |       | Work Phone |       | Cell |       |
| Employer |       | Employer Address Address |       |
| Email 1 |       | Email 2 |       |  |  |
|  |  |  |  |  |  |
| Eligibility (check one): |
| [ ]  LLNL Employee [ ]  Sandia or Lab Contract Employee [ ]  Live or Work In Livermore |
|  |  |  |  |  |  |
| Enrollment Needs: | Need Care Starting: | Click here to enter a date. |  |  |
|  | Care Needed: | [ ]  Full Time |  |
|  |  | [ ]  Part Time (2 or 3 days per week) |
|  | Days Preferred: | [ ]  Monday | [ ]  Tuesday | [ ]  Wednesday | [ ]  Thursday | [ ]  Friday |
|  | If preferred days are not available will you consider other days: | [ ]  Yes | [ ]  No |
|  |  |  |  |  |  |
| Child’s Hours | (9.5 hours per day maximum) | Drop-off |       |  | (earliest time is 7:00am for all classes) |
|  |  | Pick-up |       |  | (latest p/u 5:30 for Infants/Tods, 5:45 all other classes) |
|  |  |  |  |  |  |
| If your child cannot be accommodated immediately, do you want him/her placed on our Wait List? |
|  | [ ]  Yes | [ ]  No |  |  |  |
| A non-refundable registration fee of $100.00 (make checks out to LFS) per child must accompany this application form. |
|  |  |  |  |  |  |
| Have you had a tour of the Children’s Center? | [ ]  Yes | [ ]  No (the director will call you to schedule a tour) |
|  |  |  |  |  |  |
| How did you hear about us? |       |
|  |  |  |  |  |  |
| I certify that I am Legal Custodial Parent/Legal Guardian of the above named child. |
|  |  |  |  |  |  |
| **Signed** |       |  | Date Signed | Click here to enter a date. |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| For Center Use: | Amount Paid  |       | Check # |       | Date Paid |       |  |
| Approved (Director’s Signature) |       |  |