

**APPLICATION FOR ENROLLMENT & WAITING LIST**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 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 | | | | | | |  | | | | | | | | | | | | | | | |  | |  | | |
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| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Have you had a tour of the Children’s Center? | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | No (the director will call you to schedule a tour) | | | | | | | | | | | | | | | | | | | | |
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| How did you hear about us? | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I certify that I am Legal Custodial Parent/Legal Guardian of the above named child. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | |  | | | | | |  | | |
| **Signed** | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | Date Signed | | | | | | Click here to enter a date. | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | |  | | | | | |  | | |
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| For Center Use: | | | | | | | Amount Paid | | | | | | |  | | | | Check # | | | | |  | | | | | | | | Date Paid | | | |  | | | | | | | | |  | | | |
| Approved (Director’s Signature) | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |