



APPLICATION FOR ENROLLMENT & WAITING LIST

Name of Child _____ Phone _____ Male Female
 Street Address _____ Date of Birth _____
 City, State, Zip _____ OR Due Date _____
 Class Level ---Select One--- If School Age: School _____ Grade -Select- 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 _____
 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 _____ -Select- (earliest time is 7:00am for all classes)
 Pick-up _____ -Select- (latest p/u 5:30pm for Infants/Tods, 5:45pm 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 application fee** of \$100.00 (please make checks payable 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 and that the application fee is non-refundable.

Signed _____ Date Signed [Click here to enter a date.](#)

For Center Use: Amount Paid _____ Check # _____ Date Paid _____

Approved (Director's Signature) _____