



## APPLICATION FOR ENROLLMENT & WAITING LIST

Name of Child (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_  Male  Female  
 Street Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ OR Due Date \_\_\_\_\_  
 Class Level ---Select One--- If School Age: School \_\_\_\_\_ G -Select- Year \_\_\_\_\_

### Father/Co-Parent/Guardian Information

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Email \_\_\_\_\_ Employer \_\_\_\_\_

### Mother/Co-Parent/Guardian Information

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Email \_\_\_\_\_ Employer \_\_\_\_\_

### 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

If your child cannot be accommodated immediately, do you want him/her placed on our Wait List?  
 Yes  No

Have you had a tour of the Children's Center?  Yes  No

How did you hear about us? \_\_\_\_\_

**A non-fundable application fee of \$100.00 per child must accompany this application form.**  
*(Please make checks payable to Laboratory Family Services)*

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) \_\_\_\_\_

**Checks and Applications can be dropped off in our drop box or mailed to:  
 1399 Almond Avenue, Livermore, CA 94551 OR Lab Mail Code L-799**