



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 _____ If School Age: School _____ Grade ____ 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 Lab Contract Employee SNL/ Live or Work in Livermore (School Age ONLY)

Enrollment Needs: Need Care Starting: _____

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** _____

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**