

UCSB Early Childhood Care and Education Services

WAITING LIST FORM

Office Use Only:
Last Name: _____
Start Date: _____
Classroom: _____
Schedule: _____

Priority Date: _____ (for Office use only)

Child's Name: _____ Girl Boy Unknown

Birthdate: _____ Sibling Enrolled, Name: _____

Preferred Entry Date: _____

Parent 1 Name: _____
Last Name First Name

Parent 1 Address: _____
Street City State Zip Code

Parent 1 Telephone: _____
Home Phone Work Phone Cell Phone

Relationship to Child: _____ Email: _____
(i.e. Mother, Legal Guardian, etc.)

Parent 2 Name: _____
Last Name First Name

Parent 2 Address: _____
Street City State Zip Code

Parent 2 Telephone: _____
Home Phone Work Phone Home Phone Email Address Work Phone Cell Phone

Relationship to Child: _____ Email: _____
(i.e. Mother, Legal Guardian, etc.)

Relationship to University:	Parent 1	Parent 2
Undergraduate Student	<input type="checkbox"/> Perm # _____	<input type="checkbox"/> Perm # _____
Graduate Student	<input type="checkbox"/> Perm # _____	<input type="checkbox"/> Perm # _____
Post Doc	<input type="checkbox"/> ID # _____	<input type="checkbox"/> ID # _____
Staff	<input type="checkbox"/> ID # _____	<input type="checkbox"/> ID # _____
Faculty	<input type="checkbox"/> ID # _____	<input type="checkbox"/> ID # _____
None	<input type="checkbox"/>	<input type="checkbox"/>

Check All Desired Placements: Full Time Half Time
M-F MWF TTh

Please remit \$25.00(Post Doc/Staff/Faculty/Community) or \$15.00(Student) to place your child's name on the waitlist. The waitlist fee is *non-refundable*. Make check payable to: **UC Regents**.

Mail to: Early Childhood Care & Education Services
University of California at Santa Barbara
Santa Barbara, CA 93106-1060

Office Use Only:
Amt Paid: _____