UCSB Early Childhood Care and Education Services

WAITING LIST FORM

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  Email Address
  Home Phone  Work Phone  Cell Phone

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

Relationship to University:

Parent 1
  □  Undergraduate Student  □  Perm # __________________
  □  Graduate Student  □  Perm # __________________
  □  Post Doc  □  ID # __________________
  □  Staff  □  ID # __________________
  □  Faculty  □  ID # __________________
  □  None

Parent 2
  □  Undergraduate Student  □  Perm # __________________
  □  Graduate Student  □  Perm # __________________
  □  Post Doc  □  ID # __________________
  □  Staff  □  ID # __________________
  □  Faculty  □  ID # __________________
  □  None

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:
  Last Name: __________
  Start Date: __________
  Classroom: __________
  Schedule: __________