

UCSB Early Childhood Care and Education Services

WAITING LIST FORM

Priority Date: _____ (Office use only)

Child Information

| | | |
|-----------------------|--|--|
| First Name: | Last Name: | <input type="checkbox"/> Girl <input type="checkbox"/> Boy <input type="checkbox"/> Unknown |
| Birthdate (Due Date): | <input type="checkbox"/> Sibling Enrolled, Name: | |

Office Use Only:

Last Name: _____

Start Date: _____

Classroom: _____

Schedule: _____

Preferred Entry Date: _____

Parent 1 Information

| | |
|------------------------|-------------|
| Last Name: | First Name: |
| Street Address: | |
| City: | State: Zip: |
| Work Phone: | Cell Phone: |
| Relationship to Child: | Email: |

Parent 2 Information

| | |
|------------------------|-------------|
| Last Name: | First Name: |
| Street Address: | |
| City: | State: Zip: |
| Work Phone: | Cell Phone: |
| Relationship to Child: | Email: |

Relationship to University

| | |
|---|---|
| Parent 1: <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student <input type="checkbox"/> Post Doc <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> None | Parent 2: <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student <input type="checkbox"/> Post Doc <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> None |
| If Student, Perm #: | If Student, Perm #: |
| If Faculty/Staff/Post Doc, ID #: | If Faculty/Staff/Post Doc, ID #: |
| If Faculty, appointment type: (for data collection purposes only) <input type="checkbox"/> Junior (non-tenured) <input type="checkbox"/> Non-Junior (Tenured) | If Faculty, appointment type: (for data collection purposes only) <input type="checkbox"/> Junior (non-tenured) <input type="checkbox"/> Non-Junior (Tenured) |

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.

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

Childrenscenters@sa.ucsb.edu

Office Use Only:

Amt Paid: _____