

# University of Washington Children's Centers

## Wait List Application

### Haggard Nelson Childcare Services

Children's Center at  
**Laurel Village**  
4200 Mary Gates Memorial Dr.  
Seattle, WA 98105

Children's Center at  
**Radford Court**  
6311 - 65th NE #4300  
Seattle, WA 98115

Children's Center at  
**West Campus**  
3904 Cowlitz Rd  
Seattle, WA 98105

Insert #1 in the box next to the program of your first choice.

If you would like to be placed on more than one wait list, indicate numerical preferences accordingly.

Please note: Laurel Village and Radford Court give enrollment priority to U.W. Students in Family Housing.

West Campus gives enrollment priority to UW Faculty/Staff.

Please complete one form for each child.

Child's name \_\_\_\_\_ Girl / Boy \_\_\_\_\_ Date of Birth \_\_\_\_\_ Preferred Start Date \_\_\_\_\_

\*If you will be receiving a subsidy for childcare cost, please specify  
(DSHS, U.W. Vouchers, Seattle Milk Fund, City of Seattle, Other \_\_\_\_\_)

Parent Name \_\_\_\_\_  
UW Staff/Faculty \_\_\_\_\_ Student \_\_\_\_\_ Other \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Day Phone # \_\_\_\_\_  
UW I.D. # \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Alternate ph # \_\_\_\_\_  
Are you a Family Housing resident? \_\_\_\_\_

Parent Name \_\_\_\_\_  
UW Staff/Faculty \_\_\_\_\_ Student \_\_\_\_\_ Other \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

Day Phone # \_\_\_\_\_  
UW I.D. # \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Alternate ph # \_\_\_\_\_  
Are you a Family Housing resident? \_\_\_\_\_

\*If Parents are not at the same address, to whom should correspondence be addressed? \_\_\_\_\_

Please check appropriate age group and desired schedule

Infant (12 weeks to 18 months)

- Full time  
 Other: Please Specify \_\_\_\_\_

Toddler (18 months to 3years)

- Full time  
 Other: Please Specify \_\_\_\_\_

Preschool (3 years to 5 years)

- Full time  
 Other: Please Specify \_\_\_\_\_

**Please return this form to Haggard Nelson Administrative Office**

9705 Sandpoint Way N.E.; Seattle, WA 98115

Phone: 206.523.3936 FAX: 206.523.4198

Email: uwccwaitlist@comcast.net

along with your non-refundable \$25.00 application fee (per family).

For Office Use Only

Check Payable to HNCR \_\_\_\_\_ Check # \_\_\_\_\_ Date Received \_\_\_\_\_