

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
uwcclv@aol.com

Children's Center at
Radford Court
6311 - 65th NE #4300
Seattle, WA 98115
spcc@u.washington.edu

Children's Center at
West Campus
3904 Cowlitz Rd
Seattle, WA 98105
wccc1@u.washington.edu

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: 206.532.4198

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 _____