

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: uwclist@u.washington.edu

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

For Office Use Only

Check Payable to HNCR _____ Check # _____ Date Received _____