

# University of Washington Children's Centers (UWCC) Wait Pool Application

Provider: Haggard Childcare Resources

**PREFERRED UWCC LOCATION** *(If you are open to placement in more than one program, please select all that apply.)*

- Laurel Village:** 4200 Mary Gates Memorial Drive, Seattle, WA 98105
- Radford Court:** 6311—65th Ave. N.E. #4300, Seattle, WA 98115
- West Campus:** 3904 Cowlitz Road, Seattle, WA 98105
- Portage Bay:** 3745 15th Ave. N.E., Seattle, WA 98105 *(opening January 2017)*

**LOCATION NOTES:**

- Laurel Village and Radford Court give enrollment priority to UW Students in Family Housing.
- West Campus gives enrollment priority to UW Faculty/Staff.
- Portage Bay gives equal priority to Faculty, Staff and Students.



**ELIGIBILITY**

Students must be enrolled and attending appropriately for their degree program. Faculty/Staff must be at least 50% and in a benefits eligible position.

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**COMPLETE ONE FORM FOR EACH CHILD**

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred start date: \_\_\_\_\_ Sibling currently enrolled at: LV RC WC PB

*If receiving a subsidy for childcare cost, please specify:*

DSHS  UW Voucher  Seattle Milk Fund  City of Seattle  Other \_\_\_\_\_

▶ Parent Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Select one:  Faculty  Staff  ProStaff  Grad  Undergrad  Professional student  Does not apply

UW Employee or Student ID: \_\_\_\_\_  Not a UW employee/student

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Family Housing resident?  Yes  No

▶ Parent Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Select one:  Faculty  Staff  ProStaff  Grad  Undergrad  Professional student  Does not apply

UW Employee or Student ID: \_\_\_\_\_  Not a UW employee/student

Home Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Family Housing resident?  Yes  No

▶ IF PARENTS ARE NOT AT THE SAME ADDRESS, to whom should correspondence be addressed? \_\_\_\_\_

***Please check appropriate age group:***

**INFANT** (12 weeks to 18 months)

**TODDLER** (18 months to 3 years)

**PRESCHOOL** (3 to 5 years)

Please return this form to **Haggard Childcare Resources** along with your **non-refundable \$25.00 application fee** (*per family*). Make checks payable to: **HCR**

**Mail to:**

Haggard Childcare Resources  
9705 Sand Point Way N.E.  
Seattle, WA 98115

**Email:** uwcclist@uw.edu  
**Phone:** 206.523.3936  
**Fax:** 206.523.4198

FOR OFFICE USE ONLY
DATE
RECEIVED: _____