

UW Medical Center Children's Center at Northwest Wait Pool Application

▶ Parent/Guardian 1 _____ UW EID# _____
 Email Address _____ Work phone _____
 Cell phone _____ Address _____

▶ Parent/Guardian 2 _____ Parent/Guardian 2 UW EID#. (if applicable) _____
 Email Address _____ Work phone _____
 Cell Phone _____ Address _____

▶ Please indicate which of the following applies to you, if any.

Parent/ Guardian 1		Parent/ Guardian 2
	I work for UW Medicine and my child is currently enrolled at the UWMC Children's Center at Northwest.	
	I am a UW Medical Center employee with a PEBB-eligible appointment that is at least .5 FTE (regardless of campus).	
	I work for a UW Medicine entity. (This includes working for UW Medicine central operations.)	
	I am a University employee with a PEBB-eligible appointment that is at least .5 FTE.	

▶ Child's Name _____ Birthdate/Due date _____ Sex _____
 Desired Enrollment Date _____ Full Time Part Time
 If part time, indicate days requested:
 Monday Tuesday Wednesday Thursday Friday

▶ Child's Name _____ Birthdate/Due date _____ Sex _____
 Desired Enrollment Date _____ Full Time Part Time
 If part time, indicate days requested:
 Monday Tuesday Wednesday Thursday Friday

 Parent's Signature _____ Date _____

Child Care Director's Signature _____ Date _____

Return your completed form to UWMC Children's Center at Northwest, 1550 N. 115th St., Seattle, WA 98133 or use UW Box 358800. Please enclose your family's \$100 non-refundable application fee, made payable to UWMC-CCNW.