

Wait Pool Application
UW Children's Center at Harborview
managed by **Bright Horizons Family Solutions**
601 Ninth Ave, Seattle, WA 98104
Phone 206 623-5760
uwcc.harborview@brighthorizons.com

Thank you for your interest in University of Washington Children's Center at Harborview. We understand the importance of choosing a quality child care program that is right for your family. When you return this completed wait pool form to the UWCC at Harborview with a non-refundable fee of \$25 (per family), you will be placed in our wait pool. You will then be contacted regarding the enrollment process and future space availability. Please note: Enrollment priority is for HMC/UW staff and faculty working 50% FTE or higher in a permanent position who physically work at HMC.

Date Submitted _____

Child's Name: _____ Date of Birth: ____/____/____

Child's Name: _____ Date of Birth: ____/____/____

Parent/Guardian Information:

Name: _____ Name: _____

UW I.D.# _____ UW I.D.#: _____

Address: _____ Address: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

UW Faculty__ UW Staff__ UW Student __ UW Faculty__ UW Staff__ UW Student__

Company Name: _____ Company Name: _____

Work Address: _____ Work Address: _____

Work Phone: _____ Work Phone: _____

Days and Hours Desired:

Full Time (M-F) _____ MWF _____ or TTh _____

What date would you like enrollment to begin? _____

Please enclose a check for \$25 made out to **Bright Horizons** and return it to:

The UW Children's Center at Harborview
601 Ninth Ave, Seattle, WA 98104

(Parent/Guardian's Signature)

(Date)

Thank you for choosing UW Children's Center at Harborview.

For Administrative Use: Date Info Entered Into IMS: _____ Date Registration Received: _____

Check Number: _____