



UNIVERSITY OF OREGON

Vivian Olum Child Development Center

5222 University of Oregon, 1650 Columbia St, Eugene, OR 97403-5222

WAIT LIST APPLICATION

Today's date ____/____/____

Requested start date ____/____/____

Parent or guardian is: (Please check all that apply)

UO employee

UO GTF or Student

Community
Not accepting at this time

Current VOCDC Family

Child's name _____ Date of birth ____/____/____ Sex ____

Address _____ City _____ State _____ Zip _____

Parent or guardian's name _____ UO ID# _____ Relationship _____

UO Dept/Work address _____ E-mail _____

Home Phone _____ Cell Phone _____ Work Phone _____

Parent or guardian's name _____ UO ID# _____ Relationship _____

UO Dept/Work address _____ E-mail _____

Home Phone _____ Cell Phone _____ Work Phone _____

REQUESTED SCHEDULE FOR INFANTS - PREK (PLEASE CHECK ONE):

FULL DAY

HALF DAY

Monday - Friday 7:30 a.m. - 5:45 p.m.

Monday - Friday 7:30 a.m. - 12:30 p.m.

Tuesday, Thursday 7:30 a.m. - 5:45 p.m.

Monday - Friday 12:30 p.m. - 5:45 p.m.

Monday, Wednesday, Friday 7:30 a.m. - 5:45 p.m.

REQUESTED SCHEDULE FOR SCHOOL-AGE (PLEASE CHECK ONE):

Monday - Friday -OR- Monday, Wednesday, Friday -OR- Tuesday, Thursday

Transportation needed. Name of school attending: _____

I understand that submitting the wait list application and \$15 application fee places my child on the wait list at the Vivian Olum Child Development Center, but does not guarantee that there will be an opening. Applications on the wait list must be updated and renewed annually.

Signature: _____ Date: _____

Center use: Received by _____ Updated Date ____/____/____ Original Date ____/____/____ Fee received _____