



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 ____/____/____

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

Address _____ City _____ State _____ Zip _____

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

Parent/Guardian is: UO Faculty UO Classified Staff UO OA UO Student Community

UO Dept/Work address _____ E-mail _____

Home Phone _____ Cell Phone _____ Work Phone _____

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I understand that submitting the wait list application and \$20 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. Position on the wait list is subject to change according to the center's annual enrollment model and enrollment priorities. Applications on the wait list must be updated and renewed annually. Information may be shared with other departments for data analysis.

Signature: _____ Date: _____

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