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				
Address	City _		State	Zip
Parent or guardian's name	UO ID#		F	Relationship
Parent/Guardian is: ☐ UO Faculty	\square UO Classified Staff	□ UO OA	□ UO Student	□ Community
UO Dept/Work address		E-mail		
Home Phone	Cell Phone	Work Phone		
Parent or guardian's name	J	JO ID#	F	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		
REQUESTED SCHEDULE FOR INFAREULL DAY Monday - Friday 8:30 a.m Monday, Wednesday, Friday 8:30 Tuesday, Thursday 8:30 a.m REQUESTED SCHEDULE FOR SCHO Monday - Friday -OR- Transportation needed. Na	5:15 p.m. 0 a.m. – 5:15 p.m. 5:15 p.m. OOL-AGE (PLEASE CHEC Monday, Wednesday	C K ONE): , Friday - O)R- □ Tuesd	·
I understand that submitting the value of the Vivian Olum Child Development on the wait list is subject enrollment priorities. Application Signature:	elopment Center, but d to change according to as on the wait list mus	loes not guar the center's t be updated	antee that there annual enrolln	will be an opening. nent model and nnually.
Center use: Received by Up	dated Date//	Original Date	e//	Fee received