

# CHILD CARE WAIT LIST APPLICATION AT STANFORD UNIVERSITY

**WorkLife Office Use Only:**

Date Received/Postmarked: \_\_\_\_\_

WorkLife Number.: \_\_\_\_\_

**CHILD INFORMATION:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last Name, First Name, Middle Initial

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Gender: \_\_\_\_\_

**PARENT 1 INFORMATION (Affiliated Parent):**

Mr./Miss/Ms. (Please circle one)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Phone (Best contact No.): \_\_\_\_\_

E-mail: \_\_\_\_\_

**PARENT 2 INFORMATION:**

Mr./Miss/Ms. (Please circle one)

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Phone (Best contact No.): \_\_\_\_\_

E-mail: \_\_\_\_\_

**NOTE: PLEASE CHOOSE THE CENTER(S) YOU WISH TO BE WAITLISTED FOR AND YOUR DESIRED SCHEDULE (see Fee Schedule). PLEASE LIST YOUR IDEAL SCHEDULE FIRST AND OTHER POSSIBLE OPTIONS SECOND:**

<p><b>CHILDREN'S CENTER OF THE STANFORD COMMUNITY (CCSC)</b>      685 PAMPAS LANE, STANFORD, CA 94305-7220</p> <p><b>AVAILABLE SCHEDULES:</b> - 5 full days, 4 full days, 3 full days,                      5 mornings (7:30 a.m.-12:30 p.m.), 5 afternoons (1:00 p.m. – 6:00 p.m.) are for infants only                      Any available</p>		
<p>_____</p> <p><b>Preferred Start Date</b></p>	<p>_____</p> <p>Schedule – First Choice</p>	<p>_____</p> <p>Schedule – Second Choice</p>
<p><b>STANFORD ARBORETUM CHILDREN'S CENTER</b>      215 QUARRY ROAD, STANFORD, CA 94305</p> <p><b>AVAILABLE SCHEDULES:</b> Full Days - 5 days, 3 days MWF, 2 days TTh                      Part Days - 5 days, 3 days MWF, 2 days TTh (Part day: 9:00 a.m. – 3:30 p.m.)                      Half days - 5 mornings (6:30 a.m.-12:30 p.m.), 5 afternoons (12:30 p.m.-6:30 p.m.)                      Any available</p>		
<p>_____</p> <p><b>Preferred Start Date</b></p>	<p>_____</p> <p>Schedule – First Choice</p>	<p>_____</p> <p>Schedule – Second Choice</p>
<p><b>CCLC @ STANFORD WEST (Formerly Knowledge Beginnings)</b>      625 CLARK WAY, PALO ALTO, CA 94304</p> <p><b>AVAILABLE SCHEDULES:</b> 5 full days, 3 full days MWF, 2 full days TTh; Any available</p>		
<p>_____</p> <p><b>Preferred Start Date</b></p>	<p>_____</p> <p>Schedule – First Choice</p>	<p>_____</p> <p>Schedule – Second Choice</p>
<p>NOTE: First Priority is given to Stanford West Residents</p>		
<p><b>STANFORD MADERA GROVE CHILDREN'S CENTER</b>      751 OLMSTEAD ROAD, STANFORD, CA 94305</p> <p><b>AVAILABLE SCHEDULES:</b> Full Days - 5 days, 3 days MWF, 2 days TTh                      Part Days - 5 days, 3 days MWF, 2 days TTh (Part day: 9:00 a.m. – 3:30 p.m.)                      Half days - 5 mornings (7:00 a.m.-12:45 p.m.), 5 afternoons (12:45 p.m.-6:30 p.m.)                      Any available</p>		
<p>_____</p> <p><b>Preferred Start Date</b></p>	<p>_____</p> <p>Schedule – First Choice</p>	<p>_____</p> <p>Schedule – Second Choice</p>
<p>NOTE: First Priority to Faculty, Second Priority to Postdocs &amp; Students, University Staff on a space-available basis</p>		

**Please write a separate check for \$50 payable to each center you are applying to: CCSC, SACC, CCLC (for Stanford West), and/or CCLC (for Stanford Madera Grove)**

# AFFILIATION INFORMATION

DATE: \_\_\_\_\_

**NOTE: At least ONE parent must be affiliated with Stanford University or SLAC**

**AFFILIATED PARENT 1:** \_\_\_\_\_ **Relationship To Child:** \_\_\_\_\_  
Last Name, First Name, MI

**EMPLOYEE/STUDENT I.D. NO.:** \_\_\_\_\_ **Position:** \_\_\_\_\_

If not yet affiliated, estimated date of affiliation: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

(Only if applicable)

**Affiliated Parent 2:** \_\_\_\_\_ **Relationship To Child:** \_\_\_\_\_  
Last Name, First Name, MI

Employee/Student I.D. No.: \_\_\_\_\_ Position \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Office \_\_\_\_\_

CCLC at Stanford West (formerly Knowledge Beginnings) only:

Check box if appropriate:  I am a Stanford West resident.

**AFFILIATION: Please check applicable box(es).**

Parent #1	Parent #2	<b><u>STANFORD UNIVERSITY:</u></b>
<input type="checkbox"/>	<input type="checkbox"/>	Faculty Department: _____ Faculty line (tenure-line, non-tenure line, Medical Center line) _____
<input type="checkbox"/>	<input type="checkbox"/>	Staff Department: _____
<input type="checkbox"/>	<input type="checkbox"/>	Student: <input type="checkbox"/> Undergrad. <input type="checkbox"/> Graduate; Dept. _____
<input type="checkbox"/>	<input type="checkbox"/>	Post Doc. Department: _____
<input type="checkbox"/>	<input type="checkbox"/>	Visiting Faculty (Not eligible for Stanford medical benefits) Dept: _____
<input type="checkbox"/>	<input type="checkbox"/>	Visiting Scholar (Not eligible for Stanford medical benefits) Dept: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (Please describe): _____
<input type="checkbox"/>	<input type="checkbox"/>	<b><u>STANFORD LINEAR ACCELERATOR CENTER</u></b>

## **FEE INFORMATION:**

Please attach a *separate check* in the amount of \$50/per child for each child care center you wish to apply to (checks should be made out to CCSC, SACC, CCLC (for CCLC at Stanford West) and/or CCLC (for Stanford Madera Grove Children's Center))

**Mail** your application and check(s) to:  
The WorkLife Office  
P.O. Box 20554  
Stanford, CA 94309

**OR**

**Drop off** application and check(s) at:  
The WorkLife Office  
320 Panama St.  
Bambi Modular, near Roble Gym

NOTE: You must be affiliated with Stanford at time of enrollment. Once enrolled, affiliation is checked regularly.