

# Studio Enrollment Request

## Child Information

Name \_\_\_\_\_ Gender: M F Birth Date: \_\_\_\_\_

This application is for:

(Please mark your schedule preference with an x)

	Five Days (M-F)	3 Days (M,W,F)	2 Days (T,Th)
<b>Full Day (8:30-3:00)</b>			
<i>Optional Additions</i>			
Before Care: (7:30am-8:30am)			
After Care: (3:00pm-5:30pm)			

Desired Enrollment Date: \_\_\_ / \_\_\_ / \_\_\_

Do you wish to be placed in the Wait Pool if immediate enrollment is not available? Yes No

## Parent/Guardian Information

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Relationship to child \_\_\_\_\_ Relationship to child \_\_\_\_\_

If parents are not at the same residence, the child resides with \_\_\_\_\_

Please send correspondence to \_\_\_\_\_

Please list siblings, relatives and caretakers living at child's home:

Name

Age

Relationship

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*UCDS shall not discriminate on the basis of race, color, national origin, age, religion, ethnicity, gender, disability, or sexual orientation in employment or on the administration of its educational programs, admission policies, financial aid programs, athletic or other school administered programs. UCDS will make reasonable accommodations to enable a qualified student with a disability to attend UCDS.*

You can submit this form:

by email to [katie@ucds.org](mailto:katie@ucds.org), by fax (206) 547-3615, by mail or in person to 5062 9<sup>th</sup> Ave NE Seattle 98105