



Infant-Toddler Education Program 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)
Full Day (8:30-3:00)			
<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 katiew@ucds.org, by fax (206) 547-3615, by mail or in person to 5062 9th Ave NE Seattle 98105