Wait List Application University of Virginia Child Development Center



| For Office | Use Only |
|------------------|----------|
| Date: | |
| Done By: | |
| Priority: | |

| Submit Date | Click here to enter a date. | Birthdate or Due Date | Click here to enter a date. | |
|--|---|---|--|--|
| Child's Last | Click here to enter text. | Child's First Name | Click here to enter text. | |
| Name | | | | |
| Parent Information | | ☐ Mother ☐ Father ☐ Guardian | | |
| Last Name | | UVA Computing ID | | |
| First Name | | UVA Affiliation | | |
| Contact Informa | tion – please choose preferred c | ontact number | | |
| ☐ Home : Click | here to enter text. Cell: C | lick here to enter text. 🛛 🕽 | Work: Click here to enter text. | |
| City: Click here | to enter text. State: Click h | ere to enter text. E-Mail: Clic | k here to enter text. | |
| Parent Informat | ion | ☐ Mother ☐ Father ☐ Guar | dian | |
| Last Name | | UVA Computing ID | | |
| First Name | | UVA Affiliation | | |
| Contact Informa | tion — please choose preferred c | ontact number | | |
| ☐ Home : Click | here to enter text. Cell: 0 | lick here to enter text. | Work: Click here to enter text. | |
| City: Click here | to optor toyt State: Click by | ere to enter text. E-Mail: Clic | k hara ta antar tayt | |
| Enrollment is offered by Priority 1: Priority 2: Priority 3: Use foundation for foundation for siblings of enrolle A child is offered when a space is of lf you have not contact a parent to | mation on the Wait List Application must be ased on priority and date of submission. Pl. University full time (30 hours or more, with fuvA Health System full time (30 hours or mone, with full time and UVA Health System part time all time employees and contractor full time and children are moved to the top of the priorienrollment only into a classroom that is age offered, the parent has 48 hours to accept o | e complete and up to date. It is the resease submit completed applications ull benefits) faculty and staff, and full tirore, with full benefits) employees. e (with partial benefits and working 20-employees (see specific criteria below). ty list. appropriate for the child. r decline the space. If the parent decline our offer is considered declined and yo ached, the vacancy will be offered to the | me students. 29 hours per week) employees, part time students, affiliated es the offer, the child will be moved to the end of the wait list. 30 will be removed from the waitlist. If an attempt is made to the next child on the list. | |
| parent or legal guardian the University of Virgin University or Health Sy a minimum 30-day with | n being employed (full time 30 hours or mor a or UVA Health System; or employed full stem with a contract of a minimum of three drawal notice is required. | e with full benefits or part time with part time with a related entity (a foundation years); or being a student (full time or p | ia Child Development Center is contingent upon at least one tial benefits and working not less than 20 hours per week) by or contracted company who provides on-site services to the part time) at the University of Virginia. We further understand | |
| | lardian continues to be employed, or it a s nother child care facility within six weeks of | | OVA Child Development Center immediately and agree to | |
| | | | UVA Child Development Center immediately and agree to Today's Date | |