

CU Children’s Center t 303 492 6185

2202 Arapahoe Ave f 303 492 1080

Boulder, Colorado 80302 cuchildcare@colorado.edu

 **CHILDREN’S CENTER at the UNIVERSITY OF COLORADO
WAITLIST APPLICATION FORM 2023-2024**

When an age-appropriate opening is available, we will email you immediately.

Please mail this application form with application fee of $60 to the above address

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ male female Birth date: \_\_\_\_/\_\_\_\_/\_\_\_

 Last First (actual or due date)

Parent/Guardian Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Street City State Zip code

E-mail (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (­­ ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_home work cell Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_ home work cell

Preferred Start: Month: \_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_ Child Potty-Trained? Y N In process

**Your preferred days of attendance: (Please circle your choice)**

**(We offer full day care only: 7.30am to 5.30pm)**

Monday-Friday Monday/Wednesday/Friday Tuesday/Thursday

Does your child have speech, vision, hearing, motor, sensory or behavioral issues? **Yes / No**

Is yes, please elaborate on areas identified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CU Children’s Center participates in the Colorado Child Care Assistance Program (CCCAP), which is an income-based program that can provide significant support to families that qualify. We commit to financially supporting a limited number of CCCAP applicants per year. Will you be applying for CCCAP or are you enrolling as a private-pay family? (Please circle one.)

CCCAP SELF-PAY

**CU Affiliation** (circle all that apply): Student Faculty Staff Alumni None

OFFICE USE ONLY

 Date Received: \_\_\_\_\_\_\_\_\_\_ Time Received: \_\_\_\_\_\_ Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Payment Amt: \_\_\_\_\_\_\_\_\_\_\_ Sibling: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_