

University Child Care Wait Pool Application

Indicate your first choice center by writing a "1" in the colored box to the left. If you also wish to indicate a second or third center of interest please write a "Y" in the corresponding box. If you are not interested in a specific center, write an "N" in the corresponding box. Families will be notified of openings at your first choice center and any centers marked with a "Y." You will **NOT** be notified of any openings at the center(s) you have marked with an "N."

Marilyn Reed Lucia Center
 three-months to 23 months
 610 Parnassus Ave.
 t: 415-476-1616 f: 415-476-6787
 yolanda.marquez@ucsf.edu

Kirkham Street Center
 24 months to five years
 10 Kirkham St.
 t: 415-476-1616 f: 415-476-6787
 yolanda.marquez@ucsf.edu

Mission Bay Center
 three-months to five years
 1555 6th St.
 t: 415-255-7954 f: 415-255-7353
 missionbay@brighthorizons.com

Laurel Heights Center
 three-months to five years
 3333 California St.
 t: 415-775-2111 f: 415-775-2122
 jjohn@marindayschools.org

Child

Name _____ Birth Date _____ Gender: Male Female

Parent/Guardian 1

Name _____

Home Address _____
Street

City _____ Zip _____

Work Address _____
Street

City _____ Zip _____

Primary Tel _____ Work Tel _____

E-mail _____

Please indicate your UCSF affiliation

- Faculty Staff Student Post Doc Resident

Please provide your UCSF employee # _____

Please indicate primary UCSF School

- Medicine Dentistry Pharmacy Nursing
 Financial & Administrative Services Medical Center
 Other _____

Please indicate primary UCSF work location:

- Parnassus Laurel Heights SFGH Mt. Zion
 Mission Bay MCB Other _____

Please list all other adults and children that live with the child and indicate their relationship to the child

Please state any significant conditions (health, social, emotional, allergies) that we should know about your child

How did you hear about University Child Care Centers? _____

Preferred Starting Date _____ Number of days per week: 5 (M-F) 2 (T, TH) 3 (M, W, F)

Signature of Parent/Guardian 1 _____ Date _____

Signature of Parent/Guardian 2 _____ Date _____

Payment Info

PLEASE NOTE: Payment of a non-refundable \$75 application fee is required at the time of this application to the center you have identified above as your first choice. Make check payable to UC Regents for Marilyn Reed Lucia and Kirkham Street Centers. Send check to 610 Parnassus Ave., Box 0968, San Francisco, CA 94143-0968. Make check payable to Marin Day Schools (MDS) for Laurel Heights. Send check to 3333 California St., Suite 220, San Francisco, CA 94118. Make check payable to Bright Horizons for Mission Bay. Send check to 1555 Sixth St., San Francisco, CA 94158. Receipt of this payment will place your child's name in the wait pool but does not guarantee placement. We will notify you as soon as an opening becomes available in the appropriate class.