**UCSF – Campus Life Services**

**Family Services**

**Back-up Care 16/17 Enrollment Form**

**For Incoming Residents and Incoming Clinical Fellows Only**

First Name:

Last Name:

Your UCSF affiliation (please circle): Incoming Clinical Fellow Incoming Resident

UCSF School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #:

Contact Email:

Type of Credit Card (please circle):

American Express Mastercard Visa Discover

Credit Card #

Expiration Date: (mm/yy)

I am authorizing payment of $175.00 for UCSF Back-Up Care pilot program enrollment through June 30, 2017.

Authorizing Signature

Print Name

*Enrollment Policies:*

*• Program enrollment is non-refundable.*

**STOP: Please note that we cannot accept any credit card information via email.** Before proceeding, please note that this form is to be used only by incoming residents and incoming clinical fellows. Members of other eligible groups should enroll online at <http://clsonlinestore.ucsf.edu/>from a computer at a UCSF campus location or via a UCSF VPN account.

**FAX your order to 415.514-2161**

You will receive an email to confirm your order has been received. If you do not receive a confirmation within 2 business days please contact Fe.Cushere@ucsf.edu

Thank you for your submission. You will be contacted when your order has been processed.

Form Update 5.20.2016