



Malcolm W. Cole

Child Care Center

Application

Office Use Only	
Please initial any data entered	
Date received	_____
Check number	_____
Check amount	_____
Received by	_____
Entered into database	_____
Priority verified by HR	_____
Date offered	_____
Date accepted	_____
Date declined	_____
Priority verified by HR	_____
Position change	_____
Deleted from wait list	_____

Parent 1 (UVA Employee) \_\_\_\_\_

Employee ID# \_\_\_\_\_ SS# \_\_\_\_\_

Department \_\_\_\_\_ Job Title \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

E-mail Address (required) \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Parent 2 or Guardian \_\_\_\_\_

Employee ID# \_\_\_\_\_ SS# \_\_\_\_\_

Employer \_\_\_\_\_ Job title \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

E-mail Address (required) \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Birthday (or due date) \_\_\_\_\_

Hours of Care Needed \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

For Part Time: 3 days (list days) \_\_\_\_\_ or 2 days (list days) \_\_\_\_\_

Date Needing Care \_\_\_\_\_

Please List Any Sibling's Names and Ages: \_\_\_\_\_

\_\_\_\_\_

A non-refundable fee of \$50.00 must accompany each application (use only U.S. Mail) made payable to:

UVA HSC Child Care Center  
P.O. Box 800658  
Charlottesville, VA 22908-0658

NAME:

# Office Use Only

## Updated Family Contact Information

Date \_\_\_\_\_ New Address \_\_\_\_\_

Date \_\_\_\_\_ New e-mail \_\_\_\_\_

Date \_\_\_\_\_ New Phone Numbers \_\_\_\_\_

## Contacts Made With Family

Date \_\_\_\_\_ Contacted by: Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Mail \_\_\_\_\_  
(attached)

Details: \_\_\_\_\_

Contacted by \_\_\_\_\_

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Date \_\_\_\_\_ Contacted by: Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Mail \_\_\_\_\_  
(attached)

Details: \_\_\_\_\_

Contacted by \_\_\_\_\_

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Date \_\_\_\_\_ Contacted by: Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Mail \_\_\_\_\_  
(attached)

Details: \_\_\_\_\_

Contacted by \_\_\_\_\_