

Malcolm Cole Child Care Center

Wait List Application

Child's Name _____ Date of Birth (or due date) _____

Hours of Care Needed: _____ Please circle: Full time or Part time

When do you need enrollment to begin? _____

Who has custody? Mother _____ Father _____ Both _____ Other (specify) _____

Parent 1 (UVA Employee) _____ Employee ID# _____

Job title _____ Department _____

Home Address _____

Phone (home) _____ (cell) _____ (work) _____

Email address (required) _____

Parent 2 _____ Employee ID# (if applicable) _____

Job title _____ Department/Employer _____

Home Address _____

Phone (home) _____ (cell) _____ (work) _____

Email address _____

Please send application by any method listed below:

Mail: Malcolm Cole Child Care Center
PO Box 800658
Charlottesville, VA 22908-0658

Email: bbs9s@virginia.edu

Fax: 434-924-2329

For Center Use

Date application received: _____ Received by: _____ Entered into database: _____

Employment verified: _____ Date registration fee received: _____ Enrollment date: _____