



University of Colorado at Boulder

Department of Housing & Dining Services

OFFICE USE ONLY

CU Boulder Children's Center
2202 Arapahoe
Boulder, CO 80302
Phone 303-492-6185
Fax 303-492-1080

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_
Payment Amt: \_\_\_\_\_ Sibling: \_\_\_\_\_
Entered: \_\_\_\_\_ Initials: \_\_\_\_\_

CHILDREN'S CENTER at the UNIVERSITY OF COLORADO
WAITLIST APPLICATION FORM

Please return this form with the \$40 application fee to add your children's name(s) to the waitlist.
Only 1 fee is required for each family.

Child's Name: \_\_\_\_\_ Circle one: \_\_\_\_\_ Month/Day/Year
Last First male female Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_
(actual or due date)

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

Address: \_\_\_\_\_
Street City State Zip code

E-mail: \_\_\_\_\_

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

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

Check the option(s) you prefer. You may indicate more than one enrollment schedule.

If you are unsure at this time, estimate the number of days you will need here: \_\_\_\_\_

Five Days:

Full Time: \_\_\_\_\_ Part Time (7:30 - 12:30): \_\_\_\_\_

Four Days:

Full Time only: \_\_\_\_\_ M T W R F (circle which)

Monday/Wednesday/Friday:

Full Time: \_\_\_\_\_ Part Time (7:30 - 12:30): \_\_\_\_\_

Tuesday/Thursday:

Full Time only: \_\_\_\_\_

CU Affiliation (circle all that apply):

Housing Resident Student Faculty Staff Alumni

When your child's name reaches the top of the list, we will call you for any age-appropriate opening
in the schedule you have checked. Please remember to notify us of changes in your preferred
start date, scheduling options, and/or contact information.