

Wait List Application University of Virginia Child Development Center



For Office Use Only

Date: _____

Done By: _____

Priority: _____

Submit Date	Click here to enter a date.
Child's Last Name	Click here to enter text.

Birthdate or Due Date	Click here to enter a date.
Child's First Name	Click here to enter text.

Parent Information	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
Last Name	UVA Computing ID
First Name	UVA Affiliation
Contact Information – please choose preferred contact number	
<input type="checkbox"/> Home: Click here to enter text. <input type="checkbox"/> Cell: Click here to enter text. <input type="checkbox"/> Work: Click here to enter text.	
City: Click here to enter text. State: Click here to enter text. E-Mail: Click here to enter text.	

Parent Information	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
Last Name	UVA Computing ID
First Name	UVA Affiliation
Contact Information – please choose preferred contact number	
<input type="checkbox"/> Home: Click here to enter text. <input type="checkbox"/> Cell: Click here to enter text. <input type="checkbox"/> Work: Click here to enter text.	
City: Click here to enter text. State: Click here to enter text. E-Mail: Click here to enter text.	

Notes: _____

OFFICE USE ONLY

Wait List Policy: Information on the Wait List Application must be complete and up to date. It is the responsibility of the submitter to inform the Center of changes.. Enrollment is offered based on priority and date of submission. **Please submit completed applications to eglaze@cclc.com and thenderson@cclc.com**

Priority 1: University full time (with full benefits) faculty and staff, and full time students.

Priority 2: UVA Health System full time (with full benefits) employees.

Priority 3: University and UVA Health System part time (with partial benefits and working not less than 32 hours per week) employees, part time students, affiliated foundation full time employees and contractor full time employees (see specific criteria below) .

- Siblings of enrolled children are moved to the top of the priority list.
- A child is offered enrollment only into a classroom that is age appropriate for the child.
- When a space is offered, the parent has 48 hours to accept or decline the space. If the parent declines the offer, the child will be moved to the end of the wait list. If you have not contacted the center within those 48 hours, your offer is considered declined and you will be removed from the waitlist. If an attempt is made to contact a parent to offer a space and the parent cannot be reached, the vacancy will be offered to the next child on the list.
- Once a space is accepted, a \$75 registration fee and your first two weeks of tuition must be paid within 48 hours.

By completing this application, we understand that our child's eligibility to enroll at the University of Virginia Child Development Center is contingent upon at least one parent or legal guardian being employed (full time with full benefits or part time with partial benefits and working not less than 32 hours per week) by the University of Virginia or UVA Health System; or employed full time with a related entity (a foundation or contracted company who provides on-site services to the University or Health System with a contract of a minimum of three years); or being a student (full time or part time) at the University of Virginia.

If no parent or legal guardian continues to be employed (full time with full benefits or part time with partial benefits and working not less than 32 hours per week) with the University of Virginia or UVA Health System; or employed full time with a related entity; or continues to be a student (full time or part time), we agree to notify the UVA Child Development Center immediately and agree to transition our child to another care within six weeks of non-affiliation.

Electronic Signature
Parent Signature

Today's Date
Date

If you have any questions contact: Jorden Glaze 434.977.3973, eglaze@cclc.com or Tonya Henderson 434.293.6110, thenderson@cclc.com.

KEEP A COPY OF THIS FOR YOUR RECORDS

(Rev 02/13/17 Annette/aer)