

UCSF Child Care Wait Pool Application

Indicate your first choice center by writing a "1" in the colored box to the left. If you also wish to indicate a second or third center of interest please write a "Y" in the corresponding box. If you are not interested in a specific center, write an "N" in the corresponding box. Families will be notified of openings at your first choice center and any centers marked with a "Y." You will NOT be notified of any openings at the center(s) you have marked with an "N."

Payment Info


Send this application, along with a non-refundable application fee of \$75 to your first choice center, address noted below. **All checks should be made payable to Bright Horizons.** Upon receipt of your payment, a confirmation e-mail will be sent and your child's name will be placed in the wait pool. This does not guarantee placement. We will notify you as soon as an opening becomes available.


 **Marilyn Reed Lucia Center**
three-months to 23 months

610 Parnassus Ave.
S.F., CA 94143-0968
t: 415-504-7023 f: 415-504-6978
ucsf.lucia@brighthorizons.com

 **Kirkham Street Center**
24 months to five years

10 Kirkham St.
S.F., CA 94143-0926
t: 415-664-1217 f: 415-664-1559
kirkham@brighthorizons.com

 **Mission Bay Center**
three-months to five years
University Child Care Center at
Mission Bay, Box 1232
1555 6th Street, S.F., CA 94143
t: 415-255-7954 f: 415-255-7353
missionbay@brighthorizons.com

 **Laurel Heights Center**
three-months to five years
3333 California St., Suite 220
S.F., CA 94118
t: 415-775-2111 f: 415-775-2122
laurelheights@brighthorizons.com

Child

Name _____ Birth Date _____ Gender: ☐ Male ☐ Female

Parent/Guardian 1

Name _____

Home Address _____
Street

City _____ Zip _____

Work Address _____
Street

City _____ Zip _____

Primary Tel _____ Work Tel _____

E-mail _____

Please indicate your UCSF affiliation

- ☐ Faculty ☐ Staff ☐ Student ☐ Post Doc ☐ Visiting/Int'l Scholar
☐ Resident ☐ Clinical Fellow ☐ UC Partner (Gladstone)

Please provide your UCSF ID # _____

Please indicate primary UCSF School

- ☐ Medicine ☐ Dentistry ☐ Pharmacy ☐ Nursing
☐ Financial & Administrative Services ☐ Medical Center
☐ Other _____

Please indicate primary UCSF work location:

- ☐ Parnassus ☐ Laurel Heights ☐ SFGH ☐ Mt. Zion
☐ Mission Bay ☐ MCB ☐ Other _____

Please list all other adults and children that live with the child and indicate their relationship to the child

Please state any significant conditions (health, social, emotional, allergies) that we should know about your child

How did you hear about UCSF Child Care Centers? _____

Preferred Starting Date _____ Number of days per week: ☐ 5 (M-F) ☐ 2 (T, TH) ☐ 3 (M, W, F) ☐ flexible

Signature of Parent/Guardian 1

Date

Signature of Parent/Guardian 2

Date