

STANFORD UNIVERSITY CHILD CARE WAITLIST INSTRUCTIONS



FOR STANFORD UNIVERSITY FACULTY, STAFF, SLAC EMPLOYEES, STUDENTS, AND POSTDOCS

**Read these instructions before you fill out the
Waitlist Application**

To place your child on a campus child care center waitlist, you must:

1. **Print** out the appropriate 2-page Waitlist Application form.
2. **Complete** both pages of the form – incomplete forms will delay your application to the waitlist
3. **Select** the center(s) for which you wish to be waitlisted and your desired schedule.

To check available schedules, see the fee schedule for the programs.

4. **Write** a separate check payable to each center you select. The waitlist fee is \$50/child per center. Each check should be made payable to the center(s) for which you are applying: CCSC (for Children's Center of Stanford Community), SACC (for Arboretum), CCLC (for Stanford West) and/or CCLC (for Stanford Madera Grove).
5. **Mail** your application and check(s) to:

The WorkLife Office
P.O. Box 20554
Stanford, CA 94309

OR, DROP OFF

application and check(s) at:
320 Panama St., Stanford, CA 94305-4160
Bambi Modular (near Roble Gym)

6. **Visit the centers** for a tour. Schedule your tour directly with the center:
Stanford Arboretum Children's Center (SACC) at 650.725.6322
CCLC@Stanford West at 650.723.8700
Children's Center of Stanford Community (CCSC) at 650.853.3090
Stanford Madera Grove at 650.721.6632

Eligibility

The WorkLife Office verifies all applications for eligibility. Once your application is verified, the application and fees are transferred to the appropriate center for processing.

Application to the waitlist does not guarantee enrollment for your desired start date.

Enrollment is offered based on a match of:

- child's age
- desired schedule
- preferred start date
- application date

Questions

Call or email the child care center(s) for answers to questions concerning the individual programs.

Stanford Arboretum Children's Center (SACC)

Allison Monroe, Director
650.725.6328 or mamonroe@cclc.com

CCLC at Stanford West

Sheri Chaw, Director
650.723.8700 or schaw@cclc.com

Children's Center of Stanford Community (CCSC)

Karen Myers, Director
650.853.3090 or kmyers@ccsc-parentcoop.org

Stanford Madera Grove Children's Center

Kadie Dianda, Director
650.721.6632 or kdianda@cclc.com

CHILD CARE WAITLIST APPLICATION AT STANFORD UNIVERSITY

WorkLife Office Use Only:

Date Received/Postmarked: _____

WorkLife Number: _____

CHILD INFORMATION:

Name: _____ Date of Birth: _____

Last Name, First Name, Middle Initial

Home Address (street, city, zip code): _____

Home Phone: _____ Gender: _____

PARENT 1 INFORMATION (Affiliated Parent):

Mr./Miss/Ms. (Please circle one)

Last Name: _____

First Name: _____ M.I. _____

Phone (Best contact #): _____

E-mail: _____

PARENT 2 INFORMATION:

Mr./Miss/Ms. (Please circle one)

Last Name: _____

First Name: _____ M.I. _____

Phone (Best contact #): _____

E-mail: _____

**PLEASE CHOOSE THE CENTER(S) YOU WISH TO BE WAITLISTED FOR AND YOUR DESIRED SCHEDULE.
PLEASE LIST YOUR IDEAL SCHEDULE FIRST AND OTHER POSSIBLE OPTIONS SECOND:**

CHILDREN'S CENTER OF THE STANFORD COMMUNITY (CCSC)		685 PAMPAS LANE, STANFORD, CA 94305-7220
AVAILABLE SCHEDULES: - 5 full days, 4 full days, 3 full days, 5 mornings (7:30 a.m.-12:30 p.m.), 5 afternoons (1:00 p.m. – 6:00 p.m.) are for infants only Any available		
_____	_____	_____
Preferred Start Date	Schedule – First Choice	Schedule – Second Choice
STANFORD ARBORETUM CHILDREN'S CENTER (SACC)		215 QUARRY ROAD, STANFORD, CA 94305
AVAILABLE SCHEDULES: Full Days - 5 days, 3 days MWF, 2 days TTh Part Days - 5 days, 3 days MWF, 2 days TTh (Part day: 9:00 a.m. – 3:30 p.m.) Half days - 5 mornings (6:30 a.m.-12:30 p.m.), 5 afternoons (12:30 p.m.-6:30 p.m.) Any available		
_____	_____	_____
Preferred Start Date	Schedule – First Choice	Schedule – Second Choice
CCLC @ STANFORD WEST		625 CLARK WAY, PALO ALTO, CA 94304
AVAILABLE SCHEDULES: 5 full days, 3 full days MWF, 2 full days TTh; Any available		
_____	_____	_____
Preferred Start Date	Schedule – First Choice	Schedule – Second Choice
NOTE: First priority is given to Stanford West Residents currently living in Stanford West Apartments		
STANFORD MADERA GROVE CHILDREN'S CENTER		751 OLMSTEAD ROAD, STANFORD, CA 94305
AVAILABLE SCHEDULES: Full Days - 5 days, 3 days MWF, 2 days TTh Part Days - 5 days, 3 days MWF, 2 days TTh (Part day: 9:00 a.m. – 3:30 p.m.) Half days - 5 mornings (7:00 a.m.-12:45 p.m.), 5 afternoons (12:45 p.m.-6:30 p.m.) Any available		
_____	_____	_____
Preferred Start Date	Schedule – First Choice	Schedule – Second Choice
NOTE: First priority to Faculty, Second priority to Postdocs & Students, University Staff third priority.		

AFFILIATION INFORMATION

DATE: _____

NOTE: At least ONE parent must be affiliated with Stanford University or SLAC

AFFILIATED PARENT 1: _____ **Relationship To Child:** _____
Last Name, First Name, MI

Employee/Student I.D. #: _____ Position: _____

If not yet affiliated, estimated date of affiliation: _____

Phone: Home _____ Cell _____ Office _____

(Only if applicable)

Affiliated Parent 2: _____ **Relationship To Child:** _____
Last Name, First Name, MI

Employee/Student I.D. # _____ Position _____

Phone: Home _____ Cell _____ Office _____

CCLC at Stanford West only:

Check box if appropriate: I am a Stanford West resident (currently living in Stanford West Apartments or waitlisted with Stanford West). You must be a resident of Stanford West upon enrollment.

AFFILIATION: Please check applicable box(es).

Parent #1	Parent #2	<u>STANFORD UNIVERSITY:</u>
<input type="checkbox"/>	<input type="checkbox"/>	Faculty Department: _____ Faculty line (tenure-line, non-tenure line, Medical Center line) _____
<input type="checkbox"/>	<input type="checkbox"/>	Staff Department: _____
<input type="checkbox"/>	<input type="checkbox"/>	Student: <input type="checkbox"/> Undergrad. <input type="checkbox"/> Graduate; Dept. _____
<input type="checkbox"/>	<input type="checkbox"/>	Post Doc. Department: _____
<input type="checkbox"/>	<input type="checkbox"/>	Visiting Faculty (On a space available basis) Dept: _____
<input type="checkbox"/>	<input type="checkbox"/>	Visiting Scholar (On a space available basis) Dept: _____
<input type="checkbox"/>	<input type="checkbox"/>	Other (Please describe): _____
<input type="checkbox"/>	<input type="checkbox"/>	<u>STANFORD LINEAR ACCELERATOR CENTER</u>

WAITLIST FEE INFORMATION:

Please attach a separate check payable to each center you select. The waitlist fee is \$50/child per center. Each check should be made payable to each center for which you are applying: CCSC (for Children's Center of Stanford Community), SACC (for Arboretum), CCLC (for Stanford West) and/or CCLC (for Stanford Madera Grove).

Mail your application and check(s) to:
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Stanford, CA 94309

OR

Drop off application and check(s) at:
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320 Panama St.
Stanford, CA 94305-4160
Bambi Modular (near Roble Gym)

NOTE: You must be affiliated with Stanford at the time of enrollment.
Once enrolled, affiliation is checked regularly.