



# WAITLIST APPLICATION

Applicant's Name (please print): \_\_\_\_\_

How did you hear about us? (Please check all that apply):  
 DEL or NAEYC website    FHCRC/SCCA HR Department    HKCC website    Friend or co-worker  
 Other (Please specify): \_\_\_\_\_

Based on my employment at (or affiliation with) Fred Hutchinson Cancer Research Center, please prioritize this "Enrollment Application" as indicated below: (check one)

- #1 FHCRC or SCCA employee w/sibling currently enrolled at Hutch Kids
- #2 FHCRC or SCCA employee or non-FHCRC/SCCA employee w/sibling currently enrolled at Hutch Kids  
Please specify which organization you work for:    Fred Hutch    SCCA
- #3 Non-FHCRC/SCCA employee with FHCRC affiliation, employed with \_\_\_\_\_  
Are you a Post-Doctoral Fellow based at FHCRC? If so, please indicate #2 above.
- #4 Non-FHCRC/SCCA employee with no FHCRC affiliation, employed with \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell/Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Spouse/Partner's Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell/Home Phone: \_\_\_\_\_

Spouse/Partner's Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Child's Full Name (if known): \_\_\_\_\_  
first last

Child's Date of Birth **or** Expected Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ Sex: Male Female

Preferred Enrollment Date: \_\_\_/\_\_\_/\_\_\_    Full Time    Part-Time (See enrollment policy for details)  
(4 - 5 days)    2-days    3-days

If you indicated a part time preference, please select specific days of the week that you need care or flexible if you do not have a specific need:    Monday    Tuesday    Wednesday    Thursday    Friday    Flexible

### **APPLICATION FEE: \$50.00 per child**

Please return this Enrollment Application form and the **\$50 non-refundable application fee**, made payable to Hutch Kids Child Care Center. (Note: FHCRC mailstop is H-KIDS).

Amount Enclosed \$ \_\_\_\_\_ Check # \_\_\_\_\_

#### HUTCH KIDS USE ONLY

Application Received: \_\_\_/\_\_\_/\_\_\_   Start Date: \_\_\_/\_\_\_/\_\_\_   Enrollment (circle): M T W R F

Eligibility Verified:    Yes, \_\_\_\_\_   Classroom: \_\_\_\_\_