

OLIVE VIEW-UCLA INFANT/CHILD DEVELOPMENT CENTER

14445 Olive View Drive, Bldg. 120
Sylmar, California 91342
(818) 364-3444
Fax (818) 364-0979

APPLICATION FOR ENROLLMENT

Name of Child: _____ Date of Birth: _____

Parent or Guardian: _____ Relationship: _____

Home Address: _____ Home Phone: _____

City: _____ Zip Code: _____ Work Phone: _____

Name of County Employee: _____

County Employee ID# _____ Department: _____

Work Hours: _____ Days: Mon Tues Wed Thurs Fri

Please indicate the days and hours of child care services requested: (2 days per week minimum)

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____

Preferred Program Start Date: _____

Please complete this form and return it to the Olive View-UCLA Infant/Child Development Center.

Once this form is received, you will be notified of space availability for your child. At that time, admission forms will be given to you.

A \$25.00 nonrefundable registration fee is due upon notification of admission.

Parent Signature

Date