

# The University Child Care Center

Managed by **Victory Village Day Care Center, Inc.**

130 Friday Center Drive

Chapel Hill, North Carolina 27517

Phone: (919) 929-2662

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## Application for Enrollment

Date Care is Desired: \_\_\_\_\_

Date \_\_\_\_\_

Parent 1's Name \_\_\_\_\_ Parent 2's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Day Phone Parent 1 \_\_\_\_\_ Day Phone Parent 2 \_\_\_\_\_ Night Phone \_\_\_\_\_

Parent 1's Affiliation: \_\_\_\_\_ UNC student \_\_\_\_\_ UNC Faculty \_\_\_\_\_ UNC Staff \_\_\_\_\_ UNC Hospital Staff

Parent 2's Affiliation: \_\_\_\_\_ UNC student \_\_\_\_\_ UNC Faculty \_\_\_\_\_ UNC Staff \_\_\_\_\_ UNC Hospital Staff

UNC Student, Faculty or Staff:

Parent #1: PID#: \_\_\_\_\_ Parent 2's PID#: \_\_\_\_\_

For Hospital Staff:

Parent #1 - last 4 digits of SS#: \_\_\_\_\_ Parent #2 - Last 4 digits of SS#: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Demographic Information - Voluntary Disclosure

Racial/Ethnic Background \_\_\_\_\_ Religious Affiliation \_\_\_\_\_

Place of Birth \_\_\_\_\_ Primary Language \_\_\_\_\_

Developmental Concerns \_\_\_\_\_ Diagnosed Disability \_\_\_\_\_

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*Fill out this form and return it to the Center Administrator's with a \$60.00 non-refundable application fee.*

*Make check payable to: **Victory Village Day Care Center**. AFFILIATION WITH UNC-CH*

*OR UNC HOSPITALS WILL BE CONFIRMED BEFORE CHILD IS ADMITTED. See admissions policy for further information.*

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### (OFFICE USE ONLY)

Date Application Received \_\_\_\_\_ Classroom Placement \_\_\_\_\_

Application Fee \_\_\_\_\_ Date for Enrollment \_\_\_\_\_

Registrations Fee \_\_\_\_\_ Paperwork Distributed \_\_\_\_\_

Application Processed \_\_\_\_\_