



PRE-ENROLLMENT APPLICATION FORM

Duke Children's Campus is an on-campus childcare facility provided exclusively for Duke faculty, staff, and employees who are benefit-eligible. Contract employees who are paid by a non-Duke entity are not eligible for the Duke Children's Campus. There are a limited number of slots open to Duke graduate students. Please read the *Wait Pool Policies & Procedures* before completing this form. Your signature at the bottom of this form acknowledges that you have read and understand these policies and procedures. Allow five to seven business days to receive confirmation of eligibility.

Application:

- Return this completed form to Duke Children's Campus (DCC) at 511 Alexander Avenue, Durham, NC 27705.
- Enclose the application fee of \$35.00 per child. Make check payable to: Bright Horizons Family Solutions. The application fee is non-refundable, non-transferable. The application fee allows you to be registered with the Duke Children's Campus and two other Bright Horizons Centers. Please visit www.brighthorizons.com/trianglelocations to chose your centers of interest and list below:
 - _____
 - _____
- If there is no space available, the wait pool manager will contact you to verify your child's placement in the wait pool. Contact the Duke Children's Campus Director if you do not receive confirmation within five business days.

Child's Name: _____

Circle: BOY / GIRL Date of Birth: ____/____/____

Child's Name: _____

Circle: BOY / GIRL Date of Birth: ____/____/____

Duke Employee

Name: _____

Relationship: _____

Address: _____

Duke Email Address (*required*): _____

Home Phone: _____

Work Phone: _____

Duke Department: _____

Number of Hours worked per week: _____

Duke Unique ID: _____

Duke Faculty Duke Staff Post Doctorate

___ Duke University ___ Duke Medical Center

___ Duke Hospital ___ Health System*

OR

Duke Grad/Prof Student

Name: _____

Relationship: _____

Address: _____

***Duke** Email Address (*required*): _____

Home Phone: _____

Duke Graduate Department: _____

Student ID: _____

*Includes DHRH, DRH, DHCC, DHTS, PRMO or any Health System entity *other* than Duke Hospital.

Select the desired enrollment schedule (REQUIRED).

Enrollment is based upon availability and is subject to priority enrollment rules of the DCC.

Projected enrollment date: ____ (month) ____ (day) ____ (year)

Full-time Care (MON-FRI)

Part-time Care (select schedule preference): 3 Days per Week (MON, WED, FRI)

or 2 Day per Week (TUE, THUR)

BEFORE SUBMITTING THIS FORM PLEASE NOTE: your Pre-enrollment Application fee is non-refundable. Parents who receive an offer for an available space that matches their application criteria will be given the option of declining the offer twice. After the second decline, those families will be removed from the Wait pool. Please be advised that not responding will also indicate a decline. Any family removed from the Wait pool who wishes to rejoin the Wait pool, will be required to pay a new Wait pool application fee.

Duke Parent/Guardian's Signature (*required*)

Date

Duke offers Duke Children's Campus Tuition Subsidy to benefit eligible Duke Employees with an annual family income of less than \$75,000.

Check here if your family meets this criterion and you are interested in receiving additional information.

How did you hear about Bright Horizons? _____

Check if you do NOT want to receive email updates with DCC news, parenting seminars, workshops and other information.

DCC USE ONLY: Date Received: _____ Time Received: _____ Payment Amount: _____ Check#: _____

Faculty: _____ Staff: _____ Graduate/Professional Student: _____ Sibling of current family: _____