

Upstate Child Care Center ENROLLMENT APPLICATION



Please print or type the following information

Please return this form via Campus or US mail to:
Upstate Child Care Center
650 South Salina Street
Syracuse, NY 13202
Phone: (315) 464 -4438

Parent Information

Affiliation:

- SUNY Upstate Student** (Mom Dad)
 SUNY Upstate employee or medical resident (Mom Dad)
 Community member (Mom Dad)
 Other relationship, please describe: _____

Father's Name _____

Employer _____

Business Address _____ Phone: _____

Home Address _____ Phone: _____

Mother's Name _____

Employer _____

Business Address _____ Phone: _____

Home Address _____ Phone: _____

Please complete the following for whom you are requesting care

Child Name (s)	Gender	Date of Birth	Date needed for care
_____	_____	_____ m/ dd/ yy	_____ m/ dd/ yy
_____	_____	_____ m/ dd/ yy	_____ m/ dd/ yy

Are any siblings of the above currently enrolled at Upstate Child Care Center? **Yes** **No**

I have read and understand the Upstate Child Care Center policy. I also agree to notify the center if any of the information changes or if there is any change in my Child Care needs (ex.ample, care is no longer desired, change in employment status.) The Center will keep you on the list unless otherwise notified.

Signature _____

Date _____

OFFICE USE ONLY

DATE RECEIVED:

ADDITIONAL NOTES: