

**THE CHILDREN'S CENTER AT MORRISVILLE STATE COLLEGE
APPLICATION FOR CHILD CARE**

DATE CARE NEEDS TO START:			
CHILD'S NAME:		BIRTH DATE:	AGE:
			MALE/FEMALE
PARENT/GUARDIAN INFORMATION		PARENT/GUARDIAN INFORMATION	
Parent/Guardian:		Parent/Guardian:	
Home Address: (Street) (City), (State & Zip)		Home Address: (Street) (City), (State & Zip)	
Home Phone:		Home Phone:	
Employer:		Employer:	
Email:	Phone:	Email:	Phone:
STATUS (Check One):		STATUS (Check One):	
SUNY Student	State Employee (Union)	SUNY Student	State Employee (Union)
MAC Employee	Center Employee	MAC Employee	Center Employee
Community Resident	Does your child have a grandparent who is a State Employee? Which Union?	Community Resident	Does your child have a grandparent who is a State Employee? Which Union?
CHILD CARE NEEDS (6 weeks to 5 years)			
Full Year	Fall Only	Spring Only	SUNY Academic Year
DAYS (Circle all that apply)	Monday	Tuesday	Wednesday Thursday Friday
ADDITIONAL INFORMATION (SUNY Students Only)			
Anticipated Date of Graduation:		Degree Major: Associates or Bachelor	
Race: (for statistics only)		Ethnicity: (for statistics only)	
** ALL INFORMATION IS KEPT CONFIDENTIAL **			
PARENT/GUARDIAN SIGNATURE:			
** This application is valid for one year from date received ** Office Use Only/Date Received _____ by _____			