

**HCCC CHILD CARE CENTER
REQUEST FOR REGISTRATION PACKET**

Date _____ Parent Name _____

Street Address _____ City/town _____ State _____ Zipcode _____

Home Ph# _____ Cell Ph# _____ email address _____

Child's Name _____ Age _____ DOB _____

Parent Status : HCCC Student _____ HCCC Employee _____ Community _____

HCCC Student only : Are you eligible for the SUNY Child Care Subsidy?
(See SUNY Eligible Guidelines on this website) No ___ Yes ___ please send me an application.

Dates anticipated for enrollment ? Fall Semester 20 ___ Spring Semester 20 ___

Please indicate days and duration of care requested for child's enrollment

Daily (less than 30 hours per week and at least 6 hours per day) M ___ T ___ W ___ R ___ F ___

Part Days (at least 3 but less than 6) M ___ T ___ W ___ R ___ F ___

Hourly - less than 3 hours per day M ___ T ___ W ___ R ___ F ___

Please complete and mail to:

Pamela Mazzorana, Director

HCCC Child Care Center

100 Reservoir Rd.

Herkimer, N.Y. 13350

Or scan and email completed request form to mazzorapj@herkimer.edu