

**HCCC CHILD CARE CENTER  
APPLICATION FOR ENROLLMENT**

Date of Application \_\_\_\_\_ Parent's Name \_\_\_\_\_

Street Address \_\_\_\_\_ City/town \_\_\_\_\_ Zip code \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Parent's Status: HCCC Student \_\_\_\_\_ HCCC Employee \_\_\_\_\_ Community \_\_\_\_\_

**HCCC Student Parents Only  
Status: (please check all that apply)**

Full time \_\_\_\_\_ Part Time \_\_\_\_\_ Matriculated \_\_\_\_\_ or Non Matriculated \_\_\_\_\_

Evening classes \_\_\_\_\_ Day Classes \_\_\_\_\_ Online classes \_\_\_\_\_

# of semester credit hours registered \_\_\_\_\_

Are you eligible for SUNY Child Care Subsidy Scholarship? \_\_\_\_\_

**Semesters anticipated for Enrollment:** Fall 2008 \_\_\_\_\_ Spring 2009 \_\_\_\_\_

**Days Requested for child's enrollment:**

Half day blocks = anytime between 7:30 to 12pm or 12pm to 5:00

Full day blocks = anytime between 7:30 through 5:00

M - F Full Days \_\_\_\_\_ Half Days \_\_\_\_\_

MWF Full Days \_\_\_\_\_ Half Days \_\_\_\_\_

TR Full Days \_\_\_\_\_ Half Days \_\_\_\_\_

Please submit and mail to:

Attn: Pamela Mazzorana, Director  
HCCC Child Care Center  
100 Reservoir Rd.  
Herkimer, N.Y. 13350