

HCCC CHILD CARE CENTER
REQUEST FOR APPLICATION INFORMATION

Date _____ 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 2011 _____ Spring 2012 _____

Days Requested for child's enrollment:

Half day blocks = anytime between 7:30 to 12pm or 12pm to 5:00 (Preschool age only)

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 fax or mail to:

Attn: Pamela Mazzorana, Director
HCCC Child Care Center
100 Reservoir Rd.
Herkimer, N.Y. 13350
Fax #: 315-866-5939