

SUNY CORTLAND CHILD CARE CENTER APPLICATION FORM

1) CHILD(REN) NAME(S):

	M/F	AGE	BIRTHDATE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

2) PARENT/GUARDIAN INFORMATION:

A. Parent 1/Guardian

NAME: _____

HOME ADDRESS: _____

CITY: _____ ZIP: _____ HOME PHONE (____) _____

CELL PHONE: _____ EMAIL: _____

EMPLOYER: _____

ADDRESS: _____

WORK PHONE: (____) _____ Email: _____

SUNY CORTLAND ALUMNI SUNY STUDENT SUNY/NYS EMPLOYEE _____ ASC COMMUNITY RESIDENT
OTHER _____ (UNION/AFFILIATE)

WORK SCHEDULE: DAYS _____ HOURS _____

B. Parent 2/Guardian

NAME: _____

HOME ADDRESS: _____

CITY: _____ ZIP: _____ HOME PHONE (____) _____

CELL PHONE: _____ EMAIL: _____

EMPLOYER: _____

ADDRESS: _____

WORK PHONE: (____) _____ Email: _____

SUNY CORTLAND ALUMNI SUNY STUDENT SUNY/NYS EMPLOYEE _____ ASC COMMUNITY RESIDENT
OTHER _____ (UNION/AFFILIATE)

WORK SCHEDULE: DAYS _____ HOURS _____

3) HOURS YOU REQUIRE CARE:

	MON	TUES	WED	THURS	FRI
Arrive At: _____	_____	_____	_____	_____	_____
Leave At: _____	_____	_____	_____	_____	_____

4) WHEN YOU ANTICIPATE NEEDING CHILD CARE: _____

(starting date)

**** Please Complete Back of Form ****

----- CENTER USE ONLY: -----

DATE RECEIVED _____ BY _____

NOTATIONS _____

5) FOR WHAT PERIOD OF TIME DO YOU WISH TO ENROLL YOUR CHILD?

(Check One)

- Full Year
- Sept. through May
- Fall Only
- Spring Only
- Summer Only
- Other _____.

6) FEES are based on adjusted gross income and family size. (See attached Fee Schedule). Include income from all sources, including employment figures from both employed parents, alimony, child support, Social Security, SSI, public assistance, unemployment, cash from interest, investments, etc. **Income verification will be required if child is accepted for enrollment.**

Please check your level of TOTAL ADJUSTED GROSS FAMILY INCOME:

- \$ 0 - \$20,999
- \$21,000 - \$30,999
- \$31,000 - \$40,999
- \$41,000 - \$54,999
- \$55,000 - \$72,999
- \$73,000 - \$89,999
- \$90,000 +

NOTE: ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

7) Send the completed Application Form to:

SUNY Cortland Child Care Center
 Johanna Hartnett, Director
 131 Twin Towers, PO Box 2000
 Cortland, NY 13045
 Phone (607) 753-5955 / Fax (607) 753-5957

8) PARENT/GUARDIAN SIGNATURE _____

Date _____

We are open from 7:00 AM to 5:30 PM, with a maximum day of 9 1/2 hours for any child.

SUNY Cortland Child Care Center does not discriminate on the basis of race, religion, color, sex, national origin or disability. Reasonable accommodation will be provided upon request.