

**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
<b>PARENT/GUARDIAN INFORMATION</b>		<b>PARENT/GUARDIAN INFORMATION</b>	
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:
<b>STATUS (Check One):</b>		<b>STATUS (Check One):</b>	
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?
<b>CHILD CARE NEEDS (6 weeks to 5 years)</b>			
Full Year	Fall Only	Spring Only	SUNY Academic Year
DAYS (Circle all that apply)	Monday    Tuesday    Wednesday    Thursday    Friday		
<b>ADDITIONAL INFORMATION</b>			
Anticipated Date of Graduation:		Degree Major:                      Associates or Bachelor	
Race: (for statistics only)		Ethnicity: (for statistics only)	
<b>** ALL INFORMATION IS KEPT CONFIDENTIAL **</b>			
PARENT/GUARDIAN SIGNATURE:			
<b>** This application is valid for one year from date received **</b>			
Office Use Only/Date Received _____ by _____			