

**APPLICATION FOR CHILD CARE SUMMER 2010**  
**THE CHILDREN'S CENTER AT MORRISVILLE STATE COLLEGE, INC.**

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:		Home Address:	
Home Phone:		Home Phone:	
Employer:		Employer:	
Phone:		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>SCHOOL AGE SUMMER PROGRAM</b>			
DAYS (Circle all that apply) <b>7 Am - 5:30 PM</b>		Monday    Tuesday    Wednesday    Thursday    Friday	
Drop Off Time(s):		Pick Up Time(s):	
Session 1 *July 6-July 30 Yes or No		Session 2 * August 2- August 27 Yes or No	
Additional care week August 30-September 3 Yes or No			
<b>** ALL INFORMATION IS KEPT CONFIDENTIAL **</b>			
PARENT/GUARDIAN SIGNATURE:			
<b>***A \$40.00 Annual Registration Fee will be charged***</b>			
OFFICE USE ONLY	Date Received:	Registration Fee	Start Date: