

APPLICATION FOR SCHOOL AGE CHILD CARE SUMMER 2013
THE CHILDREN'S CENTER AT MORRISVILLE STATE COLLEGE, INC.

DATE CARE NEEDS TO START:			
CHILD'S NAME:		BIRTH DATE:	AGE:
		MALE/FEMALE	
PARENT/GUARDIAN INFORMATION		PARENT/GUARDIAN INFORMATION	
Parent/Guardian:		Parent/Guardian:	
Home Address:		Home Address:	
Home Phone:		Home Phone:	
Employer:		Employer:	
Phone:		Phone:	
STATUS (Check One):		STATUS (Check One):	
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?
SCHOOL AGE SUMMER PROGRAM			
DAYS (Circle all that apply) 7 Am - 5:30 PM	Monday	Tuesday	Wednesday Thursday Friday
Drop Off Time(s):		Pick Up Time(s):	
Session 1 *June 24-July 19 Yes or No		Session 2 * July 22-August 16 Yes or No	
Session 3 * August 19- August 30 Yes or No			
** ALL INFORMATION IS KEPT CONFIDENTIAL **			
PARENT/GUARDIAN SIGNATURE:			
A \$40.00 Annual Registration Fee will be charged			
OFFICE USE ONLY	Date Received:	Registration Fee	Start Date: