



**NEW YORK CITY
COLLEGE OF TECHNOLOGY**

The City University of New York
300 Jay Street • Brooklyn, NY 11201-2983

Our Children's Center

Rooms G-309 and NG-14
(718) 260-5191/5192
Email: childcarectr@citytech.cuny.edu

Application for Day Care

CHECK ONE: Day Care _____ Evening Care _____ Saturday Care _____
(Childcare services are limited to maximum of 10 hours of care per day)

SEMESTER ATTENDING (*Indicate Year*) Spring _____ Summer _____ Fall _____

This program does not discriminate by; race, ethnicity, religion, ability, income, gender or sexual orientation in providing services.

Date: _____

THE CENTER ONLY ADMITS CHILDREN OF NEW YORK CITY COLLEGE OF TECHNOLOGY STUDENTS. THE WAITING PERIOD FOR YOUR CHILDREN DEPENDS ON SPACE AVAILABILITY IN HIS/HER AGE GROUP AND THE SUBMISSION DATE OF YOUR APPLICATION.

Child's Name (First/Last) _____ (Male) _____ (Female) _____ *(CHECK ONE)*

Child's Date of Birth _____ Age _____

Address _____ Apt. # _____ Check One: (if applicable) Pvt. House _____ *Shelter _____

City _____ State _____ Zip Code _____

Email Address: _____

Home Phone Number () _____ Cell () _____

Emergency Contact (Name) _____ Telephone () _____

(Name) _____ Telephone () _____

(Name) _____ Telephone () _____

N.Y.C.C.T. Student's Name _____ Student ID Number _____

Other Parent's Name _____

Home Phone if different: _____ Business () _____

Curriculum/Major _____ 2-year program _____ 4-year program _____

PLAN OF PAYMENT: Check One (✓)

Self Pay _____ Military Family _____

Public Assistance – ADC/AFDC Case Number: _____

BIRTH CERTIFICATE REQUESTED UPON ADMISSION
FOR OFFICE USE ONLY

Medical _____ Birth Certificate _____ U.S.D.A. _____ P.A. Provider Letter _____ Schedule. _____

Date Received _____ By: _____ Comments: _____