Our Children's Center

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

Application for Day Care

CHECK ONE: Day Care_____ ○ Evening Care_____ ○ Saturday Care_____ ○

SEMESTER ATTENDING (*Indicate Year*) Spring [____] Summer [____] Fall [____]

Date: [_____]

IMPORTANT: The Center admits only children of New York City College of Technology students. The waiting period for your child depends on space availability in his/her age group and the submission date of your application. This program does not discriminate by race, ethnicity, religion, ability, income, gender or sexual orientation in providing services. Childcare services are limited to maximum of 10 hours of care per day.

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

Child's Date of Birth [_____] Age [_____]

Address [_____] Apt. # [_____] Check One: (if applicable) Pvt. House____ ○ *Shelter ○

City [_____] State [New York] Zip Code [_____]

Home Telephone Number: ([___]) [_____] Business ([___]) [_____]

Emergency Contact (Name) [_____] Telephone ([___]) [_____]

(Name) [_____] Telephone ([___]) [_____]

(Name) [_____] Telephone ([___]) [_____]

Email Address: [_____]

N.Y.C.C.T. Student's Name [_____] Social Security No. Not Necessary at this time

Other Parent's Name [_____] Social Security No. [_____]

Home Phone if different: [_____] Business ([___]) [_____]

Curriculum/Major [_____] 2-year program____ ○ 4-year program _____ ○

PLAN OF PAYMENT: Check One (√)

○ Self Pay

○ Public Assistance – ADC/AFDC Case Number: [_____]

○ A.C.S. / Voucher – Case Number: [_____] Recertification Date: [_____]

*Shelter residents may receive childcare benefits (Proof Required)

BIRTH CERTIFICATE REQUESTED UPON ADMISSION