



**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@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) _____ (Female) _____ *(CHECK ONE)*
 Child's Date of Birth _____ Age _____
 Address _____ Apt. # _____ Check One: (if applicable) Pvt. House _____ *Shelter _____
 City _____ State _____ 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

FOR OFFICE USE ONLY

Medical _____ Birth Certificate _____ U.S.D.A. _____ P.A. Provider Letter _____ A.C.S. Paperwork _____ Sched. _____
 Date Received _____ By: _____ Comments: _____