

Cobleskill Campus Child Care Center Application:

Date: _____

1st Child's Name _____ Birth or Due date: _____

2nd Child's Name _____ Birth or Due date: _____

Address: _____ Start Date: _____, 20__

Town: _____ State/Zip: _____

Parent: _____ Phone: H _____ W _____

Parent: _____ Phone: H _____ W _____

Email: _____ Cell phone: _____



Type of Care Needed:

_____ Full Time

_____ Part Time 2 or more days/week

Circle Desired Days: M T W Th F

Are either of the parents?

_____ SUNY Student

_____ SUNY Faculty or Staff

_____ NYS Employee

Does your child have previous Child Care experience? Yes _____ No _____

Any additional information to share _____

