



**MOHAWK VALLEY COMMUNITY COLLEGE  
KIDDIE CAMPUS CHILD CARE CENTER  
REGISTRATION FORM**

**CHILD INFORMATION**

Date of Application \_\_\_/\_\_\_/\_\_\_ Desired Enrollment Date \_\_\_/\_\_\_/\_\_\_

Child's Name \_\_\_\_\_ Child's Sex \_\_\_\_\_ Child's Date of Birth \_\_\_/\_\_\_/\_\_\_

Is English Your Child's Primary Language? ( ) YES ( ) NO

If not, what is? \_\_\_\_\_

**PARENT INFORMATION**

**Mother's Name** \_\_\_\_\_ MVCC M# \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cellular # \_\_\_\_\_

- MVCC Student
- Employee
- Alumni

**Father's Name** \_\_\_\_\_ MVCC M# \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cellular # \_\_\_\_\_

- MVCC Student
- Employee
- Alumni

What days and times are needed for your child?

\_\_\_\_\_

How were you referred to our program?

\_\_\_\_\_

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**Kiddie Campus Non-Refundable Registration Fee- \$35.00-** To be paid in Business Office prior to start of enrollment process.

MVCC M# \_\_\_\_\_ Date paid \_\_\_\_\_