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 # _____

- o   MVCC Student
- o   Employee
- o   Alumni

Father's Name _____ MVCC M#_____

Home Address _____City _____ Zip Code _____

Home Phone #_____   Cellular # _____

- o   MVCC Student
- o   Employee
- o   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- $20- To be paid in Business Office prior to start of enrollment process

MVCC M#_____ Date paid_____