



Delhi Campus Child Care Center, Inc.

454 Delhi Drive, SUNY Delhi

Delhi, New York 13753

Office: (607) 746-4710

FAX: (607) 746-4709



United Way Program

Application for Enrollment

Application fee of \$10.00 must accompany this application

Child's Name: _____
(Last) (First)

Enrollment Date: _____

Birthdate: _____ M () F ()

Family Size: _____

Parent/Guardian1

Parent /Guardian2

Name: _____

Name: _____

Address: _____

Address: _____

(if different then mailing address)

(if different then mailing address)

Road/Street: _____

Road/Street: _____

Town: _____

Town: _____

County: _____

County: _____

Telephone: () _____

Telephone: () _____

Email address: _____

Email address: _____

Employer's

Employer's

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: () _____

Telephone: () _____

SUNY Student

SUNY Student

Academic _____

Academic _____

NYS Employee

NYS Employee

Union Affiliation: _____

Union Affiliation: _____

SUNY Delhi Employee

SUNY Delhi Employee

Department: _____

Department: _____

Please circle one: If your child is the grandchild of a NYS employee or SUNY Delhi employee?

If yes, give Union Affiliation: _____

Requesting Care for:

() Infant (6 weeks – 18 months)

() Preschool (3-5 years)

() Toddler (18 months – 3 years)

() After school/School Age (K-12 years old)

Time Requested (if known)

Days: Monday Tuesday Wednesday Thursday Friday

Hours: _____

Months: _____

Fees will be based on a Sliding Fee Scale*

Please indicate your level of gross family income:

() \$0,000 – 49,999

() \$50,000 - 79,999

() \$80,000 and above

Signature of Parent/Guardian

Date

* Proof of Income Level required upon enrollment.