

Application

FSA Child Care Center
170 North Street
Dryden, NY 13053
607-844-8211 x4477

Date of Application: _____

Child's Name: _____

Anticipated start date: _____

Days/hours: M _____ T _____ W _____ TH _____ F _____
(time) (time) (time) (time) (time)

Enrolling Child's Information

Child's legal last name: _____ First: _____ MI: _____ Nickname: _____

Date of birth: _____ Gender: M F Primary language at home: _____

Race: Black _____ White _____ Hispanic/Latino _____ American Indian _____ Asia/Pacific (specify) _____

Multi-racial (specify) _____ Other (specify) _____

Family Information

Parent/Guardian's name: _____ Parent/Guardian's name: _____

Relationship to child: _____ Relationship to child: _____

Street Address: _____ Street Address: _____

City, state, ZIP: _____ City, state, ZIP: _____

Phone: Cell _____ Work _____ Phone: Cell _____ Work _____

Home _____ Email _____ Home _____ Email _____

Are you a TC3 Student: Yes No

Are you a TC3 Student: Yes No

If so, how many credits? _____

If so, how many credits? _____

What is your employment status?

What is your employment status?

Full time _____ Part time _____ Unemployed _____

Full time _____ Part time _____ Unemployed _____

Are you a TC3 employee? _____

Are you a TC3 employee? _____

If so, Full time _____ Part time _____

If so, Full time _____ Part time _____

Do you receive public assistance (TANF, WIC, EBT): Yes No

Family's yearly gross income (income before taxes and deductions): _____

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Family Members and significant others living in the home

First and last names of ALL the other children and household members not listed on this application:

Name: _____ Gender _____ Relationship to child _____ Age _____

Name: _____ Gender _____ Relationship to child _____ Age _____

Name: _____ Gender _____ Relationship to child _____ Age _____

Name: _____ Gender _____ Relationship to child _____ Age _____

Name: _____ Gender _____ Relationship to child _____ Age _____

Has your child been diagnosed with, or is your child suspected to have, any of the following that might require special education and related services? Do you have other concerns about your child? Please check all that apply:

Speech/Language impairment _____ Physical impairment _____ Emotional/Behavioral disorder _____

Vision impairment/blindness _____ Developmental delay _____ No concerns _____

Health Concerns (specify) _____

Other Concerns (specify) _____

Parent/guardian Signature: _____ Date: _____