

Parent's Name (2): _____

Home Address: _____

city

zip code

Phone: **Home:** () _____ Email: _____

Occupation: _____

Employer's Name: _____

Employer's Address: _____

Phone: **Work:** () _____ **Cell:** () _____

Are You:

Westchester Community College:

Student: _____ Full-Time: _____ Part-Time: _____

Staff: _____ Department: _____ Extension: _____

Faculty: _____ Department: _____ Extension: _____

Hours Requested:

Full-time____ Part-time____ (Student parent ~minimum of 20 hours required per week)

OR A

Community Parent: _____ Full-Time _____ Part-Time: _____

About Enrollment:

Days Requested: M____ T____ W____ Th____ F____

A non-refundable registration fee is charged for the enrollment of each child:

\$75.00 for children of WCC staff, WCC faculty, County Employees & Community Parents

\$30.00 for children of WCC student-parents

Please return your application and registration fee to Virginia Marx Children's Center at Westchester Community College, 75 Grasslands Road, Valhalla, NY 10595

Visit our on-line registration at www.sunywcc.edu ~ Student Services tab

FOR OFFICE USE ONLY

Date Received: _____

Offered Enrollment: _____

Check #: _____

Accept For: _____

All information is considered confidential.