

**The Rockefeller University
Child and Family Center**

Application for Admission

Name of Child: _____ M F
Date of Birth/Due Date: _____
Local Address _____
Telephone Number _____ Other Address _____
Child's Primary Language _____
Other Languages Your Child Speaks/Understands _____

Parent/Guardian's Name _____ Relation to child _____
Employer The Rockefeller University Other _____
Lab/Office _____ Phone _____
e-mail: _____ Cell Phone _____
Occupation _____
 full-time part-time hourly volunteer

Parent/Guardian's Name _____ Relation to child _____
Employer The Rockefeller University Other _____
Lab/Office _____ Phone _____
e-mail: _____ Cell Phone _____
Occupation _____
 full-time part-time hourly volunteer

Siblings:

Name _____ Date of Birth _____ School\Grade _____
Name _____ Date of Birth _____ School\Grade _____

Previous Child Care or School Experience _____

I understand this is a Full Year Program for children from 3 months to 4 years old, which runs September through August, from 8:30am to 6:00pm, Monday through Friday, subject to the CFC calendar. The CFC has designed its full-time program to provide childcare needs for families in which both parents or guardians work full-time and for the childcare needs of single-parent households. A Part-Time Day Care Program is available for 3 and 4 year olds when space permits.

Parent/Guardian's Signature: _____ Date: _____

Approval of VP, Human Resources: _____ Date: _____

Approval of CFC Director: _____ Date: _____

Return to:
The Rockefeller University
Human Resources
1230 York Avenue, Box 125
New York, NY 10021
212.327.8300

Human Resources Use Only:

Confirmed RFT _____

Service Date: _____