



SUNY Potsdam Child Care Center, Inc.

Waiting List Registration Form

185 Outer Main Street
Potsdam, NY 13676
315-267-2391/Fax 315-267-3443

After completing and returning this form your child's name will be placed on our waiting list according to his/her age and your family's SUNY, State, or community status. Our waiting list is updated annually in November. An email will be sent to every family on the list to determine if care is still needed. If a family does not respond, the child's name is removed from the list. After your child is accepted for enrollment a \$30.00 (child) or \$40.00 (family) non-refundable registration/supply fee is due. Please see our website for additional information (www.potsdam.edu/community/spccc).

Date of Application _____ Desired Enrollment Date _____

Child's Name _____ Child's Sex: () Male () Female

Birthdate _____ Age _____ Home Phone # _____

Child's Home Address _____

Parent/Guardian #1 Name _____

Phone # _____ Email Address _____

SUNY Affiliation:

_____ Full-time student _____ Part-time student _____ UUP
_____ CSEA _____ PEF _____ NYSCOPBA _____ Other State: _____

Parent/Guardian #2 Name _____

Phone # _____ Email Address _____

SUNY Affiliation:

_____ Full-time student _____ Part-time student _____ UUP
_____ CSEA _____ PEF _____ NYSCOPBA _____ Other State: _____

Parent/Guardian's Marital Status _____ Custody _____

OVER

Child's Age Group:

_____ Infant (6 weeks – 12 months)
_____ Toddler 1 (12 months – 24 months)
_____ Toddler 2 (2 – 3 years)

_____ Preschool (3-5 years)
_____ School Age (5-9 years)

I will need childcare for the following days: (circle one) M-F MWF TTh

I will need childcare for the following block of time: (circle one and write in needed time)

6 hours _____ 8 hours _____ 9 hours _____

Grandparent Name (if state affiliated) _____

Phone # _____ Email Address _____

Grandparent SUNY Affiliation:

_____ Full-time student _____ Part-time student _____ UUP
_____ CSEA _____ PEF _____ NYSCOPBA _____ Other State: _____