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/pecce).

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

Building Our Future
Child’s Age Group:

_____ Infant (6 weeks – 12 months)  _____ Preschool (3-5 years)
_____ Toddler 1 (12 months – 24 months)  _____ School Age (5-9 years)
_____ Toddler 2 (2 – 3 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: __________