

# Campus Children's Center, Inc

## Waitlist Application

Campus Children's Center, Inc  
PO Box 3701  
Albany, NY 12203  
Phone(518)457-3210  
Fax(518)457-5833

U-Kid's Childcare Center  
1400 Washington Ave  
Dutch Quad  
Albany, NY 12222  
Phone(518)442-2660  
Fax(518)442-2665

Ten Eyck Tykes Childcare Center  
40 North Pearl Street  
Mezzanine Level  
Albany, NY 12243  
Phone(518)474-5437  
Fax(518)402-3934

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Date of Birth/Due Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom Cell: \_\_\_\_\_ Dad Cell: \_\_\_\_\_

Mother's Employer and  
Address: \_\_\_\_\_

Mothers Work Phone: \_\_\_\_\_

Father's Employer and  
Address: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_

Applicant's Status: Please check all that apply

University Student: FT\_\_\_\_ PT\_\_\_\_ University Employee: FT\_\_\_\_ PT\_\_\_\_

State Employee: \_\_\_\_ Other: \_\_\_\_ Is your employment located on the state office Campus? \_\_\_\_

Is one of the child's Grandparents a state employee? Yes \_\_\_\_ No \_\_\_\_

Which site would you prefer? CCC\_\_\_\_ U-Kid's\_\_\_\_ TET\_\_\_\_ All Sites\_\_\_\_

Bargaining Unit: CSEA\_\_\_\_ PEF\_\_\_\_ UUP\_\_\_\_ GSEU\_\_\_\_ Council 82\_\_\_\_

MC\_\_\_\_ RES. FDTN\_\_\_\_ UAS\_\_\_\_

Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_