



Stony Brook Child Care Services Admissions Application

Child's Name _____ Gender M F Today's Date _____
(MM/DD/YY)

Desired Start Date _____ Date of Birth/Due Date _____
(MM/DD/YY)

Requested Schedule: 8:00am-6:00pm 7:30am-5:30pm 7:00am-5:00pm 6:30am-4:30pm
(availability is limited for these shifts)

Do you have any other children enrolled? Y N Other children on the waiting list? Y N

How did you hear about us? Website Campus Announcements Staller Center Ad Internet

Did someone refer you? _____ Other _____

Name

(Office Only) Referral Confirmation

Parent/Guardian

Parent/Guardian

Name		
Street Address		
City, State, Zip		
Home Phone		
Cell Phone		
Email Address		
Work Number		
Employer: SBU faculty / staff please list department.	<input type="checkbox"/> State <input type="checkbox"/> RF <input type="checkbox"/> Other _____	<input type="checkbox"/> State <input type="checkbox"/> RF <input type="checkbox"/> Other _____
SBU Students: Department / Program	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate

Gross Family Income: <10k 10k-40k 40k-70k 70k-100k 100k-130k 130k-170k 187k-200k >200k

Please note:

- As soon as we receive your application and processing fee, your child will be on the waiting list, and you will be notified when an opening is available. You are welcome to call to confirm receipt of your application and check on the status:
631-632-6930
- It is your responsibility to contact the Center with any changes to your application.
- If you decline an opening, you may be maintained on the waiting list for up to one year if you choose.

**Please enclose a check or money order made out to Stony Brook Child Care Services, Inc. for payment of the non-refundable \$20.00 processing fee and send it with this application to:
Stony Brook Child Care Services, South Drive, Stony Brook, NY 11794-4000**

Parent/Guardian Signature _____ Date _____