

**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

<b>Human Resources Use Only:</b>  Confirmed RFT _____  Service Date: _____
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