

Viking Child Care Center

80 Vandenberg Avenue

Troy, New York 12180

Phone: (518) 629-4506

Fax: (518) 629-8189

Email: vikingdaycare@hvcc.edu

Waiting List Application

Child's name: _____ **Date of Birth:** _____

Sex: _____ Male _____ Female

Enrolling parent's name: _____

Home Address: _____

Home Phone: _____ **Cell Phone:** _____

Email address: _____

Parent is a: _____ HVCC Student _____ HVCC Faculty/Staff _____ Community Member

Date Child Care Is Needed:

_____ Immediate, First Available

or

_____ Date Care Required, I understand a spot may not be available on this date but I will be offered the first available spot after this date based on my date of application.

Parent Signature: _____ **Date:** _____