

Virginia Marx Children's Center At Westchester Community College



ENROLLMENT APPLICATION

	Date of Application:	
About Your Child:		
Child's Name: First	Nickname: Last	
Date of Birth:	Gender:	
Home Address:		
City <u>About You:</u>	zip code	
Parent's Name (1):		
Home Address:		
City	zip code	
Phone: Home: ()	Email:	
Occupation:		
Employer's Name:		
Phone: Work:		
	Please turn over 🛨	

Parent's Name (.2):		
Home Address:			
	city		zip code
Phone: Home	e: <u>()</u>	Email	:
Occupation:			
Employer's Nam	ne:		
Employer's Add	ress:		
Phone: Work:_)
	Fu	ege: II-Time:	Part-Time:
Faculty/Staff: _		Department:	Extension:
Hours Requeste Full-time F		(Student parent ~minimu	ım of 20 hours required per week)
OR A Community Pare	ent:	Full-Time	Part-Time:
About Enrollme Days Requested		T W	Th F
	n of WCC staff,	e is charged for the enrollmen , WCC faculty, County Emplo ent-parents	
Westchester Co	mmunity Colle	ege, 75 Grasslands Road,	ginia Marx Children's Center at Valhalla, NY 10595 <u>cc.edu</u> ~ Student Services tab
Date Received:		FOR OFFICE USE C	ONLY ffered Enrollment:
Check #:			ccept For:

All information is considered confidential.

