YORKCollege

York College Child and Family Center
94-12 160th Street
Jamaica, NY 11451
(718) 262-2930
(718) 262-3724 - fax

Child's Name: _____ **Date:**_____

Parent's Name: _____ **Start Date:** _____

Registration Fee(paid/pending):_____ **Semester:** _____

Forms/Documents

☐ Application for Child Care

☐ Copy of Student Parent's CUNY First Class Schedule

☐ Faculty/Staff (Work Schedule/Location)

☐ Faculty/Staff/Student Identification Card

☐ Child's Birth Certificate

☐ Child's Immunization Form

☐ Child's Medical

☐ Epi-pen Authorization Form

☐ Emergency/Authorization Form

☐ Agreement for use of photography

☐ Tuition Agreement Form

☐ Federal Block Grant Application (Student Parents Only)

☐ Contractual Agreement

Missing documents should be submitted to the office by _____

Parent's Signature: _____ **Staff Initials:** _____

Rev. 03/26/25