

# Viking Child Care Center

80 Vandenberg Ave  
Troy, N.Y. 12180  
Phone 518-629-4506  
Fax 518-629-8189

## Waiting List Application

Child's Name: \_\_\_\_\_ Date of birth \_\_\_\_\_  
Male \_\_\_ Female \_\_\_

**Enrolling parent's name:** \_\_\_\_\_ phone numbers  
Home Address: \_\_\_\_\_ home \_\_\_\_\_  
\_\_\_\_\_ cell \_\_\_\_\_  
work \_\_\_\_\_

\_\_\_\_\_ HVCC student major: \_\_\_\_\_  
\_\_\_\_\_ HVCC faculty/staff  
\_\_\_\_\_ community

Please state the date that you wish care to start: \_\_\_\_\_

**Students only**, your gross household income: \_\_\_\_\_

Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_