

Viking Child Care Center

80 Vandenberg Ave

Troy, NY 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: _____

Email: _____

____ HVCC Student Major: _____

____ HVCC Faculty/Staff

____ Community Member

Please state the date that you wish care to start: _____

Students only, your gross household income: _____

Students only, for determining grant eligibility, please indicate your marital status:

____ Married ____ Single ____ Prefer not to answer

Date: _____

Parent Signature: _____