Enrollment Form



Hostos Community		
Children-s	Center,	Inc.

DATE:	SEMESTER FOR CHILD CARE:					
PARENT/GU	ARDIAN FIRST NAME: LAST NAME:					
HOSTOS COMMUNITY COLLEGE EMPLID: LAST FOUR OF SSN:						
STREET ADDRESS: APT:						
CITY/STATE/ZIPCODE:						
CELL PHONE: () HOME PHONE: ()						
PERSONAL EMAIL ADDRESS: HOSTOS EMAIL ADDRESS:						
RELATIONSHIP TO CHILD: MOTHER: FATHER: OTHER:						
CHILD'S FIRST NAME: CHILD'S LAST NAME:						
CHILD'S DOB: SEX: Male O Female O						
Below, selec	t the ethnicity and racial category for your child.					
Section I. Et	hnic Category					
\bigcirc	Hispanic of Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American; or other Spanish culture or origin, regardless of race.					
\bigcirc	Not Hispanic of Latino					
Section II. R	acial Category					
\bigcirc	American Indian or Alaskan Native - A person having origins in any of the original People of North or South America, who maintains tribal affiliations or community attachment (includes Aleuts and Eskimos)					
\bigcirc	Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. This China, Japan, Korea, India, and the Philippine Islands.					
\Box	Black of African American – A person having origins in any of the black racial groups of Africa					
\bigcirc	Native Hawaiian or other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.					
\bigcirc	White - A person having origins in any of the original peoples of Europe, North Africa or the Middle East					
\bigcirc	Two of more races - two or more of the above racial groups peoples					

EXPECTED CARE SCHEDULE: Use the table below indicate the days and time you will need child care. The time in the chart will reflect the time your child will be dropped off and picked up. Please note, the earliest drop off is 7:50am and the latest drop off time for the day is 2 p.m. DROP OFF TIMES: 8:30 a.m., 9 a.m., 10 a.m., 11:30 a.m., 2 p.m.

Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total
From:	From:	From:	From:	From:	
То:	То:	То:	То:	То:	

Parent's/Guardian's Signature: _

Date:



