

**BARUCH COLLEGE EARLY LEARNING CENTER**  
**CITY UNIVERSITY OF NEW YORK**  
1 Bernard Baruch Way, Box G-1063  
New York, NY 10010  
Phone: 212-387-1420, 21 Fax: 212-387-1423

### *Application for Childcare*

**IMPORTANT: ALL AREAS OF THIS APPLICATION MUST BE COMPLETED FOR YOUR APPLICATION TO BE ACCEPTED**

The Early Learning Center at Baruch College provides childcare services to student-parents of Baruch College. The center is licensed by the NYC Department of Health Mental Hygiene and is accredited by the National Association for the Education of Young Children (NAEYC).

This application is your first step towards enrolling your child in our program. When a space is available, you will be informed of the application process and necessary paperwork needed.

- Please use a separate application for each child.
- Parent/legal guardian must be a student, staff or faculty of Baruch College.
- Priority registration is given to full-time undergraduate matriculated students.
- Income eligibility is determined by household income and family size.

### *Childcare Hours*

**Fall & Spring Semesters:** Monday – Thursday 8:30am – 4:30pm, Friday 8:30am-12:30pm

**Summer Session I & II:** TBA

### *Fee Schedule*

Once accepted, enrollment is by semester only and \$50.00 non-refundable deposit applies each semester. A portion of this deposit will apply towards tuition for children attending the full semester.

Fees for student-parents are based on a sliding scale.

- Grant subsidies apply for qualifying families is based on the Office and Children Family Services (OCFS) formula of family size and annual household income. Tuition can be as little as \$5.00 per week for eligible families.
- Tuition for student-Parents not income eligible for grant subsidies range from 10.00 – 40.00 per day based on household income.
- Tuition for faculty and staff will be based on OCFS rates for NYC.

Please contact our office for additional tuition information.

### *Return Completed Application To*

**By Mail:** Baruch College Early Learning Center  
1 Bernard Baruch Way, Box G-1063  
New York, NY 10010

**In Person:** 104 East 19 Street  
New York, NY 10003

**Email:** Lorraine Mondesir at [lorraine.mondesir@baruch.cuny.edu](mailto:lorraine.mondesir@baruch.cuny.edu) or  
Patricia Morel at [patricia.morel@baruch.cuny.edu](mailto:patricia.morel@baruch.cuny.edu)

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APPLICATION FOR CHILDCARE

Parent Section

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I. Child Information

First Name	Last Name
Date of Birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Semester Applying <input type="checkbox"/> Fall 20__ <input type="checkbox"/> Spring 20__ <input type="checkbox"/> Summer 20__	Toilet Trained? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Your Child Currently Attending Another Program/School? <input type="checkbox"/> Yes (List) <input type="checkbox"/> No Program/School _____	Allergies/Special Needs <input type="checkbox"/> Yes <input type="checkbox"/> No List _____ _____ _____
Child's Primary Language? _____	

II. Student/Parent Information

Last Name	First Name
Street Address	City State Zip
Home Phone ( )	Cell Phone ( )
Work Phone ( )	Email
<b>Baruch College Status</b> Please check all that applies and attach copy of Bruch ID Student <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> 1 <sup>st</sup> Degree <input type="checkbox"/> 2 <sup>nd</sup> Degree <input type="checkbox"/> Perspective Student	<b>Student Status</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Major: _____ Expected Date of Graduation: ____/____/____
<b>Faculty/Staff</b> <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Department: _____	<b>Financial Aid Information:</b> Did you file for Financial Aid (FAFSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you eligible to receive Pell? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Veteran Status:** Have you ever served in any branch of the US Armed Forces?  Yes  No  
Are you a dependent/ immediate family member of someone who served in a branch of the US Armed Forces?  Yes  No

**Days of Childcare Needed:**  Monday  Tuesday  Wednesday  Thursday  Friday

**How Did You Hear About Our Program?** \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Office Section

Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials: \_\_\_\_\_ Baruch College  Student  Faculty/Staff

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

