



Child Development Center
Application for Admission

Child's Name: _____ Date of Birth: ___/___/___ Sex: M ___ F ___

Address: _____ Zip: _____ Home Phone: _____

Is Parent:

YTC Faculty/Staff: Dept _____ YTC Student: Major _____

Mother/Guardian's Name: _____

Address (if different from above): _____ Zip: _____

Home Phone (if different from above) _____ Cell: _____ Work: _____

Father/Guardian's Name: _____

Address (if different from above): _____ Zip: _____

Home phone (if different from above): _____ Cell: _____ Work: _____

List previous child care experience: _____

What do you hope to gain for yourself and your child from our Child Development Center?

Application fee is \$25.00. Please make checks payable to York Technical College and return to the following address:

York Technical College Child Development Center, 452 South Anderson Road, Rock Hill, SC 29730

Office Use Only

Date Received: _____ Sibling/ Class: _____ Contact record: _____

Application Fee paid on: _____

