

Harvard Yard Child Care Center Membership Application

25 Francis Avenue, Cambridge MA 02138
617-547-3432 (voice)
617-576-0107 (fax)

Parent name(s): _____

Phone number(s): _____

Email address(es): _____

Mailing address: _____

Child's name: _____

Child's gender: _____ Birth or due date: _____

Time Preference: Five full days Five 3/4 days

Is either parent a benefits-eligible employee of Harvard University (paid by the President and Fellows of Harvard College on the regular payroll)? If so, please provide job title, unit or department, and school. *(If you are unsure of benefits eligibility, please contact your program administrator or the Office of Work/Life Resources at 617-495-4100.)*

Is either parent a currently enrolled student of Harvard University? If so, please provide school and degree program:

Is either parent affiliated with Harvard in any other way? If so, how?

Do you anticipate needing financial aid (including subsidy or voucher slot)?
(Note that this has no bearing on your application being accepted.)

How did you hear about HYCCC?

This application will expire 18 months after it is submitted. Please call at or before that time to renew.

Mail with \$25 application fee to:
Harvard Yard Child Care Center
25 Francis Avenue
Cambridge, MA 02138

Or fax to: 617-576-0107

For office use:

September age: _____

Date received: _____

Expiration: _____