Application for the Primary Care Program
For Bristol-Myers Squibb Employees Only

1. Please submit separate applications for each child for whom care is requested.
2. Applications are accepted only when a birth date or due date for the child is included.
3. A $100 one-time application fee per family (covers all applications for care submitted) must accompany your application in order to process this application.

I am applying for space at the Child Development Center at:

(You may indicate your 1st, 2nd and third choices):

____ Hopewell ____ Lawrenceville ____ New Brunswick ____ Plainsboro ____ Wallingford

Bristol-Myers Squibb Employee Name: _____

BMS ID Number: _____ Business Unit_____

Work Address: _____

City: _____ State: _____ Zip: _____ ___

Work Phone #: (_____)_____ E-mail Address: _____

Cell Phone #: (_____)_____ Beeper/Pager #: _____

Home Address: _____

City: _____ State: _____ Zip: _____ ___

Home Phone #: (_____)_____ Home E-mail Address: _____

Name of Child: _____

Date of Birth/Due Date: _____ Date care is requested to begin: _____

Type of Care Required:

___Full-Time ___Part-Time Which days? (Full days only) M T W Th F

NOTE: Part-time care is provided either 2 or 3 days/week; a 4-day schedule is not available.

Name(s) of other child(ren) for whom an application is being submitted:

_____

Signature of Employee:

_____

THANK YOU FOR YOUR APPLICATION.

PLEASE RETURN TO: The Child Development Center at Bristol-Myers Squibb
Route 206 & Province Line Road
Lawrenceville, NJ 08540
609-252-6200

FOR OFFICE USE ONLY

Date Application Received: _____ Enrollment Offered on: _____ Application Number: _____
Registration Fee Received: _____ Accepted/Declined: _____ Start Date: _____