CCSU DROP-IN
CHILD CARE CENTER

DROP-IN CHILD CARE CENTER PARKING HANG TAG REGISTRATION:

Name (Vehicle Operator/Registered Owner): _____

Name (child): _____

Blue Card ID: _____ _____ _____ _____ _____ _____ _____ _____

License Plate: _____

Vehicle Make: _____

Vehicle Model: _____

Contact Number for Tag Holder: _____

Select One: Student-parent/guardian _____ Faculty/Staff _____ Additional Card _____

- Save this form as: YOURLASTNAMEPARK Example: MCCARTHYPARK
- Please submit Parking Registration Forms to:

DropIn.DocSub.ResReq@ccsu.edu

Office Use Only:

Tag Number assigned to vehicle: _____

UPDATED 6-26: HANG TAG WORD DOC