

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

	PROGRAM NAME:		ADDRESS:		PHONE NUMBER: () -		
	CHILD'S FULL NAME: PREFERRED NAME/NICKNAME:				DATE OF BIRTH: / /		GENDER:
	CHILD'S HOME ADDRESS:						
	NAME OF PERSON ENROLLING CHILD:			RELATIONSHIP TO CHILD: Parent Guardian Caretaker Relative ____ Other ____			
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: () - EMAIL ADDRESS:				ok to text			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child	PRIMARY PHONE NUMBER		OTHER PHONE NUMBER / EMAIL	
	PRIMARY CONTACT:		Yes No	() - ok to text		() - ok to text	
			Yes No	() - ok to text		() - ok to text	
		Yes No	() - ok to text		() - ok to text		
FOR PROGRAM USE ONLY DATE OF ENROLLMENT: / /				FOR PROGRAM USE ONLY DATE OF DISENROLLMENT: / /			

CHILD'S FULL NAME:				DATE OF BIRTH: / /	
Check boxes below to indicate if your child has any special needs/services:				None	
Early Intervention/Special Education		Occupational Therapy		Speech/Language	
Allergies (Please list)				Physical Therapy	
Other					
Please provide information here AND discuss with your child care provider:					
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:				PHONE NUMBER: () -	
PREFERRED HOSPITAL:				PHONE NUMBER: () -	
CHILD'S DENTAL CARE:				PHONE NUMBER: () -	
<p>Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/</p>					

AGREEMENTS

- | | | |
|---|-----|----|
| | Yes | No |
| • I consent to emergency medical treatment for my child..... | Yes | No |
| • I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision..... | Yes | No |
| • I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.
..... | Yes | No |
| • I provided information on my child's special needs to the program to assist in caring for my child..... | Yes | No |
| • I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... | | |
| • I agree to review and update this information whenever a change occurs and at least once every year..... | | |

SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:

DATE:

/ /