

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):
<b>EMERGENCY INFO</b>	<b>EMERGENCY CONTACT NAMES / ADDRESSES</b>		<b>Authorized to Pick Up Child</b>	<b>PRIMARY PHONE NUMBER</b>		<b>OTHER PHONE NUMBER / EMAIL</b>	
	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		
<b>FOR PROGRAM USE ONLY</b> DATE OF ENROLLMENT: / /				<b>FOR PROGRAM USE ONLY</b> DATE OF DISENROLLMENT: / /			

CHILD'S FULL NAME:				DATE OF BIRTH: / /	
<b>Check boxes below to indicate if your child has any special needs/services:</b>				None	
Early Intervention/Special Education		Occupational Therapy		Speech/Language	
Allergies (Please list)				Physical Therapy	
Other					
Please provide information here <b>AND</b> 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><b>Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: <a href="https://nystateofhealth.ny.gov/">https://nystateofhealth.ny.gov/</a></b></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.<br>..... | 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: / /