OCFS-LDSS-0792 (10/2018) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)

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:
( ) - ☐ ok to text
Email Address:

Address of Person Enrolling Child (if different than child):

EMERGENCY INFO

EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick Up	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: / /

OCFS-LDSS-0792 (10/2018) REVERSE

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 ☐ Physical Therapy
☐ Allergies (list) _____
☐ 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: ( ) -

Child health insurance information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/

AGREEMENTS

- 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…… ☐ Yes ☐ No
- I agree to review and update this information whenever a change occurs and at least once every year…… ☐ Yes ☐ No

SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:
DATE: / /