

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

PHOTO OF CHILD (Optional)	PROGRAM NAME:		ADDRESS:		PHONE NUMBER: () -	
	CHILD'S FULL NAME:				DATE OF BIRTH: / /	
	PREFERRED NAME/NICKNAME:				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: () -			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):			
EMAIL ADDRESS:			☐ ok to text			
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			FOR PROGRAM USE ONLY			
DATE OF ENROLLMENT: / /			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 ☐ Physical Therapy ☐ Allergies (Please 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 care 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: / /