OCFS-LDSS-0792 (08/2019) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

DAY CARE ENROLLMENT

PROGRAM NAME:	ADDRESS:	PHONE NUMBER:
Parker Academy CCLC	49 Indian Church Rd, Bflo, NY 14210	(716) 821 - 7704

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 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: / /

OCFS-LDSS-0792 (08/2019) 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 (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: / /

Any Helpful Information About Your Child:

_____

_____

_____

_____

DISMISSAL

( ) My student is a walker, and will be dismissed to walk home at the end of the program.

( ) I will pick my student up DAILY by or before closing. I understand that a late pick-up fee will be charged ten minutes after closing. The late fee is $1 per minute. I also understand that multiple late pick-ups may result in my child's termination.

The following people are authorized to pick up this student:

*Name: _____ Relationship: _____

Phone Number: _____

*Name: _____ Relationship: _____

Phone Number: _____

*Name: _____ Relationship: _____

Phone Number: _____

*This person must provide valid photo ID to the staff member on duty before the student will be released.

The following people **ARE NOT** allowed to pick up this student:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

INSURANCE INFORMATION

Name of insured _____

Relationship to child _____

Policy ID # _____ Group # _____

Carrier Address _____

PARKER ACADEMY
CHILD CARE AND LEARNING CENTER

SUNSCREEN PERMISSION

Please choose ***one*** of the options below regarding the use of sunscreen on your child.

- ❑ **I give Parker Academy permission** to use sunscreen lotion/spray on my child during field outings should conditions warrant its use.
- ❑ I want my child to use sunscreen lotion/spray **that I supply** during field outings should conditions warrant its use. (lotion/spray must accompany permission slip with name of child clearly labeled on bottle).
- ❑ I **DO NOT** give Parker Academy permission to use sunscreen lotion/spray on my child. I understand that my child will be susceptible to sunburn during field outings.

MOSQUITO REPELLANT PERMISSION

Please choose ***one*** of the options below regarding the use of mosquito repellant on your child.

- ❑ **I give Parker Academy permission** to use mosquito spray on my child during field outings should conditions warrant its use.
- ❑ I want my child to use mosquito spray **that I supply** during field outings should conditions warrant its use. (Spray must accompany permission slip with name of child clearly labeled on bottle).
- ❑ I **DO NOT** give Parker Academy permission to use mosquito spray on my child. I understand that my child will be susceptible to insect bites during field outings.

MEDIA RELEASE

Please choose ***one*** of the options below regarding the use of external media of your child.

- ❑ **I give Parker Academy permission** to have my child appear in any media coverage approved by Parker Academy Child Care and Learning Center INC.
- ❑ I **DO NOT** give permission to have my child appear in any media coverage approved by Parker Academy Child Care and Learning Center INC.

Guardian Printed Name: _____

Guardian Signature: _____ Date: _____