| - | LDSS-0792 (08/2019) FR | -111 | | | | | |
|--|--|--|--|--|--|--|-------------|
| | | NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES DAY CARE ENROLLMENT | | | | | |
| | | PROGRAM NAME: | ADDRESS | | | PHONE NUME | BER: |
| | PHOTO OF | CHILD'S FULL NAME: | | | DATE OF BIRT | H: | GENDER: |
| Comp | CHILD (Optional) | PREFERRED NAME/NICKNAM | E: | * | 1 | 1 | At a second |
| | | CHILD'S HOME ADDRESS: | | | | | |
| | * | NAME OF PERSON ENROLLING CH | HLD: | RELATIONSHIP TO CHILD: | | | |
| | | | | ☐ Parent ☐ Guardian ☐ ☐ Other | Caretaker [_] | Relative | - |
| PHO | NE NUMBER(S) OF PERS | ON ENROLLING CHILD: | | ADDRESS OF PERSON ENROL | LING CHILD (IF I | DIFFERENT TH | AN CHILD): |
| | IL ADDRESS: | | ok to text | | | | |
| | EMERGENCY (| CONTACT NAMES / ADDRESSES | Authorized to | PRIMARY PHONE NUMBER | OTHER | PHONE NUMBE | R / EMAIL |
| ^ | PRIMARY CONTACT: | | Pick Up Child | () - | () | | |
| EMERGENCY INFO | | | Yes No | ok to text | ok to tex | t | |
| | | | | () - | () | - | |
| | | * | Yes No | ok to text | ok to text | | |
| | | | DY DN- | () - | () | - | |
| | | | Yes No | ok to text | ok to tex | t | |
| 20 | PROGRAM USE ONL | V | | FOR PROGRAM USE ONLY DATE OF DISENROLLMENT: / / | | | |
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