

		NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES DAY CARE ENROLLMENT				
		PROGRAM NAME: THE CHILD CAMPUS		ADDRESS: 1954 EGGERT RD AMHERST, NY 14226		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: () - ☐ ok to text			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):			
EMAIL ADDRESS:						
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: 4 / 15 / 2024			FOR PROGRAM USE ONLY 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: / /