OCFS-LDSS-0792 (08/2019) FRONT

ENROLLMENT FORM

PHOTO OF CHILD (Optional)

PROGRAM NAME:	ADDRESS:	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 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	*FOR PROGRAM USE ONLY*
DATE OF ENROLLMENT: / /	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

☐ EarlyIntervention/SpecialEducation ☐ OccupationalTherapy ☐ 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: / /

OCFS-7080 (01/2025)

CHILD DAY CARE CENTER SLEEPING AND NAPPING AGREEMENT

This form may be used to meet the regulatory requirement that, other than for school-age children, sleeping and napping arrangements must be made in writing between the parent and the program.

Name of Child in Care:	**Date of Birth** / /

Name of Parent/Guardian:	
Name of Program:	Facility ID#

Area of program where child will nap or sleep:
Napping or sleeping surface (Check all that apply): ☐ Mat ☐ Cot ☐ Bed ☐ Crib
How will the child be supervised?

All applicable regulations must be followed, including, but not limited to, those listed below. Contact your regulator with any questions.

- In a child day care center, children may not sleep or nap in car seats, baby swings, strollers, infant seats, or bouncy seats, unless otherwise prescribed by a health care provider. Should a child fall asleep in one of these devices, they must be moved to an approved sleeping surface. Sleeping arrangements for infants through 12 months of age require that the infant be placed flat on their back to sleep, unless medical information from the child's health care provider is presented to the program by the parent that shows that arrangement is inappropriate for that child. Cribs, bassinets, and other sleeping areas for infants through 12 months of age must include an appropriately sized fitted sheet and must not have bumper pads, toys, stuffed animals, blankets, pillows, wedges, or infant positioners. Wedges or infant positioners will be permitted with medical documentation from the child's health care provider.
- The resting/napping places must be located in approved day care space; be located in safe areas of the program; be located in a draft-free area; be where children will not be stepped on; be in a location where safe egress is not blocked; allow a person to move freely and safely within the napping area in order to check on or meet the needs of children; and be at least two feet apart from each other.
- Children unable to sleep during nap time shall not be confined to a sleeping surface (cot, crib, etc.) but instead must be offered a supervised place for quiet play.
- A copy of this agreement must be kept on file at the program and accessible for review.

Signature of Parent/Guardian

/ /
Date

Signature of Program Staff

/ /
Date