

**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: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____		
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: () -			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):		
EMAIL ADDRESS:			<input type="checkbox"/> ok to text		
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child		PRIMARY PHONE NUMBER
	PRIMARY CONTACT:		<input type="checkbox"/> Yes <input type="checkbox"/> No		() - <input type="checkbox"/> ok to text
			<input type="checkbox"/> Yes <input type="checkbox"/> No		() - <input type="checkbox"/> ok to text
			<input type="checkbox"/> Yes <input type="checkbox"/> No		() - <input type="checkbox"/> ok to text
OTHER PHONE NUMBER / EMAIL					
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:			
<input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> None		<input type="checkbox"/> Physical Therapy	
<input type="checkbox"/> Allergies (Please list) _____ <input type="checkbox"/> 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			
<input type="checkbox"/> I consent to emergency medical treatment for my child.....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> I provided information on my child's special needs to the program to assist in caring for my child.....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> I agree to review and update this information whenever a change occurs and at least once every year.....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE - PARENT OR PERSON(S) LEGALLY RESPONSIBLE:		DATE: / /	

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
NON-MEDICATION CONSENT FORM
Child Day Care Programs

Sun Screen
+
Bug Spray!

- This form may be used when a parent consents to having over-the-counter products administered to their child in a child day care program. These products include, but are not limited to: topical ointments, lotions and creams, sprays, sunscreen products and topically applied insect repellent.
- This form should NOT be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays. OCFS Form 7002 would meet the consent requirements for medications.
- One form must be completed for each over-the-counter product. Multiple products cannot be listed on one form.
- This form must be completed in a language in which the staff is literate.
- If parent's instructions differ from the instructions on the product's packaging, permission must be received from a health care provider or licensed authorized prescriber.

PARENT TO COMPLETE THIS SECTION (#1 - #14)

1. Child's first and last name:		2. Date of birth:		3. Child's known allergies:	
4. Name of product (including strength):			5. Amount to be administered:		6. Route of administration:
7A. Frequency to be administered, include times of day if appropriate: _____					
OR					
7B. Identify the conditions that will necessitate administration of the product (signs and symptoms must be observable prior to administration): _____					
8A. Possible side effects: <input type="checkbox"/> See product label for complete list of possible side effects (parent must supply)					
AND/OR					
8B. Additional side effects: _____					
9. What action should the child care provider take if side effects are noted:					
<input type="checkbox"/> Contact parent _____					
Other (describe): _____					
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (parent must supply)					
AND/OR					
10B. Additional special instructions: _____					
11. Reason(s) for use (unless confidential by law): _____					
12. Parent name (please print):			13. Date authorized:		
14. Parent signature:					
X					

DAY CARE PROGRAM TO COMPLETE THIS SECTION (#15 - #21)

15. Program name:		16. Facility ID number:		17. Program telephone number:	
18. I have verified that #1, -#14 are complete. My signature indicates that all information needed to administer this product has been given to the child day care program.					
19. Staff's name (please print):				20. Date received from parent:	
21. Staff's signature:					
X					

Welcome to Summer Camp:

Items that will be needed-

- Towel
- Water Shoes
- Bathing Suit (Shirts needed)
- SunBlock and Bug Spray (Signed Non-Medication Form)
- Sneakers
- Water Bottle
- Change of clothes

It is required through OCFS that every piece of individual property must be labeled.

If you fail to label the child's items, Colonial staff will label it for you.

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

Cell Number: _____ Work Number: _____

Name: _____ Relationship: _____

Address: _____

Cell Number: _____ Work Number: _____

Name: _____ Relationship: _____

Address: _____

Cell Number: _____ Work Number: _____

I understand that at no time will my child be released without proper identification. We require proper ID, written permission, or verbal permission if you choose to send anyone other than the above listed people to pick up your child.

Name of Child

Date

Parent/Guardian Signature

Relationship

Pickup Authorization Form

The following people are allowed to pick up my child. I understand that my child will NOT be released without a valid driver's license. Children will NOT be released to anyone under the age of eighteen. Please notify us if we must retain any legal documents in preventing anyone from dismissal.

Name: _____ Relationship: _____

Address: _____

Cell Number: _____ Work Number: _____

Name: _____ Relationship: _____

Address: _____

Cell Number: _____ Work Number: _____

Name: _____ Relationship: _____

Address: _____

Cell Number: _____ Work Number: _____

I understand that at no time will my child be released without proper identification. We require proper ID, written permission, or verbal permission if you choose to send anyone other than the above listed people to pick up your child.

Name of Child

Date

Parent/Guardian Signature

Relationship

Childcare Agreement

I am enrolling my child _____ in the Colonial Youth and Family Services Child Care Program.

1. I understand that for my child to be enrolled in the program I must fill out and sign all necessary forms needed. I must also notify the program of any important information changes
2. I understand that I or a person authorized by me will drop off the child in the morning and pick up the child in the afternoon. **YOU MUST WALK INTO THE PROGRAM TO DROP OFF AND PICK UP.**
3. I understand that the program will provide age appropriate activities for my child.
4. I understand Colonial **WILL NOT** be permitted to dispense any medication.
5. I understand that my child's acceptance depends solely on his/her ability to function in the program. Each child must maintain the same social and behavioral rules that apply in school.
6. I understand that I must inform the program of any special needs my child might have. As any special needs will require an individual healthcare plan which will be completed by myself and the program. (ex allergies, behavioral, medical etc)
7. I understand the program reserves the right to prohibit any child due to illness. In the event I'm unreachable an emergency contact person listed will be contacted to pick up my child if my child appears ill or showing signs of illness.

8. I understand that myself or an authorized person is responsible for picking my child up promptly by 6pm. I understand that in the event my child is not picked up by 6pm I will be charged \$10 per child every 10 minutes I am late. After **3 latenesses** I will be asked to find alternative childcare.
9. I understand Colonial is not responsible for any property that is lost, stolen or broken while at the program. (ex. Toys phones, video games or any other electronic devices)
10. I understand that my child is not permitted to use a cellphone to go on any social media platform. (ex tik tok, instagram, facebook, twitter) If my child is caught on any social media platform or games Colonial reserves the right to take the phone till the child is picked up.

I have read and agree to the terms of this agreement:

Child's Name

Date

Parent/Guardian Signature

Relationship



Payment Agreement:

We require a \$50.00 non-refundable registration fee after April 1st, 2025.

Please send all payments to:

Colonial Youth PO BOX 391 Mastic Beach, NY, 11951

or Call (631) 281- 4461

or Cash Payments at Knights of Columbus

All Fees are NON-Refundable.

When filling out child's calendar, please be aware that charges will apply based on the entries recorded on the calendar.

Credits are only given if child is absent and returns with a doctor's note.

Payments should be made according to the schedule below:

Payments due by:

Session Dates-

June 23 rd	Session 1- June 30 th - July 16 th
July 7 th	Session 2- July 17 th – July 30 th
July 21 st	Session 3- July 31 st – August 14 th
August 4 th	Session 4- August 15 th – August 29 th

In the event that payment is not received by the dates listed above, it will be considered delinquent. All delinquent payments must be made directly to the main office: 346 Montauk hwy, Moriches, NY, 11955. You can also make a phone payment by calling (631) 281-4461.

I understand that if my payment is late, I will be charged a \$25.00

I understand the above contract and agree to adhere to the agreement.

Signature

Calendar Policy

Dear Parents and Guardians,

We wanted to take the time to inform you of our calendar policy here at Colonial Youth.

In order for your child to attend our program, it is important that you fill out the calendar provided to you. This is how we track attendance and how we determine billing for your child. If the calendar is not filled out, we cannot guarantee your child's attendance and may not have adequate staffing available.

Additionally, we wanted to remind you that we have a strict refund policy. If your child is unable to attend due to illness, we require a doctor's note in order to credit back any money. This is to ensure the health and wellbeing of all children in our care.

We appreciate your understanding and cooperation with these policies. If you have any questions or concerns, please do not hesitate to reach out to us.

Thank you for entrusting your child to us.

Sincerely,

Suzanne Roberts
Child Care Director
Colonial Youth





Colonial Summer Camp Behavior Policy

Colonial Youth's goal is to maintain a safe and orderly learning environment for all children, staff, and families. We encourage appropriate behavior of all children to help them develop self-control and self-confidence as well as self-discipline. This will help to promote a child's cognitive and social/emotional growth for later success in life. We all play a role in a child's life helping them to be successful in managing their feelings and being a respectful member of the classroom as well as the community.

A child's Social/Emotional Development during the preschool years is complex and varies from child to child. Children are learning to be more independent and manage their own personal needs. They are also learning how to identify their own feelings and the feelings of others. Children are learning to be friends and how to be a part of a classroom. This can be difficult and confusing as they learn to navigate their emotions. Achieving this takes time, practice and a supportive nurturing environment at school as well as at home.

Families as Partners:

- Parents are the primary educators of their children.
- Parents are our partners.
- Effective communication with parents is essential in providing the best school experience for your child.

Families will:

- Communicate and respectfully cooperate with all staff.
- Help guide and support their child to learn appropriate behaviors.
- Be an active participant in their child's education.
- Request a meeting with the teacher and/or director to discuss any concerns and help with developing an appropriate behavior plan if needed.

Classroom Rules Children are expected to Follow:

- Be safe by keeping your hands, feet, and objects to yourself.
- Be respectful and kind to others.
- Be responsible for yourself and your play area.
- Be a good listener to your teacher to ensure the safety of all students and staff.

Summer Camp Staff will implement a positive behavior program by:

- Setting expectations by using positive language. Ex: You can build a tower as high as you want. Blocks are not for throwing.
- Explain what's going on. Ex: We explained that blocks are building but if you threw them they would be put away. I saw you throw them so now they will be put away.
- Be kind, be firm but show empathy. Ex: I understand you are upset but we agreed you would not throw the blocks. We can try again tomorrow.

If a child is having a difficult time adjusting, we will use every possible resource to assist the child in adapting. We will use positive redirection with positive reinforcements, modeling appropriate behaviors. We will use behavior modification using charts and a reward system. **If a child becomes a danger to his/herself, to other children or to staff, Colonial will contact a parent/guardian to pick the child up for the day.**

We will use the following guidelines when disciplinary action becomes necessary due to inappropriate behaviors:

1. Positive Redirection.
2. Verbal warning for specific unacceptable behavior.
3. Staff will provide a model of how to correct behavior.
4. Child will be separated from the group to do one on one with staff until the child is ready to return to the group with a warning of future consequences for repeated behavior.
5. Child will be separated from the group to do a one on one with staff while the staff waits for parents to pick up the child. The parent will receive a warning or an Incident report depending on the severity of the situation.
6. Parent/guardian conference to discuss corrective action and consequences for future incidents as well as a behavior modification plan to be created with parent and teacher.
7. Suspension from the program for 1-2 days depending on the severity of the behavior.
8. Repeated aggressive/inappropriate behavior with 3 suspension will result in the **Program Director** being notified. If a resolution has not been reached the child will be removed from the program at the Program Directors discretion.

I have read the Colonial Youth Summer Camp behavior policy and agree to adhere to all terms outlined in this agreement. I will be reachable while my child is attending school. In the event that my child exhibits aggression or makes threats of harm towards another child or staff member, I will promptly pick up my child in accordance with the guidelines outlined in this policy.

Child's Name

Date

Parent/Guardian Signature

Relationship

Permission to Photograph

I grant my permission to Colonial Youth and Family Services to photograph and/or video taped my child for the following purposes:

- Bulletin boards, scrapbooks or other similar uses and promotional materials.
- Documentation of classroom behavior to be shared with parents or school officials.
- Newspaper or news media upon occasion for promoting the school in a positive manner.
- For Colonial Youth Facebook or Website to promote positive media for the school.
- Photographs and videos will never be sold or used for any other purpose.

Child's Name

Date

Parent/Guardian Signature

Relationship



Colonial UPK Sick Child Guidelines

If your child is absent we ask that you please give us a call at 631-878-5049 to report their absence and the reason why. If the child is out for 3 or more days we do require a doctor's note when they return to school. If a child is sent home early due to sickness we require a 24 hours free policy with a doctor's note. Our main goal is to keep our students and teachers healthy.

Please keep your child home if any of the following apply:

- **Fever above 100.4 degrees and must be fever free for 24 hrs after**
- **Vomiting**
- **Diarrhea and must be diarrhea free for 24 hrs before return**
- **Pink Eye must return with note stating no longer contagious**
- **Ringworm**
- **Whooping Cough**
- **Difficulty Breathing, persistent, frequent cough**
- **Lethargy (more tired than usual)**
- **Persistent Abdominal pain**
- **Rash accompanied by a fever or behavior changes.**
- **Failure to comply with New York State Immunization Laws.**
- **Children on antibiotics must be kept for 24 hrs after 1st dose.**
- **If your child appears sick or becomes ill during the day we will call for your child to be picked up.**

Childs Name

Date

Parent/Guardian Signature

Relationship