OCFS-LDSS-0792 (08/2019) FRONT

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: 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

☐ 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: / /

SACC Agreement

(School Age Child Care)

I am enrolling my child _____ in Colonial Youth and Family Services school age child care program (SACC).

1. I understand that for my child to be admitted to the program, I must sign all the forms needed for registration. I must also notify the program administration of any pertinent information changes.

2. I understand that I, or a person authorized by me, will upon drop off/pick up sign the student in in the morning and out in the afternoon.

3. <u>You must walk your child into the program in the morning and come in and pick up your child in the afternoon.</u>

4. I understand that the SACC will provide activities appropriate for my child such as recreation, arts & crafts and snack.

5. All programs are dependent upon enrollment.

6. I understand that Colonial <u>Will Not</u> be allowed to dispense medication.

7. I understand that a child's acceptance depends solely on his/her ability to function in the group. Each child must maintain the same social and behavioral rules that apply in school.

8. I understand that I will inform the director of any special problems or needs my child might have. Any special issues will require an individual health care plan. Please check this box ☐ if your child requires a health care plan. I will inform the program of any special needs ex: allergies, behavioral, medical etc. and fill out health care plan with the staff.

9. I understand that this program reserves the right to exclude any child from the program who is unable to attend due to illness and to have an emergency contact person to pick up my child who appears ill or shows signs of a contagious disease. I will be notified before the contact person.

10. I understand that I am responsible for picking up my child by 6:00 pm, otherwise I must arrange for an authorized person to pick up my child.

11. **I understand that if I do not pick up my child 6:00 pm, I will be charged an additional $10.00 per child per 10 minutes that I am delayed.**

12. If there is a continual problem with lateness in picking up your child, you will be asked to find alternative childcare.

13. I understand that Colonial Youth and Family Services are not responsible for any property (ex: toys, games etc.) that is lost, stolen or broken at the program.

14. I understand that if payment is returned for insufficient funds, there will be a $35.00 charge.

I have read and agree to the contents of this agreement.

_____ _____

Signature of Parent/Guardian Date

_____

Child's Name

Health/Emergency Information

1. Physician to call in an Emergency situation.

   _____ _____
   Physician's Name Phone Number

2. Physical activity restrictions of the child: _____

   _____

   _____

3. Food Allergies of the child: _____

   _____

4. Does the child wear eyeglasses? _____

5. Is the child routinely on medication? _____

   If yes, specify: _____

   _____

   _____

It is the practice of this organization to take pictures and use them for a variety of public relation purposes. With your signed consent, your photo or your child's photo me be used for one or more of the following reasons:

- Press release to the local newspaper
- Agency newsletter
- Program reports to funding agents
- Slide presentations about our agency

I understand that my picture or my child's picture may be used either in presentations or other publicity for Colonial Youth and Family Services, and consent to this with my signature below.

Child's Name (please print) _____

Parent/Guardian (please print) _____

Signature _____ Date _____

TRANSPORTATION APPLICATION TO/FROM CHILDCARE PROVIDER LOCATION

SCHOOL YEAR 2023/24

MUST BE FILED NO LATER THAN APRIL 1

In accordance with New York State Department of Education Law, you may request transportation between childcare locations and the school. Childcare locations are restricted to the *attendance zone of the school the child attends*. Written requests for transportation to or from a childcare location must be submitted by the parent or legal guardian no later than April 1.

Student Information

Name_____

School_____ Grade_____

Home Address_____

Contact #: Home_____ Other_____

Childcare Provider Information

Name_____

Address_____

Contact # _____

**NOTE – Subsequent changes *must* be in writing. Approval will be based on availability of current routing and will take up to 72 hours after approval to take effect.

Please *circle* when child will be at this location

DAYS: MON TUES WED THURS FRI

Monday thru Friday

TIME: AM & PM AM ONLY PM ONLY

Requested Start date_____

Signature of Parent or Guardian_____ Date_____

Transportation Office Received Date_____ Processors Initials_____

Fax: (631) 874-1870 or Email: Transportation@wfsd.k12.ny.us

COLONIAL CHILD CARE

(631)878-5049

Child's name_____ **Grade** ___**Teacher** _____

Parents name_____ **Daytime #**_____

Place an O for am care X for aftercare OX for both

SEPTEMBER 2023

Monday	Tuesday	Wednesday	Thursday	Friday
	No school September 25th Vacation day	1st day 6	7	8
11	12	13	14	15
18	19	20	21	22
25 Vacation day	26	27	28	29

Office use only

****

AM_____ PM_____ AM&PM_____

Total_____ Payment _____Balance _____

All checks are payable to Colonial Youth & Family Services or call (631) 281-4461 for cc Payment

2023/2024 SACC Price List

Monthly Fees

	Floyd/WH	Mor/Hob/TS
AM Only	6:45-8:10	6:45-9:10
Full Price	$275	$310
Sliding Scale	$240	$265
PM Only	2:40-6	3:40-6
Full Price	$410	$395
Sliding Scale or p/up 4:45	$340	$330
Sliding Scale p/up 4:45	$265	$250
AM & PM	6:45-8:10 & 2:40-6	6:45-9:10 & 3:40-6
Full Price	$560	$480
Sliding Scale or p/up 4:45	$500	$310
Sliding scale p/up 4:45	$415	$355

Daily Fees

AM Only	6:45-8:10	6:45-9:10
Full Price	$18.00	$19.50
Sliding Scale	$16.00	$17.50
PM Only	2:40-6	3:40-6
Full Price	$26.50	$25.00
Sliding Scale or p/up 4:45	$25.00	$21.00
Sliding Scale p/up 4:45	$18.50	$16.50
AM & PM	6:45-8:10 & 2:40-6	6:45-9:10 & 3:40-6
Full Price	$38.50	$38.50
Sliding Scale or p/up 4:45	$35.00	$35.00
Sliding scale p/up 4:45	$30.00	$30.00