OCFS-LDSS-0792 (08/2019) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)

PROGRAM NAME: Colonial Youth	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: / /

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

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

Cell Number: _____ Work Number: _____

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

Parent/Guardian Child Care Enrollment Agreement

I am enrolling my child in Colonial Youth SACC child care program. I understand and will be responsible to:

- Fill out and sign all necessary forms and submit all required documents prior to enrollment.
- Notify the program of any changes, **in writing**, of any important contact information. This includes any changes to cell phone numbers, names of pickup and emergency contacts.
- Parents/Guardians and/or authorized individuals **MUST WALK the children into the program for both drop off and pickup. We will not release the children to walk to your vehicle.**
- Provide a healthy and **NUT FREE** snack. If needed, I will provide my children with a **NUT FREE** lunch for vacation and half day programs.
- Colonial **WILL NOT** dispense any medications.
- Inform the program of any special needs my child might have. I will inform the program if my child has any allergies, behavioral or medical needs that require an individual healthcare plan.
- 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 their school .

_____ _____

Child's Name Date

_____ _____

Parent/Guardian Signature Relationship

Colonial SACC 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 respective member of the classroom, as well as the community.

A child's Social/Emotional Development during the school 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 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 children.

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 children's education.
- Request a meeting with the director to discuss any concerns and help with developing an appropriate behavior plan if needed.

SACC 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 areas
- Be a good listener to your teachers to ensure the safety of all students and staff.

Colonial SACC Staff will implement a positive behavior program by:

- Setting expectations by using positive language. Ex: I cannot wait to see what you are going to build.
- Explain the rules and be fair. Ex. We said blocks are for building, but if you throw them, they will have to be put away. Child throws blocks again, I saw you throw the blocks, so now you must put them away and leave the block table.

- Be kind, be firm, but show empathy. Ex: I understand you are upset but we agreed we would not throw the blocks. It's time to play with something else and let's try this again later.

If a child is having a difficult time adjusting to SACC, we will use every possible resource to assist them in adapting. We use positive redirection with positive reinforcement, modeling appropriate behaviors. If a child becomes a danger to his/herself, to other children or to staff members, Colonial will contact the parent/guardian to pick up the child 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 the specific unacceptable behavior
3. Staff will provide a model of how to correct behavior.
4. The child will be separated from the group to do one on one with staff until they are ready to return to the group. They will receive a warning of future consequences for repeated behavior.
5. If needed, the child will be separated from the group to do a one on one with staff until the parent/guardian arrives 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. A behavior modification plan will be created with the teacher and parent/guardian.
7. Child will be suspended for 1 to 2 days, depending on the severity of the behavior.
8. Repeated aggressive/inappropriate behavior with 3 suspensions 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 Behavior Policy and agree to adhere to all terms outlined in this agreement. I will be reachable while my children are attending the program. In the event my child exhibits aggression or makes threats of harm towards another child or staff member, I will promptly pick them up in accordance with the guidelines outlined in this policy.

_____ _____

Child's Name Date

_____ _____

Parent/Guardian Signature Relationship

Colonial Child Care Sick Child Guidelines

If your child is going to be absent we ask that you please call or text us at **631-903-7112** 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 that they are cleared to return to school. **If a child is sent home early due to sickness, we require a 24 hour free policy with a doctor's note to return to school.** 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 hours after.
- Vomiting.
- Diarrhea and must be diarrhea free for 24 hours before returning.
- Pink Eye: Must return with Doctor's note stating they are 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 stay home until 24 hours after 1st dose.

If your child appears sick or becomes ill during the day, we will call for your child to be picked up.

_____ _____

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

Child Care Payment and Calendar Agreement

My child _____ is enrolled in Colonial Youth SACC child care program. I understand and agree to:

Monthly Billing

- Pay a non-refundable $50 registration fee per child at the time of registration.
- The tuition is due on the 1st of the month, with final payment due by the 15th of each month.
- If payment is not received by the 15th of the month, a late fee of $25 will be applied to your account.
- If payment is not made by the end of the month, the child will not be able to attend the program until payment is made.
- There will be a $35 fee for all returned checks.
  Payments can be made by credit card through the MyProcare portal, mail a check to PO Box 391, Mastic Beach, NY 11951 or paid in person (by cash or check) at the child care center your child attends.

Monthly Calendar:

- I am responsible for filling out a monthly calendar for the days my children will be attending. I will be billed in advance based on the calendar I have filled out.
- If my child is absent for 3 or more consecutive days and submit a doctor's note, I can receive credit for those days.
- I agree to abide by the Consecutive Absences and Medical Documentation policy. If my children are absent for 10 consecutive days without medical documentation, they will be removed from the program roster and placed on our waiting list for the next available slot. Please note extended medical reasons do not apply.

_____ _____

Child's Name Date

_____ _____

Parent/Guardian Signature Relationship

Effective June 1st, 2025

Colonial Youth SACC 2025/2026 Price List:

Monthly Fee:	**Floyd/Hobart/Moriches/Tangier/Woodhull**
AM Only:	**6:45AM – 9:15AM**
Full Price-	$450.00
More than 1 Child-	$425.00
PM Only:	**2:30PM – 6:00PM**
Full Price-	$475.00
More than 1 Child-	$450.00
Pick up at 4:45PM-	$425.00
AM & PM	**6:45AM – 9:15AM & 2:30PM – 6:00PM**
Full Price-	$675.00
More than 1 Child-	$650.00
Pick up at 4:45PM-	$625.00

Daily Fee:	**Floyd/Hobart/Moriches/Tangier/Woodhull**
AM Only:	**6:45AM – 9:15AM**
Full Price-	$25.00
More than 1 Child-	$20.00
PM Only:	**2:30PM – 6:00PM**
Full Price-	$40.00
More than 1 Child-	$35.00
Pick up at 4:45PM-	$30.00
AM & PM	**6:45AM – 9:15AM & 2:30PM – 6:00PM**
Full Price-	$50.00
More than 1 Child-	$40.00
Pick up at 4:45PM-	$35.00

Registration Fee: $50.00 Per Child

Vacation Program: 9:00AM – 5:00PM $85.00/ A Day

More Than One Child $75.00/ A Day

Before Care: (7:00AM – 9:00AM) $13.00/ An Hour After Care: (5:00PM – 6:00PM) $13.00/ An Hour

Half- Day Program: 11:30AM – 6:00PM $70.00/A Day

More Than One Child $60.00/ A Day

Pick up at 4:45PM- $55.00

COLONIAL

TRANSPORTATION APPLICATION TO/FROM CHILDCARE PROVIDER LOCATION

SCHOOL YEAR 2025/26

MUST BE FILED NO LATER THAN APRIL 1 –

Childcare forms **DO NOT** carry over from year to year

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 Colonial Youth & Family Services

Address_____

Contact # 631-903-7112

**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