**NEW YORK STATE**
**OFFICE OF CHILDREN AND FAMILY SERVICES**

**DAY CARE REGISTRATION**

Child’s Full Name:

Does your child have any allergies?  Yes  No

If Yes, what is your child allergic to?

Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.

Child’s Source of Medical Care/Primary Care Physician’s Name:  Telephone Number:

Child’s Source of Dental Care/Dentist’s Name:  Telephone Number:

Name Of Medical Care Facility/Hospital:  Telephone Number:

Would you like information on Child Health Plus?  Yes  No

<table>
<thead>
<tr>
<th>EMERGENCY DATA</th>
<th>RELATIONSHIP</th>
<th>CONTACT NAME</th>
<th>TELEPHONE NUMBER DURING CHILD CARE</th>
<th>OTHER TELEPHONE NUMBER (Check type)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

PHOTO OF CHILD (Optional)
**Provider/Day Care Facility Name and Address:**

**CHILD’S FULL NAME:**

**SEX:** □ Male
□ Female

**CHILD’S HOME ADDRESS:**

**DATE OF BIRTH:**

**HOME TELEPHONE NUMBER:**

**DATE OF ACCEPTANCE:**

**DATE OF DISCHARGE:**

**NAME OF PERSON APPLYING FOR CHILD:**

□ Parent  □ Guardian
□ Caretaker  □ Relative
□ Other _____

**HOME TELEPHONE NUMBER:**

**DAYTIME TELEPHONE NUMBER:**

**ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD’S):**

**AGREEMENTS**

I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.

I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. □ Yes  □ No

In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child. □ Yes  □ No

I have provided information on my child’s special needs (Allergies, Diet, Disabilities, and/or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. □ Yes  □ No

I agree to review and update this information whenever a change occurs and at least once every six months. □ Yes  □ No

**SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE**

**DATE:**

---

**OCFS-LDSS-0792 (1/2005) REVERSE**
The Day Care Center is open 7:30 AM to 5:00 PM Monday through Thursday and Friday 7:30 AM to 4:00 PM in accordance with the College schedule.

Please indicate the days and hours you wish to have your child come to the center. Please remember to allow yourself 15 minutes before your class officially begins and 15 minutes after your class officially ends to drop off and pick up your child.

In order for your child to be considered for admission into the Day Care Center, this application, completed in full with all forms filled out and signed, must be returned to the Day Care Center along with the registration fee, two days prior to the date you want your child to start.

<table>
<thead>
<tr>
<th>Days</th>
<th>In</th>
<th>Out</th>
<th>Total Hours</th>
<th>Office Use Only</th>
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</thead>
<tbody>
<tr>
<td>Monday</td>
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<td>15</td>
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<tr>
<td>Tuesday</td>
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<td>Wednesday</td>
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<td>Thursday</td>
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<tr>
<td>Friday</td>
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<td>14</td>
</tr>
</tbody>
</table>

Total Contract ____________

Office Use only

Student _______
Staff _______
Community _______
<table>
<thead>
<tr>
<th>Name</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<td>8:00-8:55</td>
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<td>9:05-10:00</td>
<td>9:30-10:50</td>
<td>9:05-10:00</td>
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<td>9:05-10:00</td>
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<td>10:10-11:05</td>
<td>11:00-12:20</td>
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<td>11:15-12:10/12:35</td>
<td>12:30-1:50</td>
<td>11:15-12:10/12:35</td>
<td>12:30-1:50</td>
<td>11:15-12:10/12:35</td>
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<td>12:45-1:40/2:05</td>
<td>2:00-3:20</td>
<td>12:45-1:40/2:05</td>
<td>2:00-3:20</td>
<td>12:45-1:40/2:05</td>
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<td>3:45-5:05</td>
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</table>
COLUMBIA GREENE COMMUNITY COLLEGE
DAY CARE CENTER

FEE AGREEMENT

I __________________________ have enrolled my child __________________________ in the Columbia Greene Community College Day Care Center. I understand the fee for Day Care service is $ __________________ per hour plus lunch and snack if applicable and that the fee is computed for the semester and is due and payable on the first day of the week my child is in the center, one week in advance. I also understand the fee is non-refundable. I therefore agree to pay the afore mentioned fee at the time stated. I understand that I will be held solely responsible for payment of child care charges accrued during my child's enrollment at Columbia Greene Community College Day Care Center.

______________________________________  __________________________
Signature                                      Date
STUDENT/PARENTS FINANCIAL AID RELEASE FORM

I, _____________________________, give my permission to the CGCC Day Care Center to access my financial aid funds to cover all or a portion of the Day Care tuition for my child. I understand that if there are no financial aid funds available, I am responsible for the entire balance.

For any future change, a written request must be submitted to the Day Care office prior to the second week of the semester.

_________________________________  __________________________
Signature                        Date

_________________________________
Student ID #

Will you graduate by the end of the current academic year - ________________
### Child’s Information

Child's Name: ___________________________________  DOB: ______________________
Place of Birth: ____________________________     Home Phone:_____________________
Home Address:_________________________________________________________________

### Father’s Information

Name:_________________________________________  Birth Place:____________________
Address:_____________________________________________________________________
Home Phone #:_______________________    Cell Phone #:___________________________
Email:___________________________________
Employer Name:_____________________________    Work Phone #:______________________

### Mother’s Information

Name:_________________________________________  Birth Place:____________________
Address:_____________________________________________________________________
Home Phone #:_______________________    Cell Phone #:___________________________
Email:___________________________________
Employer Name:_____________________________    Work Phone #:______________________

### Emergency Information

Name of a LOCAL person to be contacted in case of emergency who can take physical custody of your child when parent cannot be reached. They must also be on the pick up list.

_________________________________________ Phone #: __________________________

Name of child’s physician:_________________________ Phone #:______________________
Address:_________________________________________  Phone #:______________________

Does your child have any unusual physical condition of which we should be aware? Use back of sheet if necessary.   ____________________________________________

___________________________________________________________________________

___________________________________________________________________________
Transportation
Pick-up / Drop off

I, _______________________________ give my permission to have
my son / daughter ___________________________ transported to and/ or from
Columbia Greene Community College Day Care Center by the following person or
persons:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone Number</th>
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</table>

Please note: Persons on your pick up list will be contacted for pick-up in an emergency
situation when primary emergency person can not for some reason be reached. Your
primary emergency person must also be on this pick-up list.

_________________________  __________________________
Parent Signature          Date
Please list the names, ages and relationship of all of your child's brothers and sisters.

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>School Grade</th>
<th>Relationship</th>
</tr>
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</table>

Other members of your child's usual household:[Name and relationship to child]

Use back of sheet if necessary.

What is child’s reaction when left by parent______________________________

Marital status of parent

Married___ Separated___ Divorced___ Widowed___ Single___

Have there been any changes in the family group, such as death or divorce? Please explain______________________________

List communicable diseases child has had______________________________

List any other serious illnesses, operations or accidents since birth______________________________

As far as you know will your child be able to participate fully in the program at the Day Care Center. If not please explain adjustments that will be needed______________________________
Does your child show a preference for his/her right or left hand? ______________________

As a rule, your child's appetite is: excellent  good  fair  poor  [circle one]

Does your child have any allergies? Please describe:

Food___________________________________________________________

Medication_____________________________________________________

Other [soap, animals, etc.]________________________________________

Does your child need help in taking care of his/her eliminations?____________

Does your child usually nap? _______ how long? _______ when? _______

Does your child have any particular fears? [dogs, sirens, etc.] Please describe:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Does your child enjoy any particular toys or games? Please describe:

_________________________________________________________________

_________________________________________________________________

Are there additional circumstances regarding your child that you would like us to be aware of? Please explain:___________________________________________________________

_________________________________________________________________

_________________________________________________________________
Is your child happy playing alone?_____ Does he/she have imaginary playmates?_____ 

Please describe these playmates. ________________________________________________ 

Does your child encounter any difficulties in play situations? ____________________ 

If so please explain. ___________________________________________________________ 

Has your child attended school in the past? ______ Please list the name of the school 
and the length of time they attended_________________________________________

___________________________________________________________

Are there any Traditional Holidays that you would prefer that your child not participate 
in? ________________________________________________________________

Please describe your child's usual behavior and personality. ______________________

______________________________________________________________

Please describe the usual methods used to control your child's behavior.  Indicate which 
methods have been most useful. _________________________________________

______________________________________________________________

What is your child's usual reaction to discipline? _____________________________

______________________________________________________________

What things repeatedly cause conflict between parent and child. ________________

______________________________________________________________
Columbia Greene Community College
Day Care Center

TRIP PERMISSION:
I give my child, ____________________________, permission to participate in all campus based trips planned by the Columbia Greene Community College Day Care Center.

_______________________________
Parents Signature

_______________________________
Date

MEDICAL CARE PERMISSION:
I give the Columbia Greene Community College Day Care Center permission to obtain emergency medical care for my child, ____________________________, and to use whatever transportation that is available.

_______________________________
Parents Signature

_______________________________
Date

NOTE: In the event of an accident or emergency, every attempt will be made to notify the child's parent and physician immediately.
COLUMBIA GREENE COMMUNITY COLLEGE
DAY CARE CENTER

OBSERVATION PERMISSION

I give permission for my child to be observed by academic and non-academic visitors to the center. I understand my child will be observed by non-Center personnel for teaching or training purposes. I give permission for my child to participate in observation projects conducted by those authorized by the Director. I give permission for my child to participate in research or testing as approved by the center Director in connection to student course observation.

Child's Name: ____________________________________________

Parent/Legal Guardian Signature: _____________________________

Date: __________________
PHOTOGRAPH RELEASE

I give permission for my child ________________________________ to be photographed, tape recorded or videotaped by Day Care or College staff when involved in Center activities, including campus based field trips. Such materials may be used for classroom and/or publicity purposes and may be posted on the CGCC Day Care Facebook page.

Parent/Legal Guardian: ________________________________ Date ______________
COLUMBIA GREENE COMMUNITY COLLEGE
DAY CARE CENTER

SURVEY

I give permission for my child ________________________________ to participate in surveys that are connected to gaining information for grants and other areas of concern to Day Care on all levels [Local, State and Federal]

Parent/Legal Guardian: ________________________________ Date_______________
I give permission for Day Care Staff or Teachers to apply over-the-counter topical ointments, lotions, creams and sprays including first aid creams, sunscreen, insect repellent and hand lotion to my child, ____________________________. I understand that I am to provide the hand lotion, sunscreen and insect repellent of choice and it must be labeled with my child’s first and last name on it. I also understand that I have to give it to my child’s teacher and not leave it in the cubby area.

Parent’s Name:____________________________________

Parent’s Signature:_________________________________
1. Children may not come to Day Care when they are sick.

2. Each child must have a complete change of clothing in his or her cubby labeled with his or her name.

3. Children are not to be dropped off at Day Care before their scheduled time, unless prearranged with the office.

4. All children must be picked up at their scheduled times. Day Care will bill the parent for the salaries of the employee required to stay for any child not picked up on time.

5. All Day Care accounts must be kept up to date at least one week in advance.

6. Parents are to notify Day Care when their child is going to be absent.

7. Parents who want their child to come as a drop in must check with the director in advance.

8. We try to go out for play EVERY day. Please dress your child appropriately.

9. Children are to wear rubber soled shoes or sneakers everyday. Clogs and sandals are not permitted and snow boots must be changed before entering the classroom. All of this is for safety reasons.

10. Please do not bring your child to the Center with gum, candy, soda or any type of "junk food". They are not allowed in Day Care.

I have read the above statement and understand and agree to abide by them.

I agree to pay the fee based on the number of hours I will need services for my child / children.

I understand the rest time routine for my child.

I understand that I am responsible for reading and abiding by the procedures in the Parent Handbook.

Child’s Name ___________________________ Date ______________ 

Parent / Guardian _______________________________
## NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

### CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

<table>
<thead>
<tr>
<th>Name of Child:</th>
<th>Date of Birth:</th>
<th>Date of Examination:</th>
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</thead>
</table>

### Immunizations required for entry into day care

**Medical Exemption** The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

<table>
<thead>
<tr>
<th>Immunization</th>
<th>1st Date</th>
<th>2nd Date</th>
<th>3rd Date</th>
<th>4th Date</th>
<th>5th Date</th>
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</thead>
<tbody>
<tr>
<td>Diphtheria, Tetanus and Pertussis (DPT)</td>
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<td></td>
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<tr>
<td>Polio (IPV or OPV)</td>
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<tr>
<td>Haemophilus influenzae type B (Hib)</td>
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<tr>
<td>Pneumococcal Conjugate (PCV)</td>
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<tr>
<td>Hepatitis B</td>
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<tr>
<td>Measles, Mumps and Rubella (MMR)</td>
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<tr>
<td>Varicella (also known as Chicken Pox)</td>
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</table>

### Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

<table>
<thead>
<tr>
<th>Type of Immunization:</th>
<th>Date:</th>
<th>Type of Immunization:</th>
<th>Date:</th>
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### Tests

<table>
<thead>
<tr>
<th>Test</th>
<th>Date:</th>
<th>Date:</th>
<th>Type:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuberculin Test</td>
<td>/</td>
<td>/</td>
<td>Venous</td>
<td>/</td>
</tr>
<tr>
<td>Mantoux Results</td>
<td>Positive</td>
<td>Negative</td>
<td>mm</td>
<td></td>
</tr>
<tr>
<td>TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test. If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.</td>
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</table>

<table>
<thead>
<tr>
<th>Lead Screening Date:</th>
<th>/</th>
<th>/</th>
<th>mm</th>
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<tbody>
<tr>
<td>Venous</td>
<td>Capillary</td>
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</tbody>
</table>

**Lead Screening (Include All Dates and Results)**

1 year / / Result: ______________ mcg/dL | Venous | Capillary
2 years / / Result: ______________ mcg/dL | Venous | Capillary

**Most recent date of lead screening (if different from above):**

/ / Result: ______________ mcg/dL | Venous | Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)
CHILD IN CARE MEDICAL STATEMENT (continued)

<table>
<thead>
<tr>
<th>Health Specifics</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there allergies? (Specify)</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Is medication regularly taken? (Specify drug and condition)</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Is a special diet required? (Specify diet and condition)</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Are there any hearing, visual or dental conditions requiring special attention?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Are there any medical or developmental conditions requiring special attention?</td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

Summary of Physical Exam
Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.

Signature of Examiner

Address

Please Print Name

City, State, Zip

Title

( ) Phone

Date

Religious Exemptions
Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.