REGISTRATION & ENROLLMENT PACKET

School Year • Long Beach, New York

Welcome to Beach Friends Sensory Club! We are delighted to partner with your family. Please complete and sign the sections that apply to your child. Our goal is to provide a safe, caring, engaging early-learning environment where every child can grow and thrive.

Child's Full Name: _____

Date of Birth: _____

Preferred Name: _____

Parent/Guardian Name(s): _____

Enrollment Start Date: _____

Registration Checklist — Administration Use

☐ Enrollment and tuition agreement

☐ Annual tuition adjustment acknowledgment and signature

☐ School calendar and attendance acknowledgment

☐ Classroom placement acknowledgment

☐ Photo/social media consent

☐ Family contact sharing preference

☐ Emergency medical and sick policy acknowledgment

☐ Diapering, topical preparations, rest and food consents

☐ Allergy/health care plan, if applicable

☐ Child profile

☐ OCFS enrollment and medical forms

☐ Registration fee and security deposit

☐ Classroom supplies

1. Enrollment, Tuition & Schedule

Child's Name: _____

Start Date: _____

Days per Week: _____

Daily Tuition Rate: $ _____ per scheduled day

Variable Monthly Billing: Tuition is calculated using the agreed daily tuition rate multiplied by the number of scheduled attendance days in each calendar month. Because months have different numbers of Mondays, Tuesdays, etc., the total monthly tuition will vary even when the daily rate and weekly schedule remain unchanged. For example, at $115 per day, a month with 12 scheduled days costs $1,380, while a month with 14 scheduled days costs $1,610. Tuition is invoiced monthly and paid in advance on the 1st of each month. The daily rate is not a drop-in or pay-only-when-present rate; enrollment reserves the child's scheduled days.

☐ I understand that I am responsible for the full tuition invoiced for my child's scheduled days in the month of withdrawal, subject to the withdrawal notice requirements.

☐ I understand that scheduled days are billed even when my child is absent due to illness, personal vacation, school-calendar closures, snow days, or other absences, as described in the Parent Handbook. No credits or refunds are provided for occasional absences.

☐ If Beach Friends must close due to a local or state emergency, tuition will be reduced to half the contracted rate to maintain enrollment.

☐ Late payment fees may apply as described in the current parent handbook. Returned checks are subject to a $35 service fee.

☐ Pickup after the scheduled closing time is subject to a $1-per-minute late fee.

☐ Two weeks' written notice is required for withdrawal, schedule changes, or requested contract changes. Re-enrollment is subject to availability.

☐ A 10% sibling discount may apply to each additional child in the immediate family when eligible.

Weekly schedule (enter attendance times):

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Parent/Guardian Signature: _____

Date: _____

Registration Fee & Security Deposit Agreement

Registration Fee — $125

A one-time, nonrefundable registration fee of $125 is due upon enrollment.
This fee helps cover registration and administrative processing and is separate from tuition.

Two-Week Security Deposit

A security deposit equal to two weeks of scheduled tuition is required to reserve your child's enrollment. It is calculated as follows:

Daily Tuition Rate × Scheduled Days Per Week × 2 = Security Deposit

Example: $115 daily rate × 3 scheduled days per week × 2 = $690 deposit.
The security deposit will be credited toward the final tuition balance when your child leaves the program, subject to the withdrawal and payment terms in this packet.
Any remaining balance is still payable; the deposit is not a substitute for required notice.

Enrollment Payment Summary

Child's Name: _____

Agreed Daily Tuition Rate: $_____

Scheduled Days Per Week: _____

Registration Fee: $125.00

Two-Week Security Deposit: $_____

Total Due at Registration: $_____

Registration Fee Paid: $_____ Date: _____ Method: _____

Security Deposit Paid: $_____ Date: _____ Method: _____

Parent/Guardian Acknowledgment

I understand and agree to the registration fee and security deposit terms above.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____

2. Annual Tuition Adjustment Agreement

Beach Friends Sensory Club is committed to providing high-quality care and early childhood education. Tuition is subject to an annual financial review to address operating costs, including staffing, insurance, utilities, classroom supplies, professional development, and facility maintenance.

The school conducts its annual financial and tuition review every January. Any tuition increase will take effect in January following that review. The percentage may vary based on operating costs. Families will receive at least 30 days' written notice before an increase takes effect, subject to applicable law and existing agreements.

☐ I have read and understand the annual tuition adjustment policy and agree that tuition may be adjusted during continued enrollment with the notice described above, subject to applicable law.

Child's Name: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

Director Signature: _____

3. School Calendar & Attendance

Beach Friends generally follows the Long Beach School District calendar for school-year closures and breaks. Families should use the Beach Friends calendar and school communications as the final reference if schedules differ. Summer programming details are communicated separately.

☐ I understand the calendar policy and am responsible for reviewing published school closure dates.

Parent/Guardian Signature: _____

Date: _____

4. Classroom Placement & Transitions

Children grow at different rates. Beach Friends considers developmental readiness, teacher observations, age, classroom dynamics, safety, licensing requirements, space, and waitlists when making classroom placements. A three-month window before or after an age milestone may be considered only when consistent with applicable OCFS age-group and staffing rules. A birthday alone does not guarantee an immediate classroom move.

☐ I understand that transitions depend on my child's needs, space, and applicable licensing requirements.

Parent/Guardian Signature: _____

Date: _____

5. Photo & Social Media Consent

With your permission, we may share photos of classroom activities and school events on the official Beach Friends Instagram and Facebook pages. Consent is optional and may be withdrawn prospectively in writing.

☐ YES, I consent to photos of my child being shared on official Beach Friends social media.

☐ NO, I do not consent.

Parent/Guardian Signature: _____

Date: _____

6. Family Contact Sharing

With permission, contact information may be shared with other classroom families for playdates, birthday invitations, and similar purposes.

☐ YES, I consent.

☐ NO, I do not consent.

Phone (optional): _____

Email (optional): _____

Parent/Guardian Signature: _____

Date: _____

7. Health, Safety & Emergency Procedures

In an emergency, staff will make reasonable efforts to reach parents/guardians and emergency contacts and will seek emergency medical assistance when necessary. Complete the required official OCFS enrollment and health forms as well.

☐ I authorize emergency medical evaluation and treatment for my child when necessary, consistent with applicable law.

Sick Policy: Beach Friends is a well-child program. Children with contagious illness or symptoms posing a risk to others may be excluded. Families must arrange prompt pickup when contacted. Return-to-care requirements and medication administration follow applicable OCFS regulations and program policies.

☐ I have reviewed the sick policy and emergency procedures.

Parent/Guardian Signature: _____

Date: _____

8. Daily Care Permissions

Diapering & Toileting: I authorize staff to diaper and/or assist my child with toileting as appropriate. Families provide diapers, wipes, extra clothes, and approved creams. Diapers are checked and changed as needed and promptly when soiled.

☐ Fully toilet trained

☐ Toilet training

☐ Pull-ups

☐ Pull-ups at rest only

☐ Diapers

☐ Needs assistance wiping

Topical Preparations: Separate, product-specific non-medication consent forms are required before permitted creams, sunscreen, or other preparations are applied.

☐ I understand that separate required product consent forms must be completed.

Parent/Guardian Signature: _____

Date: _____

Rest Time: Children rest on age-appropriate, approved sleep surfaces in accordance with OCFS requirements. Families provide approved bedding where appropriate; bedding is regularly sent home for washing. Staff maintain required sight-and-sound supervision and safe-sleep practices.

Parent/Guardian Signature: _____

Date: _____

Food, Cooking & Celebrations: Participation and food consumption depend on known allergies, dietary restrictions, parent permission, and program safety policies.

☐ I consent to participation in age-appropriate cooking activities and celebrations, subject to the dietary information provided.

☐ I do not consent; please contact me about alternatives.

Parent/Guardian Signature: _____

Date: _____

9. Allergies & Emergency Medication — If Applicable

Notify the director of any allergy, asthma, or medical condition. Children requiring emergency medication must have the appropriate OCFS-approved forms, individualized health care plan, staff training, medication labeling, storage, and emergency procedures in place before attendance, as applicable. This page does not replace official medical authorization forms.

Child's Name: _____

Condition / Known Triggers: _____

Emergency Medication(s): _____

Physician / Emergency Plan Attached: _____

Parent/Guardian Signature: _____

Date: _____

10. Getting to Know Your Child

Child's Name / DOB: _____

Parent/Guardian Name(s): _____

Foods enjoyed: _____

Foods disliked / dietary restrictions: _____

Typical meal/snack schedule: _____

Favorite toys, games, activities: _____

Toileting routine / words used: _____

Nap routine / comfort item: _____

How your child shows frustration: _____

Fears or sensitivities: _____

What helps your child feel calm: _____

Favorite outdoor activities: _____

Health concerns / allergies: _____

Important family information you would like to share:

_____

Five words describing your child: _____

Anticipated adjustment concerns: _____

Services or evaluations received: _____

Developmental / language concerns: _____

Previous childcare experience: _____

Anything else we should know: _____

11. Family Acknowledgment & Signatures

Thank you for taking the time to complete this packet. Clear communication helps us build a strong partnership and provide consistent, loving care.

☐ I reviewed the daily tuition rate, variable monthly billing calculation, payment, withdrawal, and schedule policies.

☐ I separately signed the annual tuition adjustment agreement.

☐ I reviewed the school calendar and classroom placement policies.

☐ I completed my photo and contact-sharing choices.

☐ I reviewed health, emergency, sick, rest, food, and daily-care policies.

☐ I received or was given access to the Beach Friends Parent Handbook.

☐ I understand required official NYS OCFS forms must also be completed and kept current.

Child's Name: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

Director Signature: _____

Date: _____

12. Required NYS OCFS Forms — Attach Separately

Attach the current official OCFS child day care enrollment form (OCFS-LDSS-0792 or successor), medical statement, emergency contacts, authorized pickups, medication and non-medication consents, and individualized health care/allergy plans when applicable. Official forms must be completed in their original format; this packet does not replace them.

☐ Official OCFS enrollment form

☐ Child medical statement / immunization documentation

☐ Emergency contacts and authorized pickups

☐ Non-medication consent forms, if applicable

☐ Individualized health care plan and emergency medication forms, if applicable

☐ Other required program forms

We cannot wait to welcome your family to Beach Friends!

Supplemental Enrollment Forms

Additional child information, acknowledgments and OCFS checklist.

Note: Some policies and signatures repeat the main registration packet.
Use the main registration packet for the current tuition and fee terms.

BEACH FRIENDS

SENSORY CLUB LLC

Enrollment Packet

355 E. Park Ave., Long Beach, NY 11561
Phone: (516) 809-8662
Monday-Friday | 7:00 AM-5:00 PM

Child's Name: _____

Child's Date of Birth: _____

Parent/Guardian Name(s): _____

Welcome to Beach Friends!

We are happy to welcome your family to Beach Friends Sensory Club LLC. This packet contains the enrollment information, agreements, permissions, emergency information, and forms used to support your child's care and enrollment.

Enrollment Form

Child's Full Name: _____ **DOB:** _____

Enrollment Date: _____ **Start Date:** _____

Gender: [ ] Male [ ] Female **Classroom:** [ ] Nursery [ ] Preschool

Program: [ ] 7:00-12:00 [ ] 7:00-5:00

Days Attending: [ ] Mon [ ] Tue [ ] Wed [ ] Thu [ ] Fri

Parent/Guardian: _____

Phone: _____ **Email:** _____

Home Address: _____

Daily Rate: $ _____ **Security Deposit (2 Weeks): $** _____

Registration Fee: $125 **Total Due:** $_____

Payment Method: [ ] Cash [ ] Check **Payment Date:** _____

Primary Emergency Contact: _____

Emergency Contact #1: _____

Emergency Contact #2: _____

Authorized Pick-Up (Name/Relationship/Phone): _____

Pediatrician: _____ **Phone:** _____

Allergies/Medical Conditions: _____

Permissions

[ ] Photo & Media Permission

[ ] Napping Agreement (Parent will provide a labeled blanket/nap mat)

Parent Signature: _____ **Date:** _____

Registration Guide

Please do NOT check off; Admin. Only

Start Date: _____

Medical Form Due: _____

Registration Fee Paid: _____ via _____

Security Deposit Paid: _____ via _____

1. Enrollment agreement and signatures ____
2. Emergency procedures acknowledgment ____
3. Sick policy acknowledgment ____
4. Photo & media consent ____
5. Family contact-sharing preference ____
6. Diapering/toileting and topical preparation consent (if applicable) ____
7. Napping agreement ____
8. Food/cooking/birthday party consent ____
9. Child profile ____
10. Emergency Card / NYS OCFS enrollment form ____
11. Required NYS OCFS enrollment and medical forms ____
12. Non-medication consent form(s), if applicable ____
13. Allergy/Individual Health Care Plan, if applicable ____
14. Registration fee and security deposit ____
15. Classroom supplies ____

Important Information

Child's Name: _____ DOB: _____

Parent Name: _____ Phone: _____ Email: _____

Enrollment, Tuition & Schedule

Your Enrollment

My child, _____, will attend Beach Friends beginning on _____.
My child is enrolled for _____ days per week.

Daily Rate: $_____ Monthly Tuition: $_____

Tuition is billed monthly and is due on the first day of each month.

Your Weekly Schedule

Monday: [ ] Times: _____

Tuesday: [ ] Times: _____

Wednesday: [ ] Times: _____

Thursday: [ ] Times: _____

Friday: [ ] Times: _____

Parent Handbook & Tuition Agreement

[ ] Monthly tuition is due regardless of my child's start date within that month. Enrollment reserves my child's placement, staffing, classroom materials, and resources; therefore, full monthly tuition is required whether my child begins on the first day of the month or any date thereafter. Tuition is not prorated for late starts, early withdrawals, or schedule changes unless approved in writing by Beach Friends.

[ ] Tuition reserves my child's enrollment space and is not based on attendance.

[ ] Monthly tuition is calculated using my child's enrolled schedule and the Beach Friends operating calendar and may vary from month to month.

[ ] Beach Friends follows its published annual operating calendar. Scheduled closures, including holidays, transition weeks, teacher planning days, staff development days, staff wellness days, weather-related closures, and emergency closures are built into the annual tuition structure.

[ ] No tuition credits, refunds, make-up days, or prorated tuition are provided for absences or scheduled closures.

[ ] Tuition supports the ongoing operation of Beach Friends, including staffing, curriculum, classroom materials, licensing, insurance, utilities, maintenance, security, and educational resources.

Parent/Guardian Signature: _____ **Date:** _____

School Calendar & Attendance

Beach Friends follows its published annual operating calendar. Families are responsible for reviewing the school calendar for scheduled closures, holidays, transition weeks, teacher planning days, staff development days, staff wellness days, and other announced closures.

[ ] I understand that tuition policies apply to scheduled closures and absences as described in this packet and the Beach Friends Parent Handbook.

Parent/Guardian Signature: _____ **Date:** _____

Classroom Placement & Moving Up

Beach Friends may use a three-month flexibility window before and after a child's birthday when considering movement into the next age group or, when appropriate, remaining in the current group a little longer.

Placement and timing may consider developmental goals and readiness, teacher observations and recommendations, school/director recommendations, birthday and age, classroom dynamics and the child's comfort, available space, and current waitlists.

[ ] I understand that reaching the age for the next classroom does not automatically guarantee an immediate transition and that classroom placement may consider the whole child as well as space and program needs.

Parent/Guardian Signature: _____ **Date:** _____

Director Signature: _____ **Date:** _____

Photo & Media Consent

Beach Friends may photograph children during classroom activities, projects, celebrations, special events, and everyday school experiences. Photos may be shared through Beach Friends' official school media when permission is given.

I, _____, [ ] DO [ ] DO NOT grant permission for Beach Friends to photograph my child and share those photographs through Beach Friends' official school media.

Parent/Guardian Signature: _____ **Date:** _____

Family Contact Sharing

Beach Friends may share a class list containing family contact information with other enrolled families for purposes such as playdates, birthday parties, or similar family-to-family communication.

[ ] I consent [ ] I do not consent

Phone: _____ Email: _____

Parent/Guardian Signature: _____ **Date:** _____

Health, Safety & Emergency Procedures

Sick Policy

Beach Friends is a well-child program. Children who are sick, contagious, or presenting symptoms that create a risk to other children or staff may not attend. If your child becomes ill while at school, Beach Friends will contact you and you will be expected to arrange prompt pickup.

If your child has been exposed to or diagnosed with a contagious illness, please notify Beach Friends. A doctor's note may be required before return depending on the circumstances and applicable requirements.

Medication: Staff members cannot administer medication except where specifically permitted under applicable required health/emergency plans and forms.

Emergency Authorization

I authorize Beach Friends to contact me immediately if my child becomes ill or injured. If I cannot be reached, I authorize Beach Friends to contact the emergency contacts listed on this enrollment form. If emergency medical treatment is necessary and I or my emergency contacts cannot be reached, I authorize Beach Friends to obtain emergency medical care for my child, including transportation by ambulance if necessary.

I understand Beach Friends conducts regular fire drills, evacuation drills, shelter-in-place drills, and lockdown drills in accordance with New York State OCFS regulations.

Hospital Preference: _____

[ ] I have read and understand the Beach Friends sick policy and emergency procedures.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Daily Care Consents

Diapering & Toileting

[ ] I give permission for Beach Friends staff to diaper my child and/or assist with toileting as needed. I understand that I am responsible for providing diapers, wipes, diaper cream, and extra clothing as needed. Diapers will be changed at designated times and promptly when soiled as needed.

My child is: [ ] Fully Potty Trained [ ] Potty Training [ ] Pull-Ups [ ] Pull-Ups at rest time only [ ] Diapers [ ] Needs assistance with wiping

Topical Preparations

With the appropriate non-medication consent form completed for each product, I give permission for staff to apply permitted topical/external preparations such as wipes, bandages, sunscreen, diaper cream, and other approved non-medication products according to applicable directions.

Napping & Rest Time

Children who nap will use the program's designated rest equipment. Families will provide a labeled clean blanket, sheet, and/or nap mat as requested by the classroom. Bedding should be taken home regularly for cleaning and returned as directed.

Food, Cooking & Celebrations

[ ] I give permission for my child to participate in cooking activities, birthday celebrations, holiday parties, and to consume foods provided by Beach Friends outside of their regular packed lunch, as applicable.

Parent/Guardian Signature: _____ **Date:** _____

Epinephrine (EPI) Pen / Emergency Medication

Complete only if applicable.

If a child has a potential emergency condition requiring epinephrine, asthma medication, a nebulizer, or another permitted emergency medication, the required health care plan, medication forms, staff instructions, storage, labeling, documentation, and emergency procedures must be completed in accordance with applicable requirements.

My child _____ will keep an epinephrine auto-injector and/or permitted emergency medication at the facility.

Medication/Device: _____

Required Individual Health Care Plan attached: [ ] Yes [ ] No [ ] N/A

Parent Signature: _____ **Date:** _____

Director Signature: _____ **Date:** _____

Getting to Know Your Child

Child's Name: _____ DOB: _____

Parent/Guardian Name & Occupation(s): _____

Parent/Guardian Name & Occupation(s): _____

Foods your child especially likes: _____

Foods your child especially dislikes: _____

Typical meal/snack schedule: _____

Favorite toys, games, and activities: _____

Potty trained? _____ Potty training? _____ Word used for potty: _____

Does your child nap at home? _____ Describe routine/schedule: _____

How does your child express anger or frustration? _____

Specific fears or sensitivities: _____

What helps comfort your child when upset? _____

Favorite nap toy/blanket: _____

Favorite outdoor activity: _____

Health concerns/allergies we should know about: _____

Special family situations we should know about: _____

Five words that describe your child: _____

Anticipated adjustment concerns: _____

Special services/evaluations received or previously received: _____

Developmental or language delays/concerns diagnosed or suspected: _____

Previous daycare/childcare experience and how it went: _____

Anything else you would like us to know: _____

Family Acknowledgment & Signatures

We are excited to welcome your family to Beach Friends and to be part of your child's early years.

I acknowledge that I have reviewed and understand:

[ ] Beach Friends enrollment, tuition, payment, withdrawal, schedule, billing, and school-calendar policies described in this packet and the Parent Handbook.

[ ] The health, safety, emergency, napping, food, and daily-care policies described in this packet.

[ ] The photo/media and family contact-sharing choices I selected.

[ ] That additional required New York State/OCFS enrollment, medical, health care, and non-medication forms may be required depending on my child's needs.

[ ] That I am responsible for providing accurate information and updating Beach Friends when information changes.

By signing below, I acknowledge that I have received, read, understand, and agree to the Beach Friends enrollment, tuition, billing, emergency procedures, and school calendar policies.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Director Signature: _____ **Date:** _____

New York State / OCFS Required Forms

Please complete and return the applicable current New York State Office of Children and Family Services forms supplied by Beach Friends. These forms are maintained separately so the official state form language and revision information remain intact.

[ ] Day Care Enrollment / Emergency Information form

[ ] Child in Care Medical Statement / immunization record

[ ] Non-Medication Consent Form for each applicable topical or over-the-counter product

[ ] Individual Health Care Plan / allergy or emergency medication forms, if applicable

[ ] Any additional OCFS permissions or medical documentation required for your child

Program Name: Beach Friends Sensory Club LLC

Program Address: 355 E. Park Ave., Long Beach, NY 11561

Program Phone: (516) 809-8662

Important: Do not alter official OCFS forms. Complete each applicable form fully and return it to Beach Friends with this packet.

Beach Friends - Additional Enrollment Policies

The following provisions are included so the Beach Friends packet contains the additional enrollment terms and acknowledgments appearing in the reference registration packet, adapted to Beach Friends.

Annual Tuition Adjustments

Beach Friends conducts its annual financial and tuition review every January. Any tuition increase will take effect in January. The percentage may vary, and families will receive at least 30 days' written notice, subject to applicable law and existing agreements.

Additional Tuition, Payment & Schedule Acknowledgments

[ ] I understand care is provided and tuition is paid on a month-to-month basis. If I disenroll my child, I am responsible for the full month in which withdrawal occurs, subject to the required notice.

[ ] I understand tuition is due regardless of personal vacations, school vacations, occasional illness, snow days, or other absences. No credits, refunds, or make-up days are provided for occasional absences.

[ ] If Beach Friends must close because of a local/state emergency, tuition will be reduced to half of the contracted rate in order to maintain enrollment.

[ ] I understand a late fee may be applied for each day tuition remains unpaid. Returned checks are subject to a $35 service fee.

[ ] I understand pickup after the scheduled closing time is subject to a $1-per-minute late fee until my child is picked up.

[ ] I understand a 10% sibling discount is available for each additional child from the immediate family when applicable.

[ ] I understand two weeks' written notice is required for withdrawal, schedule changes, or contract changes. Once a child is withdrawn, the previous spot is not guaranteed. Re-enrollment is based on availability.

Parent/Guardian Signature: _____ Date: _____

School Calendar & Attendance

When planning school-year vacations, childcare, or attendance, families should use the Long Beach School District calendar as the Beach Friends school-year reference, together with any Beach Friends calendar or closure notices provided directly by the program.

[ ] I understand that Beach Friends follows the Long Beach School District calendar for school-year closures and breaks and that I am responsible for checking the applicable calendar and Beach Friends notices.

Beach Friends is open during the summer. Summer programming dates and details will be communicated separately.

Parent/Guardian Signature: _____ Date: _____

Emergency Medication / EpiPen Procedures

Staff who have been instructed on the use of an epinephrine auto-injector, diphenhydramine, asthma medication, or nebulizer will be present during all hours that a child with the potential emergency condition is in care and must be listed on the child's Individual Health Care Plan. The staff member administering an epinephrine auto-injector, diphenhydramine, asthma medication, or nebulizer must be at least 18 years old unless the administrator is the child's parent. Staff will immediately contact 911 after administering epinephrine. If an inhaler or nebulizer for asthma is administered, a staff member must call 911 if the child's breathing does not return to normal after its use. Storage, documentation of medication administration, and labeling of the epinephrine auto-injector, asthma inhaler, and asthma nebulizer must comply with applicable requirements.

My child _____ will keep an epinephrine auto-injector at the facility.

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____

Official NYS OCFS Forms Included

The official New York State OCFS Day Care Enrollment form, Non-Medication Consent form, and Child in Care Medical Statement from the reference packet are appended after this page. They are kept in their original state-form format rather than rewritten.

OCFS-LDSS-0792 (08/2019) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

DAYCARE ENROLLMENT

PHOTO OF CHILD (Optional)

PROGRAM NAME:	ADDRESS:	PHONE NUMBER: ( ) -
CHILD'SFULL 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: / /

Checkboxes below to indicate if your child has any special needs/services: ☐ None

☐ EarlyIntervention/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
- provided information on my child's special needs to the program to assist in caring for my child…… ☐ Yes ☐ No
- 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

OCFS-6010 (5/2015)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

NON-MEDICATION CONSENT FORM

Child Day Care Programs

- 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 repellant.
- 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: 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:

Contact parent

Other (describe):

10A. Special instructions: 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**	

OCFS-LDSS-4433 (Rev. 06/2019)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

CHILDINCAREMEDICALSTATEMENT

To Be Completed By LicensedPhysician,PhysicianAssistantorNurse Practitioner

Nameof Child:	Date ofBirth: / /	DateofExamination: / /

Immunizations required for entry into day care

Medical Exemption Thephysical conditionof the named child is such that one or moreofthe immunizationswould endanger life or health. Attach certification specifying the exempt immunization(s). Yes No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1st Date / /	2nd Date / /	3rd Date / /	4th Date / /	5th Date / /
Polio (IPV or OPV)	1st Date / /	2nd Date / /	3rd Date / /	4th Date / /	
Haemophilus influenzae type B (Hib)	1st Date / /	2nd Date / /	3rd Date / /	4th Date **OR** 1st Date (if given on or after15 months of age) / /	
Pnuemococcal Conjugate (PCV) for those born on or after 1/1/08)	1st Date / /	2nd Date / /	3rd Date / /	4th Date / /	
Hepatitis B	1st Date / /	2nd Date / /	3rd Date / /		
Measles, Mumps and Rubella (MMR)	1st Date / /	2nd Date / /			
Varicella (also known as Chicken Pox)	1st Date / /	2nd Date / /			

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

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

Tests

Tuberculin Test Date: / / Mantoux Results: Positive Negative mm

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.

Lead Screening Date: / /

Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year / / Result: mcg Capillary

2 years / / Result: /dL Venous Capillary

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

/ / Result: /dL mcg /dL Venous Capillary