

## Standard Enrollment Form and Application for Childcare

### Parent/Guardian Information

(Please Circle ) Mr. Mrs. Ms. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Numbers: Cell/Home: \_\_\_\_\_ Work: \_\_\_\_\_

Which would you like us to call first should the need arise? \_\_\_\_\_

License Plate State/Number: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Parent/Guardian Information

(Please Circle ) Mr. Mrs. Ms. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Numbers: Cell/Home: \_\_\_\_\_ Work: \_\_\_\_\_

Which would you like us to call first should the need arise? \_\_\_\_\_

License Plate State/Number: \_\_\_\_\_ SSN: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Child Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M or F DOB: \_\_\_\_\_ Nickname: \_\_\_\_\_

Any restrictions, special needs, allergies or medical needs for your child? YES or NO

If yes please provide details: \_\_\_\_\_

Any legal custodial restrictions: Yes\* No *\*If YES, please attach court documents*

Start Date: \_\_\_\_\_ Anticipated drop off/pick up times: \_\_\_\_\_

### Enrollment Requirements

- ❖ Children must be at least six weeks of age.
- ❖ A current medical record that includes a complete physical and immunization record.
- ❖ All registration materials in the parent packet must be completed prior to the start date.
- ❖ A registration fee and a two (2) week security deposit, equivalent to two (2) full weeks of your child(ren's) tuition, must be received to complete enrollment and ensure a slot for your child/children. *\*Note – If your child has not yet attended the center and your family decides not to enroll, your security deposit and/or registration fees are non-refundable\**
- ❖ Parent handbook must be read and signed by parent(s).

By signing this document, I acknowledge all terms and conditions listed above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT QUESTIONNAIRE

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Siblings:                      Name: \_\_\_\_\_ Age: \_\_\_\_\_  
                                       Name: \_\_\_\_\_ Age: \_\_\_\_\_  
                                       Name: \_\_\_\_\_ Age: \_\_\_\_\_

Other persons living in the household:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies and reactions: \_\_\_\_\_  
 \_\_\_\_\_

Previous child care arrangements: \_\_\_\_\_  
 \_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Do you have any concerns regarding your child's development? If so, what are they? \_\_\_\_\_  
 \_\_\_\_\_

Current sleep schedule: \_\_\_\_\_

Current eating schedule: \_\_\_\_\_

Favorite foods: \_\_\_\_\_

Least favorite foods: \_\_\_\_\_

Favorite things to do: \_\_\_\_\_

Teething information: \_\_\_\_\_

Diapering information: \_\_\_\_\_

Additional comments: \_\_\_\_\_  
 \_\_\_\_\_

\*Please note: Infants are on an "on demand schedule," they will sleep and eat on demand while at the center, the information above is to help us to get to know your child better. THIS FORM SHOULD BE UPDATED AS OFTEN AS NECESSARY \*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT PERMISSION FORM AND EMERGENCY EVACUATION

Child's Name: \_\_\_\_\_

### Authorization for Medical Treatment of a Child

In the event of an emergency requiring a physician's care, I authorize for emergency purposes only, a designated employee of the center to transport my child by ambulance, and consent to any necessary examination, anesthetic, medical diagnosis, and/or any other hospital care to be rendered to the minor under the general supervision and advice of any physician or surgeon licensed to practice medicine in the state of New York.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Evacuation

Evacuation drills are held regularly at Kidz Korner. Should an emergency occur which requires evacuation of the center; you will be notified as soon as possible. You will be asked to pick up your child if the emergency is expected to last a significant period of time. Our emergency site for our Kidz Korner Guilderland location is CVS or Hannaford, corner of Routes 146 and 20, Guilderland; our emergency site for our Kidz Korner Latham location is the Trane Commercial Sales Office Suite 1, 301 Old Niskayuna Road, Latham or NYS Taxation Office located at 299 Old Niskayuna Road, Latham. For emergency situations, we have your permission to evacuate the premises and your child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list emergency contacts in order of preference, *including parents/guardians*:

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime phone number: \_\_\_\_\_ Cell/Home: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime phone number: \_\_\_\_\_ Cell/Home: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime phone number: \_\_\_\_\_ Cell/Home: \_\_\_\_\_
4. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime phone number: \_\_\_\_\_ Cell/Home: \_\_\_\_\_
5. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime phone number: \_\_\_\_\_ Cell/Home: \_\_\_\_\_
6. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime phone number: \_\_\_\_\_ Cell/Home: \_\_\_\_\_

## AUTHORIZATION FOR CHILD PICK-UP FORM

Child's Name: \_\_\_\_\_

List the names of at least 2 individuals, in addition to parents, who are authorized to pick up your child. If anyone else will be picking up your child, it is imperative that you notify the center director, in writing on or before that day.

*Kidz Korner will not release a child to anyone who is not authorized in writing to pick up.*

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please list all individuals authorized to pick up your child, *including parents/guardians*:

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime phone number: \_\_\_\_\_ Cell/Home: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime phone number: \_\_\_\_\_ Cell/Home: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime phone number: \_\_\_\_\_ Cell/Home: \_\_\_\_\_
4. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime phone number: \_\_\_\_\_ Cell/Home: \_\_\_\_\_
5. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime phone number: \_\_\_\_\_ Cell/Home: \_\_\_\_\_
6. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime phone number: \_\_\_\_\_ Cell/Home: \_\_\_\_\_
7. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime phone number: \_\_\_\_\_ Cell/Home: \_\_\_\_\_
8. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime phone number: \_\_\_\_\_ Cell/Home: \_\_\_\_\_
9. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Daytime phone number: \_\_\_\_\_ Cell/Home: \_\_\_\_\_

## PHOTO CONSENT AND RELEASE FORM

### Photography Consent

On various occasions, your child may be photographed while at Kidz Korner Learning Center. These photographs may be used in program planning and/or public relations. They also may be used in various types of advertising, or by public television, newspapers, magazines, electronic or digital communications. Please note this includes our website, Facebook or Instagram. For this reason, we request that each parent sign the following release:

I hereby give Kidz Korner Learning Center, the absolute right and permission to copyright and/or publish, or use photographic portraits or pictures of my child, or reproductions thereof in color or otherwise, made through any media for art, advertising, trade electronic or digital communications or only lawful purpose whatsoever. These pictures may be used in conjunction with his/her own or fictitious name.

---

By signing below, I agree to all terms listed above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AFTER HOURS

If your child has not been picked up by closing time, it is the responsibility of the Center Director or representative to attempt to contact the parents and every authorized person listed. If no contact can be made to arrange a pick up, legal authorities must be notified. If these authorities are also unable to make contact, the child must be cared for as directed by the authorities. The staff are not permitted to remove the child from the childcare center.

I, \_\_\_\_\_, the parent of \_\_\_\_\_, do hereby release and hold harmless Kidz Korner and its employees from any liability or accident that may occur outside the childcare premises should I retain the services of any Kidz Korner employee for the care of my child. I also agree not to solicit Kidz Korner employees for the care of my child outside the child care premises. I also agree not to solicit Kidz Korner employees away from the childcare center.

---

By signing below, I agree to all terms listed above.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHILD'S SCHEDULE

I understand that there is a 9 ½ hour time limit to my child's day at Kidz Korner. For example, if I drop my child off at 7:00am, I must pick them up by 4:30pm. If I drop my child off at 8:30am, I need to pick up by 6:00pm. If there is an unusual circumstance such as a Doctor appointment and I drop my child off late, I understand that I still need to pick my child up at their normal pick up time in order to avoid a late fee.

Please use the space below to fill in your child's drop off and pick up times:

Drop off time: \_\_\_\_\_ Pick up time: \_\_\_\_\_

I understand that late pick-up fees will be charged as follows if my child is not picked up after the time noted above.

**Late pick-up fees: \$10.00 for the first 5 minutes and \$1.00 for each minute after**

My signature below acknowledges that I have read and understand that my child's attendance at Kidz Korner cannot exceed 9 ½ hours per day. I also understand that if I do not pick up my child before the pick-up time noted above, that late pick up fees will be assessed.

Child's Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CHILD SLEEPING AND NAPPING ARRANGEMENT AGREEMENT

Child name: \_\_\_\_\_

My child will be taking a nap or resting after lunch which ends approximately at \_\_\_\_\_.

The location that they will rest is: \_\_\_\_\_.

My child will nap/rest on a cot, mat, or crib (please circle one). I understand that I must provide a sheet and small blanket. If desired, a small travel pillow.

NYS Regulations – 418-1.7(p): Sleeping arrangements for infants through 12 months of age require that the infant be placed flat on his or her back to sleep.

NYS Regulations – 418-1.7(q): Cribs, bassinets and other sleeping areas for infants through 12 months of age must include an appropriately sized fitted sheet, and must not have bumper pads, toys, stuffed animals, blankets, pillows, wedges or infant positioners.

I understand that the provider will have visual contact with the children in their care and the NYS Office of Children and Family Services Regulations for staff to child ratio will be maintained at all times.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Update as needed\**



## INFANT SCHEDULE AND PARENT AGREEMENT

Name of Infant: \_\_\_\_\_ DOB: \_\_\_\_\_

Feeding Schedule:

\_\_\_\_\_ Breast Milk

\_\_\_\_\_ Formula – Brand name of formula: \_\_\_\_\_

Please feed my infant child according to the following on demand schedule:

---

---

---

Signatures on this document imply that both parties understand the following:

NYS Regulations – 418.1.12(ag): Infants six months of age or younger must be held while being bottle-fed. Infants older than six months must be held while being bottle fed until the infant consistently demonstrates the capability of holding the bottle and ingesting an adequate portion of the contents thereof.

NYS Regulations – 418-1.12(ab): Microwave heating of infant food is prohibited by regulation.

NYS Regulations – 418-1.12(af): Every effort must be made to accommodate the needs of a child who is being breast-fed.

Sleeping/Nap Schedule

---

---

---

Please note that the feeding and sleeping schedules are only guidelines and that we are an as-needed infant program.

This form needs to be updated as the child's schedule changes.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DIAPER CREAM PERMISSION

By signing below, I agree to giving permission to Kidz Korner to apply diaper cream to my child while in program, as needed. I understand that I need to provide the diaper cream and will label it with my child's first and last name.

Child Name: \_\_\_\_\_

Diaper Cream Brand: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT OBLIGATION

*All fees are non-refundable*

Please initial on each line provided:

\_\_\_\_ **Annual Registration Fee:** \$50.00 per child

\_\_\_\_ **Tuition payments, (choose one)**

\_\_\_\_ **Monthly payments:** \$\_\_\_\_\_ due on the 1<sup>st</sup> of the month. A late fee of \$20.00, per week until payment is received, will be charged if tuition is not received by the 3<sup>rd</sup> of the month.

\_\_\_\_ **Weekly payments:** \$\_\_\_\_\_ due on Friday BEFORE the week of service is provided. A late fee of \$20.00 will be charged if tuition is not received by Tuesday of the week of service.

\_\_\_\_ **Deposit:** Two weeks tuition \$\_\_\_\_\_. The deposit will be applied to the LAST two weeks of enrollment, provided that a two-week written notice has been given and your account is current.

\_\_\_\_ **Returned Checks:** \$50.00 service fee, after 2 returned checks *only* cash or money order accepted.

\_\_\_\_ **Sibling Discount:** 10% discount on the oldest child. Discounts cannot be combined, one per child.

\_\_\_\_ **Schedule:** A 9½ hour MAXIMUM schedule must be set up prior to enrollment. Any time spent over 9½ hours will result in a late pick-up fee.

\_\_\_\_ **Late Pick Up:** \$10.00 for the first 5 minutes, and \$1.00 for every minute thereafter.

**Fees are subject to change at the discretion of the Center Management**

- ❖ Tuition is based on a child's classroom placement not on a child's age.
- ❖ Two nutritious snacks, lunch and beverages will be served daily for all full-time children. It is your responsibility to provide the food for your infant or toddler who is not yet on table food.
- ❖ Clean clothes, bottles, and bedding must be labeled with child's first and last name with a black permanent marker.
- ❖ All grooming materials will be supplied by the parents, such as cream and lotions (also labeled).
- ❖ Disposable diapers must be provided by you for your child. If supplied by the center there will be a \$3.00 charge per diaper.

### Holiday Schedule

School will be closed on the following days. The center may also close early on Christmas Eve and New Year's Eve. In addition, the school may be closed for weather related reasons. *Tuition is still due for these days.*

Labor Day	Thanksgiving Day	New Year's Day	Memorial Day
Columbus Day	Day after Thanksgiving	President's Day	Fourth of July
Veteran's Day	Christmas Day	Good Friday	MLK Jr. Day

If your child does not attend program for any reason, including but not limited to illness and vacations, you will be required to pay your tuition in full for that period of absence (as part of your contractual agreement with us). If the Child Care Center needs to close for any reason, tuition will still be due in full. Your child can not re-enter the center without payment in full. Should administration make any written/verbal arrangements to accept your child after this temporary absence, you will be obligated for any outstanding tuition balance.

### Termination of Enrollment by Kidz Korner

In certain circumstances, it may be necessary for the center director to decide to discontinue a child's enrollment. Such a decision would be based on whether it is in the best interest of that child, the other children in the class, or overall operation of the center to terminate enrollment. This could be the result of the parent, child or parent representatives' actions. Every effort will be made to correct a problematic situation before a final decision is made. Termination of enrollment may be the result of the following:

- Non-payment of tuition
- Disruptive or dangerous behavior
- The center's inability to meet the child's needs
- Continued violation of our sick policy
- Abuse of staff, children, or property

PLEASE NOTE, YOUR DEPOSIT WILL NOT BE REFUNDED FOR ANY OF THE ABOVE REASONS STATED

I, the parent of \_\_\_\_\_ have read the above tuition agreement and obligations to the center and fully understand the reasons for this implementation.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**CHILD ENROLLMENT PACKET PARENT SIGNATURE PAGE**

I have read the Kidz Korner Parent Handbook and fully understand Kidz Korner's policies and procedures. I agree and comply with any and all policies hereby stated in this handbook and enrollment packet. I understand that violating these policies will jeopardize my child's enrollment at Kidz Korner. I understand that the policies in this handbook and enrollment packet are subject to change without notice.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Center Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please note that both parents/guardians must sign the signature page if applicable\*

## BEHAVIOR MANAGEMENT POLICY

Children are expected to comply with all Kidz Korner Rules and Policies in addition to the Behavior Management Policy.

A parent or guardian is required to sign a copy of the Behavior Management Policy for each child at the time of enrollment and every year after which the child is enrolled. A parent is also required to sign an Incident Report at the time a child's behavior is inappropriate. However, a parent's refusal to sign an Incident Report does not excuse inappropriate behavior of a child and does not prevent dismissal of the child if behavior warrants dismissal.

The basic policy includes methods such as talking to the child about the problem, removal of the child from the group, use of positive redirection whenever possible, limiting privileges, and/or consulting with parents. Parents contacted about behavior problems are expected to cooperate with staff in assuring the elimination of inappropriate behavior. One of the goals of our behavior process is to help children develop self-discipline and give them choices whenever possible. Corporal punishment, sarcasm and yelling by the staff are not acceptable means of disciplining children in the program.

Limits are set on behavior to provide a safe and caring environment where children can play and learn. Limits are set for three primary reasons: 1) to prevent children from injuring themselves or others; 2) to prevent the destruction of property, materials, or equipment; 3) to help children learn respect for themselves, other children, and adults.

A child may be immediately disenrolled from the program if the child's behavior is determined to be detrimental to the child or to the well-being of others in the program. Immediate dismissal of an entire family may occur in the event of inappropriate behavior of parents who are on school property. Adults are expected to model the desired behavior that is expected of the children. Profanity, threats, or disruptive behavior will not be tolerated. Deposits will not be refunded for any reason if a child is disenrolled for behavior.

If a child has specific behavior issues, every effort will be made to implement a behavior management program consistent with efforts being made at the child's home and school. If a child's behavior indicates that the Kidz Korner is not able to meet his or her needs, the Director will contact the child's parents to arrange a meeting to be held within 24 hours. A parent or staff member may also request a meeting: staff, and other professionals providing services to the child may be asked to attend the meeting. An action plan will be developed that establishes reasonable, attainable objectives for the child. A copy of the plan will be given to the staff and to the child's parents. A log will be kept of the child's progress. If the Program Director and General Manager feels Kidz Korner Childcare Center cannot accommodate the needs of the child, or if the objectives established for the child are not met, Kidz Korner reserves the right to terminate the child's enrollment.

Any child who does not accept the physical boundaries of Kidz Korner or exhibits behavior that threatens their wellbeing, or the wellbeing of others, is subject to dismissal without notice. Any inappropriate behavior by a parent, including verbal abuse of a child or staff member, or confrontations with staff members in the presence of a child, is grounds for termination of the family's participation in the Kidz Korner Childcare Center without notice.

**A child who is dismissed due to behavior issues will no longer be eligible to attend at any time.**

By signing below, I understand and agree to the terms detailed above.

Name of Child \_\_\_\_\_

---

Printed Name

Signature

Date

## PARENT HANDBOOK ADDENDUM – HEAD LICE POLICY

Change to Guidelines for the Management of Illness Section;

Effective October 23, 2019, our new policy is as follows:

If a child is found to have head lice (either eggs, live bugs or nits), their parents will be notified to pick up the child from program within 30 minutes of the call being placed. The child will be excluded from program for a minimum of 48 hours, during which time they will need to receive the appropriate treatment recommended by the State Health Department. Prior to returning to program, the parent must call and make arrangements to bring in the child to be checked by the director to ensure they are lice free. Until clearance is given by the Director, or other person designated by the General Manager or Managing Director, the child may not return to program. If a child is transported to program via the school bus without being given clearance by the director, drop off will be denied and the child will be returned to the school.

Parents *may* choose to have their child(ren) treated at a program that specializes in lice/nit removal. The **only** program we will accept a Certified Treatment Letter from is Miracles on Lice. Once we have the Certified Treatment Letter and the director has given clearance, the child may return to Kidz Korner with no other restrictions.

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ have read and understand the above addendum to the Kidz Korner Parent Handbook. I agree to comply with this change and understand that any violation will jeopardize my child's enrollment at Kidz Korner. I understand that this policy and those in the handbook are subject to change without notice.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Director Signature

\_\_\_\_\_  
Date

## PARENT HANDBOOK ADDENDUM – REASON FOR EXCLUSION

Change to Guidelines for the Management of Illness Section;

Effective September 26, 2017, our new policy is as follows:

### Guidelines for the Management of Illness

This information was derived from various state child care and health department agencies. Please keep your child at home if he/she develops any of these symptoms of contagious illness until he/she is no longer symptomatic. If any of these symptoms arise while your child is at Kidz Korner he/she will be sent home. If you are called to pick up your child from Kidz Korner for an illness or injury, you must be at the center within 30 minutes. ***Please note, although we may recommend your child be seen by his/her physician, opinions may vary and Kidz Korner's health policies will always be strictly enforced. If your child acquires an illness that is not listed in this handbook, it is your responsibility to contact Kidz Korner so that we can consult the necessary medical experts to obtain protocol. Once protocol is obtained it is again, the parent's responsibility to follow Kidz Korner policy.***

### Reasons for Exclusion from Program:

**Diarrhea:** three (3) or more loose stools in a 24-hour period. Bloody stool of any kind, grey/white.

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ have read and understand the above addendum to the Kidz Korner Parent Handbook. I agree to comply with this change and understand that any violation will jeopardize my child's enrollment at Kidz Korner. I understand that this policy and those in the handbook are subject to change without notice.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## PARENT HANDBOOK ADDENDUM – REASON FOR EXCLUSION

Update to Guidelines for the Management of Illness Section;

*Effective JULY 6, 2021, our policy is as follows:*

**Fever of 100 degrees F or above:** Fever is defined as having a temperature of 100 F or higher. *A child needs to be fever free for a minimum of 48 hours before returning to Kidz Korner, that means the child must be fever free without the use of any fever reducing medication.* It is strictly against Kidz Korner policy to give your child fever reducing medication to mask illness/symptoms prior to bringing them to the center. This may result in immediate withdrawal of your family.

This information was derived from various state child care and health department agencies. Please keep your child at home if he/she develops any of these symptoms of contagious disease until he/she is no longer symptomatic. If any of these symptoms arise while your child is at Kidz Korner he/she will be sent home. *Please note, although we may recommend your child be seen by his/her physician, opinions may vary and **Kidz Korner's health policies will always be strictly enforced.** If your child acquires an illness that is not listed in this handbook it is your responsibility to contact Kidz Korner so that we can consult the necessary medical experts to obtain protocol. Once protocol is obtained, it is again the parent's responsibility to follow Kidz Korner policy*

Due to the uncertainty of the Coronavirus, we may have to make daily decisions, so please check emails, local school closing postings and our Facebook and Instagram pages daily. For everyone's protection, effective immediately, we are instituting the following policies, in addition to the current daily policies and procedures found in our Parent Handbook:

1. ***Do not*** sign your child in on the computer upon entering the building. Please sign them in ***after*** washing your hands. ***ALL*** parents and children must wash their hands with soap and water upon entering the building. Children will also be required to wash their hands frequently throughout the day.
2. If you want to be allowed to enter the center without a mask, you must provide your original COVID-19 vaccination card to the center Director/Assistant Director, who will take a copy for your file. Once a copy of your card is on file, you are no longer required to wear a mask. If you do not wish to provide your vaccination card and have it copied, you will be required to continue wearing a mask. ***All UNVACCINATED persons are required to wear a mask/face shield/face covering while in the building.***
3. Parents are allowed to enter classrooms. ***All UNVACCINATED adults are required to wear a mask/face shield/face while in the building.***
4. Children who have been excluded or kept home for fever are not allowed to return to school until they are fever free for ***48 hours without the use of any fever reducing medication.***
5. If a child is excluded from program due to fever, ***they must be picked up within 30 minutes.***
6. ***Any adult that has had a fever may not enter our building until they have been fever free for 48 hours.***
7. ***No child or adult that is currently POSITIVE with COVID-19 will be allowed to enter our building at any time.***
8. We will continue to staff our facility as best we can. If we can't staff the daycare according to OCFS regulations we will strategically close classrooms and notify parents.
9. All parents must be up to date on tuition to allow their children to come to daycare so please pay tuition on time.



10. If you or someone in your household has been tested for COVID-19, you must notify your Center Director or Assistant Director immediately.

In addition to illnesses listed in the Child Exclusion Policy located in the parent handbook, if your child is exhibiting the symptoms listed below, they must be kept home. People who have been diagnosed with COVID-19 have reported that symptoms may appear in as few as two days or as long as 14 days after exposure to the virus:

(<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>)

- Fever or chills
- Cough - means that the cough is frequent and severe enough to catch the attention of others.
- Shortness of breath or difficulty breathing - unable to move enough air into or out of the lungs, or can do so only with an unusually great effort, gasping for air, feeling "short of breath," or unable to "catch" his/her breath, breathing too fast or shallowly, or using muscles of stomach, chest or neck to breathe (especially for children).
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting accompanied by one or more of the following additional symptoms: one or more episodes of loose stools in a 24-hour period, abdominal cramps, headache, muscle aches, or fever.
- Diarrhea - defined as within a 24-hour period, 3 or more episodes of loose stools or an occurrence of loose stools that is above normal for the person.

We are continuing to be extremely diligent in cleaning and disinfecting of all surfaces and objects as part of our continual broad approach to preventing infectious diseases as well as maintaining proper hygienic conditions for children in program.

The New York State Department of Health has also set up a coronavirus hotline if you have any questions or need additional information available at 1-888-364-3065. Our first priority is always the health and safety of our children and staff. As we are learning more and should new information become available from the health departments or CDC, we will pass that information on to you and respond accordingly, and we ask you do the same. An informed community is a strong community.

---

My signature below acknowledges that I have read, understand and agree to all parts of this policy.

---

Child/Children's Name

---

Parent/Guardian Signature

---

Date

---

Parent/Guardian Signature

---

Date

**CHILD ENROLLMENT PACKET PARENT SIGNATURE PAGE**

I have read the Kidz Korner Parent Handbook and fully understand Kidz Korner's policies and procedures. I agree and comply with any and all policies hereby stated in this handbook and enrollment packet. I understand that violating these policies will jeopardize my child's enrollment at Kidz Korner. I understand that the policies in this handbook and enrollment packet are subject to change without notice.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Center Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please note that both parents/guardians must sign the signature page if applicable\*



## SUN-SMART POLICY

Our Sun-Smart policy has been developed to ensure that all children and staff participating in this program are protected from skin damage caused by the harmful UVB and UVA rays of the sun. This policy will be implemented throughout the year, but with particular emphasis from May through October.

### Sun-Smart Strategies

- ❖ Encourage children to wear hats with wide brims that protect their faces, necks and ears whenever they are outside.
- ❖ Provide sufficient areas of shelter and/or trees providing shade on the playground.
- ❖ Encourage children to seek and use available areas of shade for outdoor play activities.
- ❖ Children will be hydrated and encouraged to drink water before and during prolonged physical outdoor activities in warm weather.
- ❖ Wearing appropriate hats and clothing when outdoors.
- ❖ Using broad spectrum SPF 15 or higher sunscreen for skin protection.
- ❖ Parents will provide broad spectrum SPF 15 or higher (and *paba* and *alcohol* free, if possible) that is in a lotion or cream **not an aerosol**.
- ❖ Sunscreen for lips may be sent in to be used.
- ❖ Sunscreen will be used on their child's exposed skin, except eyelids before exposure to the sun.
- ❖ Apply sunscreen before and after water play, if remaining outside after water play.
- ❖ Do not apply sunscreen to toddler's hands or foreheads, since sweat can cause it to get in children's eyes.
- ❖ School aged children will be expected to apply sunscreen themselves with adult direction as needed.
- ❖ Parents will complete and sign the Kidz Korner Sunscreen Permission Form and it shall remain in the child's file.
- ❖ Kidz Korner will include learning about the skin and ways to protect the skin from the UV rays of the sun in the program's curriculum and daily routines.
- ❖ The Sun-Smart Policy will be reinforced in positive ways. Staff and parents will be provided with educational materials and resources on sun safety and protection. Memos and signage shall be posted that remind staff, parents and children to practice sun safety.



## SUNSCREEN PERMISSION FORM

Child's Name: \_\_\_\_\_

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at Kidz Korner to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below. This will be done when he/she will be playing outside, especially during the months of May through October and between the hours of 10am and 4pm.

I will provide Kidz Korner with the sunscreen product that I wish to be used on my child, making sure that it is labeled with my child's first and last name. I understand that to ensure my child does not have a reaction to the provided sunscreen it must be tried on my child at least three (3) times prior to bringing it in.

I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

**I have initialed each of the following to show my understanding:**

- \_\_\_\_\_ Sunscreen will be applied to my child each day prior to arriving at Kidz Korner.
- \_\_\_\_\_ The sunscreen provided will not contain a bug repellent.
- \_\_\_\_\_ The sunscreen provided will be a lotion or cream, **not an aerosol product**.
- \_\_\_\_\_ The sunscreen provided will be **labeled** with my child's first **and** last name.
- \_\_\_\_\_ I understand that staff will check expiration dates when receiving the sunscreen and periodically during the season.
- \_\_\_\_\_ I have provided the following brand of sunscreen for use for my child:  
\_\_\_\_\_

**I have initialed below all applicable information for the use of sunscreen for my child:**

- \_\_\_\_\_ I have tried the provided sunscreen on my child at least three (3) times prior to bringing it to Kidz Korner to ensure he/she does not have a reaction.
- \_\_\_\_\_ I do not know of any allergies my child has to sunscreen.
- \_\_\_\_\_ My child is allergic to some sunscreens. Please use ONLY the following brand(s)/type(s) of sunscreen: \_\_\_\_\_
- \_\_\_\_\_ For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body: \_\_\_\_\_

NOTE: Do not rely on sunscreen alone to protect your child from skin cancer, be sure to send in a hat to be worn while outside.

By signing below I acknowledge I have received, read and understand Kidz Korner's Sun-Smart Policy and have reviewed and initialed the information above related to the use of a sunscreen product on my child.

\_\_\_\_\_  
Parent Signature/Date

\_\_\_\_\_  
Director Signature/Date



Dear Parents & Staff,

We wanted to take this opportunity to remind you of a few Kidz Korner policies regarding our food from home policy and proper labeling. All bottles, food jars, cups, thermoses, lunch boxes, plastic containers as well as any packages of food inside a lunch box, must with the child's first and last name. If the containers are not properly labeled we will not be able to serve your child the food, bottle, or cup. You will be called to come verify the containers and label them appropriately.

As we head into summer and the weather gets hot it is very easy for mold to create in the sippy cups, water bottles and containers. With this in mind **all** containers, cups and bottles **must** be taken home **each** night to be cleaned.

Please be sure that any food you choose to bring in for your child is healthy and ready to eat. It should not require any preparation including heating. Please do not send in soda, cookies, chips, candy or other sweets, or foods from McDonald's, Burger King, Wendy's, or Dunkin Donuts, etc.

Also, Kidz Korner remains peanut free with the food we serve as well as any food sent in from home. Any food that is sent in, whether it is store bought or homemade **must** have all the original labels from any food or ingredients used so that we may ensure that it ***is nut free and has not been processed in a plant or facility that has exposure to nuts***. If all the original labels are not brought in, we will be unable to serve the food and you will be called to bring in an alternative.

If you have any questions please see your Director.

Thank you for your cooperation in this matter.

Susan McMillen  
General Manager

## Week 1

Monday	Tuesday	Wednesday	Thursday	Friday
Rice Krispies w/ Milk	Yogurt Animal Crackers Water	Graham Crackers String Cheese Water	Nutragrain Bar Seasonal Fruit Water	Mini Bagel w/ Cream Cheese 100% Juice
Pizza Pineapple Milk	Turkey & American Cheese on Whole Wheat Bread Apple Slices Milk	Chicken Nuggets Mashed Potatoes Kings Hawaiian Rolls Mandarin Oranges Milk	Macaroni & Cheese Broccoli Pears Milk	Cheese Tortellini w/ Butter Broccoli Mixed fruit Milk
Carrot Sticks Hummus or Ranch Dressing Water	Giant Goldfish Grahams Applesauce Water	Trail Mix 100% Juice	Cinnamon Quesadillas Apple Slices Water	Crepes w/ Fruited Yogurt Water

## Week 2

Monday	Tuesday	Wednesday	Thursday	Friday
Cheerios w/ Milk	Teddy Grahams Mandarin Oranges Water	Blueberry Muffins Seasonal Fruit Water	Yogurt Seasonal fruit Water	Pancakes Applesauce Water
Pizza Pears Milk	Turkey Franks w/ Roll Potato Smiles Mixed Fruit Milk	Grilled Cheese on Wheat Tomato Soup Pears Milk	Chicken Breast Patties w/ Hamburger Roll Carrots Apple Slices Milk	Fish Sticks Dinner Roll Corn Pineapple Milk
Goldfish 100% Juice	Yogurt Seasonal Fruit 100% Juice	Trail Mix 100% Juice	Ritz Crackers w/Cream Cheese & Jelly 100% Juice	Veggies Hummus or Ranch Dressing Water

\*\* 1% milk is served to children 18 months or older.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

### Week 3

Monday	Tuesday	Wednesday	Thursday	Friday
Chex Cereal w/ Milk	Pancakes Applesauce Water	Cheez-Its Seasonal Fruit Water	Yogurt Animal Crackers 100% Juice	Mini Bagel w/ Cream Cheese 100% Juice
Goulash w/ Penne Pasta Broccoli Pears Milk	Chicken Nuggets Mashed Potatoes Kings Hawaiian Rolls Mixed Fruit Milk	Pizza Pineapple Milk	Cheese Tortellini w/ Butter Broccoli Mixed fruit Milk	Penne, Broccoli, Chicken & Alfredo Sauce Peaches Milk
Goldfish Mandarin Oranges Water	Crepes w/ Fruited Yogurt Water	Blueberry Muffins 100% Juice	Crackers String Cheese Water	Nutragrain Bar Water

### Week 4

Monday	Tuesday	Wednesday	Thursday	Friday
Kix Cereal w/ Milk	Saltines w/ Cream Cheese & Jelly 100% Juice	String Cheese Seasonal Fruit Water	Teddy Grahams Applesauce Water	Whole Grain Waffle Sticks w/ Cream Cheese & Jelly 100% Juice
Turkey Franks w/ Roll Potato Smiles Mixed Fruit Milk	Chicken Breast Patties w/ Hamburger Roll Corn Mandarin Oranges Milk	Goulash w/ Penne Pasta Apple Slices Milk	Pizza Pears Milk	Fish Sticks Kings Hawaiian Roll Corn Pineapple Milk
Nilla Wafers Pears Water	Blueberry Muffins Water	Goldfish 100% Juice	Yogurt Apple Slices 100% Juice	String Cheese Cracker Water

\*\* 1% milk is served to children 18 months or older.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_



## **Holidays 2022**

**Monday, January 17<sup>th</sup>, 2022 – Martin Luther King Jr. Day**

**Monday, February 21<sup>st</sup>, 2022 – President's Day**

**Friday, April 15<sup>th</sup>, 2022 – The Friday before Easter**

**Monday, May 30<sup>th</sup>, 2022 – Memorial Day**

**Monday, July 4<sup>th</sup>, 2022 – Fourth of July**

**Monday, September 5<sup>th</sup>, 2022 – Labor Day**

**Monday, October 10<sup>th</sup>, 2022 – Columbus Day**

**Friday, November 11<sup>th</sup>, 2022 – Veteran's Day**

**Thursday, November 24<sup>th</sup>, 2022 – Thanksgiving Day**

**Friday, November 25<sup>th</sup>, 2022 – The day after Thanksgiving**

**Monday, December 26<sup>th</sup>, 2022 – Christmas Day (Observed)**

**Monday, January 2<sup>nd</sup>, 2023 – New Year's Day (Observed)**



NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CHILD IN CARE MEDICAL STATEMENT**

**To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner**

Name of Child:	Date of Birth: / /	Date of Examination: / /
----------------	-----------------------	-----------------------------

**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). ☐ Yes ☐ No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	5 <sup>th</sup> Date / /
Polio (IPV or OPV)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Haemophilus influenzae type B (Hib)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date <b>OR</b> 1 <sup>st</sup> Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Hepatitis B	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /		
Measles, Mumps and Rubella (MMR)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /			
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> 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: <input type="checkbox"/> Positive <input type="checkbox"/> 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			
<b>Lead Screening (Include All Dates and Results)</b>			
1 year	/ /	Result: _____ mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
2 years	/ /	Result: _____ mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
<b>Most recent date of lead screening (if different from above):</b>			
	/ /	Result: _____ mcg/dL	<input type="checkbox"/> Venous <input type="checkbox"/> Capillary
<b>Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.</b>			
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)***Health Specifics****Comments**

Are there allergies? (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**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.

☐ Yes ☐ No

_____ Signature of Examiner	_____ Address
_____ Please Print Name	_____ City, State, Zip
_____ Title	(     )     -     /     / Phone     Date

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**DAY CARE ENROLLMENT**

<b>PHOTO OF CHILD (Optional)</b>	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: (     )     - <input type="checkbox"/> ok to text			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):				
EMAIL ADDRESS:							
<b>EMERGENCY INFO</b>	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child	PRIMARY PHONE NUMBER		OTHER PHONE NUMBER / EMAIL	
	PRIMARY CONTACT:		<input type="checkbox"/> Yes <input type="checkbox"/> No	(     )     - <input type="checkbox"/> ok to text		(     )     - <input type="checkbox"/> ok to text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	(     )     - <input type="checkbox"/> ok to text		(     )     - <input type="checkbox"/> ok to text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	(     )     - <input type="checkbox"/> ok to text		(     )     - <input type="checkbox"/> ok to text	
<b>FOR PROGRAM USE ONLY</b>			<b>FOR PROGRAM USE ONLY</b>				
DATE OF ENROLLMENT:     /     /			DATE OF DISENROLLMENT:     /     /				

CHILD'S FULL NAME:		DATE OF BIRTH: /     /	
<b>Check boxes below to indicate if your child has any special needs/services:</b> <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (Please list) _____ <input type="checkbox"/> Other _____			
Please provide information here <b>AND</b> 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: (     )     -	
<b>Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: <a href="https://nystateofhealth.ny.gov/">https://nystateofhealth.ny.gov/</a></b>			
<b>AGREEMENTS</b>			
• I consent to emergency medical treatment for my child.....			<input type="checkbox"/> Yes <input type="checkbox"/> 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.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
• 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
• 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
• 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
• 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: /     /