

**DAY CARE
REGISTRATION**

- Day Care Center
 Family Day Care

CHILD'S FULL NAME		CHILD'S HOME ADDRESS			TELEPHONE
SEX	<input type="checkbox"/> M <input type="checkbox"/> F	DATE OF			NAME/ADDRESS OF PERSON WHO IS APPLYING FOR CHILD
		Birth	Acceptance	Discharge	
In Emergency Notify	RELATIONSHIP	NAME		ADDRESS (During Hours of Day Care)	TELEPHONE
	Father				
	Mother				
	Other Responsible Person				
	Physician or Medical Service				
AGREEMENT					
<p>I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding fees, transportation and the services provided by the facility and the New York State Department of Social Services regulations under which it operates.</p> <p>I give consent for this child to take part in field trips or excursions away from the facility under proper supervision.</p> <p>I agree that in case of accident or injury, emergency medical care may be given in the event I or person(s) designated above cannot be reached.</p> <p>I will provide special information on the reverse of this registration to assist the facility in caring for this child (diet, habits, etc.).</p>					
SIGNATURE - PARENT OR PERSON(S) LEGALLY RESPONSIBLE					DATE

NAME/ADDRESS OF HOME OR CENTER

DATE	ILLNESS	ACCIDENT (describe injuries)

SPECIAL INFORMATION (diet, habits, etc.)
