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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application for Enrollment** | | | | | | | |  | | |
|  | | | | | | | | 309 Genesee St.  Utica, NY 13501  (315)624-0272 | | |
| **Child Information** | | | | | | | | Date: | | |
| 1st Child | | | | | | | | | | |
| Last Name | | First Name | | | | | MI | | | Nickname |
| School Busing | Male Female  Prefer not to specify | | Age  MO / YR | | Birth Date  / / | | | | Birth City/State  City: State: | |
| Existing medical conditions, medications and/or special attention your child may require | | | | | | | | | | |
| Allergies Asthma  Yes  No | | | | | | | | | | |
| Pediatrician’s Name | | Phone  ( ) | | | | Address | | | | |
| Photos: May we take and maintain a photo of your child for security purposes?  Yes No | | | | | | | | | | |
|  | | | | | | | | | | |
| Primary Hours of Care  **FROM** AM  PM **TO** AM PM | | | | Days of the Week in Care  Mon  Tues  Wed  Thurs  Fri  Sat  Sun | | | | | | |
| 2nd Child | | | | | | | | | | |
| Last Name | | First Name | | | | | MI | | | Nickname |
| School Busing | Male Female  Prefer not to specify | | Age  MO / YR | | Birth Date  / / | | | | Birth City/State  City: State: | |
| Existing medical conditions, medications and/or special attention your child may require | | | | | | | | | | |
| Allergies Asthma  Yes  No | | | | | | | | | | |
| Pediatrician’s Name | | Phone  ( ) | | | | Address | | | | |
| Photos: May we take and maintain a photo of your child for security purposes?  Yes No | | | | | | | | | | |
|  | | | | | | | | | | |
| Primary Hours of Care  **FROM** AM  PM **TO** AM PM | | | | Days of the Week in Care  Mon  Tues  Wed  Thurs  Fri  Sat  Sun | | | | | | |

**How did you hear about us?**

**Additional Comment:** ­

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Page 2 of 4 | | | | | Application for Enrollment, Continued | | | | | | | |
| **Primary Guardian Information**  *Names(s) of person(s) with whom child is living* | | | | |  | | | | | | | |
| 1st Primary Guardian | | | | | | | | | | | | |
| Last Name | | First Name | | | | | | MI | | Relationship to Child | | |
| Email Address (**VERY** important to receive updates) | | | | Work Phone | | | | | Cell Phone | | | |
| Occupation | Employer | | | | Work Address | | | | | | Work Hours | |
| 2nd Primary Guardian | | | | | | | | | | | | |
| Last Name | | First Name | | | | | | MI | | Relationship to Child | | |
| Email Address (**VERY** important to receive updates) | | | | Work Phone | | | | | Cell Phone | | | |
| Occupation | Employer | | | | Work Address | | | | | | Work Hours | |
|  | | | | | | | | | | | | |
| Which guardian should be called first? | | Home Phone | | | | | Preferred language for written communication | | | | | |
| Home Resident Street Address | | | Apt# | | | City | | | | | | Zip Code |
| Mailing Address (if different than above) | | | Apt# | | | City | | | | | | Zip Code |

Additional Comments:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ­  **Secondary Guardian Information**  *Non-primary custodial parent* | | | |  | | | | |
| 1st Non-primary Guardian | | | | | | | | |
| Last Name | | First Name | | | MI | | Relationship to Child | |
| Email Address | | | Work Phone | | | Cell Phone | | |
| Occupation | Employer | | | Work Address | | | | Work Hours |
| Page 3 of 4 | | | | Application for Enrollment, Continued | | | | |

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| 2nd Non-primary Guardian | | | | | | | | | | | | |
| Last Name | | First Name | | | | | | MI | | Relationship to Child | | |
| Email Address | | | | Work Phone | | | | | Cell Phone | | | |
| Occupation | Employer | | | | Work Address | | | | | | Work Hours | |
|  | | | | | | | | | | | | |
| Which guardian should be called first? | | Home Phone | | | | | Preferred language for written communication | | | | | |
| Home Resident Street Address | | | Apt# | | | City | | | | | | Zip Code |
| Mailing Address (if different than above) | | | Apt# | | | City | | | | | | Zip Code |

**Additional Comment**

|  |
| --- |
| **Emergency Contacts and Authorized Pickups** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1st Contact/Pickup | | | | |
| Last Name | | First Name | | Relationship to Child |
| Home Phone | Cell Phone | | Able to pick up all children in family  Not able to pick up the following children: | |
| 2nd Contact/Pickup | | | | |
| Last Name | | First Name | | Relationship to Child |
| Home Phone | Cell Phone | | Able to pick up all children in family  Not able to pick up the following children: | |
| 3rd Contact/Pickup | | | | |
| Last Name | | First Name | | Relationship to Child |
| Home Phone | Cell Phone | | Able to pick up all children in family  Not able to pick up the following children: | |

|  |  |
| --- | --- |
| Page 4 of 4 | Application for Enrollment, Continued |

Filled Out By Center­

**Required Forms**

|  |  |
| --- | --- |
| Health Care Form | Immunization |
| Schedule Agreement | Photo Agreement |
| Parent Handbook Acknowledgement | NYS Day Care Enrollment Form |
|  |  |
|  |  |
|  |  |

**Signature** (Must be signed at the center)

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Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center Representative Date