|  |  |
| --- | --- |
| **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/StateCity: 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/StateCity: 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:** ­

|  |  |
| --- | --- |
| 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 |

|  |
| --- |
| 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:  |

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| 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 [ ]  |
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**Signature** (Must be signed at the center)

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Parent/Guardian Signature Date

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

Center Representative Date