OCFS-LDSS-0792 (1/2005) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE REGISTRATION

PHOTO OF CHILD (Optional)

Child's Full Name:

Does your child have any allergies? ☐ Yes ☐ No
If Yes, what is your child allergic to?

Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.

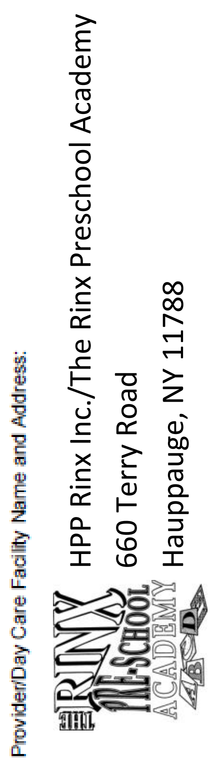
Child's Source of Medical Care/Primary Care Physician's Name:	Telephone Number:
Child's Source of Dental Care/Dentist's Name:	Telephone Number:
Name Of Medical Care Facility/Hospital:	Telephone Number:

Would you like information on Child Health Plus? ☐ Yes ☐ No

EMERGENCY DATA

RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER (Check type)
			☐ Pager ☐ Cell ☐ Other
			☐ Pager ☐ Cell ☐ Other
			☐ Pager ☐ Cell ☐ Other
			☐ Pager ☐ Cell ☐ Other

Provider/Day Care Facility Name and Address:
HPP Rinx Inc./The Rinx Preschool Academy
660 Terry Road
Hauppauge, NY 11788



CHILD'S FULL NAME:	SEX: ☐ Male ☐ Female
CHILD'S HOME ADDRESS:	DATE OF BIRTH:
	HOME TELEPHONE NUMBER:
DATE OF ACCEPTANCE:	DATE OF DISCHARGE:

NAME OF PERSON APPLYING FOR CHILD:	☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative ☐ Other ______	HOME TELEPHONE NUMBER:
		DAYTIME TELEPHONE NUMBER:

ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD'S):

AGREEMENTS

I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.

I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. ☐ Yes ☐ No

In case of accident or injury, I authorize any and all emergency medical, dental, and /or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child. ☐ Yes ☐ No

I have provided information on my child's special needs (Allergies, Diet, Disabilities, and /or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. ☐ Yes ☐ No

I agree to review and update this information whenever a change occurs and at least once every six months. ☐ Yes ☐ No

SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE	DATE:

OCFS-LDSS-0792 (1/2005) REVERSE

PERMISSION TO PICKUP/CONTACT FORM

- **Please list the names, addresses and telephone numbers of parent(s), legal guardian (s), and any designated people whom you authorize to pick up your child from The Rinx Preschool Academy.**
- Photo identification will be necessary when picking up your child.
- Identification is **ALWAYS** needed for someone picking up your child **who does not regularly** pick up your child.
- It is recommended that parents include everyone who might pick up their child below. Please provide at least **three additional people** to contact in case of an emergency etc.
- List authorized persons **below in order** in which those people should be contacted in the event you are unreachable during preschool hours.

I would like ____________________________ (mom, dad or name of contact below) to be contacted first if my child is ill.

I give ____ (name(s) must be listed below) permission to receive/discuss information regarding my child.

I have read and will adhere to all the policies and/or requirements explained in The Rinx Preschool Academy Parent Handbook.

PARENT/GUARDIAN SIGNATURE ____ ***DATE***_______________________

RELATIONSHIP CONTACT	NAME	ADDRESS	PHONE NUMBER	ADDITIONAL PHONE
Mother	________________	____	_______________	______________
Father	________________	____	_______________	______________
_______	________________	____	_______________	______________
_______	________________	____	_______________	______________
_______	________________	____	_______________	______________
_______	________________	____	_______________	______________
_______	________________	____	_______________	______________

Please provide at least one email address to receive notes and newsletters and other important information. Thank you!

EMAIL ____ EMAIL ____