

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

|                             |   |  |  |  |  |  |
|-----------------------------|---|--|--|--|--|--|
| PHOTO OF CHILD (Optional)   | PROGRAM NAME:   |  | ADDRESS:   |  | PHONE NUMBER:<br>( ) -                       |  |
|                             | CHILD'S FULL NAME:  |  |  | DATE OF BIRTH:<br>/ /  | GENDER:                                      |  |
|                             | PREFERRED NAME/NICKNAME:  |  |  | CHILD'S HOME ADDRESS:  |  |  |
|                             | NAME OF PERSON ENROLLING CHILD:   |  |  | RELATIONSHIP TO CHILD:<br><input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____<br><input type="checkbox"/> Other _____ |  |  |
|                             | PHONE NUMBER(S) OF PERSON ENROLLING CHILD:<br>( ) - <input type="checkbox"/> ok to text |  |  | ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):   |  |  |
| EMAIL ADDRESS:              |   |  |  |  |  |  |
| EMERGENCY INFO              | 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 | ( ) -<br><input type="checkbox"/> ok to text   | ( ) -<br><input type="checkbox"/> ok to text |  |
|                             |   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | ( ) -<br><input type="checkbox"/> ok to text   | ( ) -<br><input type="checkbox"/> ok to text |  |
|                             |   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No | ( ) -<br><input type="checkbox"/> ok to text   | ( ) -<br><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:<br>/ /                                    |
| <b>Check boxes below to indicate if your child has any special needs/services:</b> <input type="checkbox"/> None<br><input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy<br><input type="checkbox"/> Allergies (Please list) _____<br><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:<br>( ) -                                   |
| PREFERRED HOSPITAL:  |  | PHONE NUMBER:<br>( ) -                                   |
| CHILD'S DENTAL CARE:   |  | PHONE NUMBER:<br>( ) -                                   |
| <b>Child health care information is available by calling toll-free 1-800-698-4543 or<br/>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:<br>/ /   |

**HPP Rinx Inc./ The Rinx Preschool Academy/ 660 Terry Rd. Hauppauge, NY 11788/ 631-232-3222 Ext. 260**  
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 and also give 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 \_\_\_\_\_

| <u>RELATIONSHIP</u> | <u>NAME</u> | <u>ADDRESS</u> | <u>PHONE NUMBER</u> | <u>ADDITIONAL PHONE</u> |
|---------------------|-------------|----------------|---------------------|-------------------------|
| Mother              | _____       | _____          | _____               | _____                   |
| Father              | _____       | _____          | _____               | _____                   |
|                     | _____       | _____          | _____               | _____                   |
|                     | _____       | _____          | _____               | _____                   |
|                     | _____       | _____          | _____               | _____                   |
|                     | _____       | _____          | _____               | _____                   |
|                     | _____       | _____          | _____               | _____                   |

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

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