



## Enrollment Form

Child's Full name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Sex: M F Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Names:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_

Home phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Parent Marital Status: \_\_\_\_Married \_\_\_\_Single \_\_\_\_Divorced \_\_\_\_Separated

Please list names and birth dates of siblings:

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

### Medical Information:

Pediatrician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**Child Health Information:**

Are there are allergies or health issues we should know about?

**Emergency Care Authorization:**

In the event that a medical emergency occurs, I authorize KidsFirst Childcare Center to seek emergency care for my child as deemed necessary by the director and I authorize such medical service provider to carry out required emergency treatment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Childcare Information:**

Start Date: \_\_\_\_\_

Days Attending: M T W TH F (Circle days )

Arrival Time: \_\_\_\_\_ Pick Up Time \_\_\_\_\_

Weekly Rate: \_\_\_\_\_

Deposit amount: \_\_\_\_\_

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

Please return all forms to in person to:

KidsFirst Childcare Center  
12 Church Ave.  
Ballston Spa, NY 12020

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CHILD IN CARE MEDICAL STATEMENT**

**To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner**

Name of Child:	Date of Birth:	Date of Examination:
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**Immunizations required for entry into day care**

☐ Yes ☐ No

**Medical Exemption** The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	5 <sup>th</sup> Date
Polio (IPV or OPV)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	
Haemophilus influenzae type B (Hib)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date <b>OR</b> 1 <sup>st</sup> Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	
Hepatitis B	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date		
Measles, Mumps and Rubella (MMR)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date			
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date			

**Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A**

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

**Tests**

Tuberculin Test Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Mantoux Results: ☐ Positive ☐ Negative \_\_\_\_\_ mm  
TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.  
If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Attach lead level statement

**Lead Screening (Include All Dates and Results)**

1 year \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Result: \_\_\_\_\_ mcg/dL ☐ Venous ☐ Capillary  
2 years \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Result: \_\_\_\_\_ mcg/dL ☐ Venous ☐ Capillary

**Most recent date of lead screening (if different from above):**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Result: \_\_\_\_\_ mcg/dL ☐ Venous ☐ Capillary

**Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.**

If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

**CHILD IN CARE MEDICAL STATEMENT** *(continued)***Health Specifics****Comments**

Are there allergies? (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Summary of Physical Exam**

Include special recommendations to child day care providers

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On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.

☐ Yes ☐ No

Signature of Examiner	Address	
Please Print Name	City, State, Zip	
Title	(      ) Phone	Date

**Religious Exemptions**

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.



### **KidsFirst Childcare Center Child Release Form**

The following people have my permission to pick up my child(ren). I understand that KidsFirst will not release my child(ren) to any one not on this list. A note will be sent in if for some reason another person must pick up my child(ren). Please inform all people on this list that staff will ask for proof of identity until we get to know them.

Name	Phone #	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



### **Tell us about your Child**

To help us get to know your child, please fill out this form.

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Will this be your child's first experience in a childcare center?      YES      NO

Who lives in your child's home and what are their names?

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What pets do you have and what are their names?

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What kind of activities does your child enjoy the most?

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What kind of activities does your child enjoy the least?

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What are your child's strengths/weaknesses?

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Do you have any concerns about your child?

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How do you comfort your child when they are upset?

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Are there any health issues, allergies we should know about your child?

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Is there anything else you would like to share with us about your child?

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Thank you for sharing with us; it is our hope that this information will help ease the transition to KidsFirst.



### **Infant Routine Sheet**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Today's Date: \_\_\_\_\_

#### **Feeding Schedule**

How often does your infant eat? \_\_\_\_\_

Are you using breast milk or formula? \_\_\_\_\_

If Formula, what brand? \_\_\_\_\_

Feeding tips (position, burping) \_\_\_\_\_

\_\_\_\_\_

Dietary restrictions or allergies: \_\_\_\_\_

\_\_\_\_\_

#### **Sleeping Habits**

What are your infant's signals he/she is sleepy? \_\_\_\_\_

\_\_\_\_\_

How often does your infant sleep? \_\_\_\_\_

Does your infant use a pacifier or suck on fingers? \_\_\_\_\_

Does your infant have a favorite toy or blanket? \_\_\_\_\_





### Topical Ointment Permission Form

Child's name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

I give KidsFirst Childcare Center permission to apply:

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ First Aid Cream

\_\_\_\_\_ Diaper Cream

\_\_\_\_\_ Bug Spray

\_\_\_\_\_ Chap Stick

\_\_\_\_\_ Other

All of the above will be supplied by the parent labeled with the child's name.

Prescription ointments require a Medical Consent Form to be filled out by your child's doctor. Please get form from Director.



## Photography Permission Form

We \_\_\_\_\_ give permission to KidsFirst

(Print Parent name)

Childcare Center to photograph our child \_\_\_\_\_

(Print Child's name)

Please check yes or no to each option

	YES	NO
KidsFirst Facebook page	_____	_____
KidsFirst Webpage	_____	_____
Tadpoles group pictures	_____	_____
Tadpoles just my child	_____	_____
Tadpoles Videos	_____	_____
Classroom projects	_____	_____

A reminder: parents may only post pictures of their own children on social media. Please do not use images of other children without their parents' permission.

\_\_\_\_\_ (Parent Signature)



### Financial Agreement

I \_\_\_\_\_ agree to pay KidsFirst Childcare Center \$ \_\_\_\_\_ a week for my child(ren) \_\_\_\_\_ starting on \_\_\_\_\_.

- Tuition is due no later than Friday for the upcoming week. Payment is expected in full by Friday at 6:00 p.m. A late fee of \$5.00 per day will be assessed.
- Parents may pay weekly or monthly. Please indicate when you will pay tuition.
- \_\_\_\_ Weekly \_\_\_\_ Monthly
- Payments will be made by check or money order. For your convenience, direct withdrawal from your checking account is available. Please make checks out to KidsFirst Childcare Center
- A security deposit of 2 weeks' tuition is due at time of enrollment. A yearly registration fee of \$50 will be charged.
- Full tuition is due whether your child is in daycare or not.
- After one year of enrollment, parents will be given a vacation week to use for a time when your child will not come to KidsFirst. Please give two weeks' notice when using this voucher.
- A \$30 charge is assessed for checks returned for insufficient funds. This fee must be paid in addition to the amount of check returned.
- Rate changes due to a child having a birthday will take place the Monday after their birthday. Please stop in the office to remind us of that change.
- Parents must give 2 weeks' written notice of terminating the need for care at KidsFirst Childcare Center. The two week security deposit will be used to cover those last two weeks of care.

I have read the above financial information and agree to abide by them.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date