PHOTO OF CHILD (OPTIONAL)

Smiley Faces Daycare Center Inc.
99 Wakefield Ave. Yonkers, NY 10704
(914) 424-3993

Smiley Faces Daycare Center Inc.

Child's Full Name:	Date of Birth: / /	Gender:
Preferred Name/Nickname:		
Child's Home Address:		
Name of Person Enrolling Child:	**Relationship to Child:** ☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative:_____ ☐ Other:_____	
Phone Number of Person Enrolling Child: ( )	☐ I consent to receiving text messages	**Address of Person Enrolling Child (If Different than Child):**
Email:		

EMERGENCY INFORMATION

Emergency Contact Names / Addresses	Authorized to Pick Up Child	Primary Phone Number	Secondary Phone Number / Email
Primary Contact:	☐ YES ☐ NO	( ) ☐ consent to recieve text messages	( ) ☐ consent to recieve text messages
	☐ YES ☐ NO	( ) ☐ consent to recieve text messages	( ) ☐ consent to recieve text messages
	☐ YES ☐ NO	( ) ☐ consent to recieve text messages	( ) ☐ consent to recieve text messages

FOR PROGRAM USE ONLY Date of Enrollment: / /	***FOR PROGRAM USE ONLY*** Date of Disenrollment: / /
Child's School:	Child's Grade:

Check boxes below to indicate if your child has any special needs/services: ☐ None

☐ Family Intervention / Special Education ☐ Occupational Therapy ☐ Speech / Language ☐ Physical Therapy

☐ Allergies (Please List):_____

☐ Other:_____

Please provide information here **AND** discuss with your child care provider:

Child's Primary Care Physician's Name / Group:	Phone Number: ( )
Preferred Hospital:	Phone Number: ( )
Child's Dental Care:	Phone Number: ( )

Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: HTTPS://NYSTATEOFHEALTH.NY.GOV

AGREEMENTS	YES	NO
1. I consent to emergency medical treatment for my child		
2. I consent for my child to take part in neighborhood trips (I.e., library, park and playground) away from the program under proper supervision		
3. I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips		
4. I provided information on my child's special needs to the program to assist in caring for my child		
5. I understand the program must give parents, at the time of enrollment of a child a written policy statement as required by regulation		
6. I agree to review and update this information whenever a change occurs and at least once every year.		

SIGNATURE - PARENT OR PERSON LEGALLY RESPONSIBLE:	**DATE:** / /