

SUNY Fredonia \* Fredonia, New York 14063 \* Phone: 716-673-4662 \* Fax: 716-673-4952

E Mail: cccc@fredonia.edu web: www.fredonia.edu/cccc

**DAY CARE REGISTRATION**

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| **Child Information** | | |
| First Name | Last Name | Middle name |
| Date of Birth     \   \ | | Sex (M\F) |
| **Child’s Medical Information** | | |
| 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     -   - |

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| **Parent\Guardian Information** | | | | | | |
| Parent\Guardian #1 | | | | | | |
| First Name | | Last Name | | | | |
| Home Phone     -   - | Cell Phone     -   - | | | Work Phone     -   - | | |
| Street Address- Including Apartment # | | | City | | State | Zip Code |
| Email Address       @ | | | | | | |
| Employer | | Union | | | | |
| Parent\Guardian #2 | | | | | | |
| First Name | | Last Name | | | | |
| Home Phone     -   - | Cell Phone     -   - | | | Work Phone     -   - | | |
| Street Address-Including Apartment # (Only if different than above) | | | City | | State | Zip |
| E-Mail Address       @ | | | | | | |
| Employer | | Union | | | | |

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| **Emergency Data** | | | | | |
| Please Provide at least two additional individuals that we may contact in case of an emergency. You may list as many individuals that are authorized to pick up your child as you need. Your child will NOT be released to any adult other than those you have listed below. Please Note: NYS law states that the non-custodial parent has the same rights to child information and activities as a custodial parent unless prohibited by a court order. If applicable, please be sure to provide us with the necessary documentation. | | | | | |
| First Name | Last Name | Phone Number | Relationship to Child | ICE Contact | Pick-Up |
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| **Agreements** | |
| I consent to the enrollment of the child listed above in this facility and have been advised of and agree to abide by all of the policies stated in the CCCC handbook , 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. |  |
| 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. |  |
| 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) |  |
| I agree to review and update this information whenever a change occurs and at least once every six months. |  |

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| **Signature(s)** | Date Updated\Reviewed |
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