

Tammy DiCocco, Day Care Director
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518-237-7523 (phone) 518-237-7524 (fax)

PROGRAM _____
START DATE _____
M _____ T _____ W _____ TH _____ F _____

Female **COHOES CHILD DEVELOPMENT CENTER**
 Male **DAY CARE REGISTRATION FORM**

Full Name of Child _____ Date of Birth ___/___/___

Address _____ Zip _____ Phone _____

Mother or Guardian _____ Home Address _____

Employment _____ Work Address _____

Phone _____ Hours _____ Yearly Gross Income _____

Social Security No _____ Email Address _____

Father or Guardian _____ Home Address _____

Employment _____ Work Address _____

Phone _____ Yearly Gross Income _____

Social Security No _____ Email Address _____

Person Responsible for Weekly Parent Fee

_____ Address _____

If either parent is a student, please list Name of school _____

Phone _____ Days Attend _____ Hours _____

People Authorized to pick up your child

People to call in case of EMERGENCY (must list two people; do not list parents of the child)

Name _____ Relationship _____

Address _____ Phone No _____

Name _____ Relationship _____

Address _____ Phone No _____

Child's Physician _____ Phone No. _____

Emergency Hospital Preference _____ Phone No _____

Hospital Address _____ Dentist _____

Registration Paid _____ Security Deposit Paid _____ Date Pd _____

Weekly Parent Fee _____ Received Parent Handbook (initial) Yes _____ No _____

Custody Papers _____ Date Received _____



Cohoes Child Development Center
Cohoes Community Center
22-40 Remsen St
Cohoes, NY 12047
518-237-7523 Fax: 518-237-7524

DAY CARE PARENT FEE AGREEMENT

Child's Name _____

Program _____ Start Date _____

Is this a joint account Yes _____ No _____

If yes please list other responsible party

Signature _____

REQUIREMENTS UPON ENROLLMENT:

1. Two week security deposit based on your parent fee.
2. \$10.00 Non-Refundable Registration Fee per family (For New Families Only).
3. First week of care paid prior to start date.
4. A Completed Registration Packet.

WEEKLY PAYMENT POLICY:

Parents will have the option to decide on paying weekly, bi-weekly, or monthly. Whichever way you decide, you will be paying ahead for care. Ex. If you choose to pay monthly, the entire following month will be paid on the Thursday prior to the first week of the new month.

I/We choose to pay: _____ Weekly _____ Bi-weekly _____ Monthly

YOUR PARENT FEE \$ _____

Payment Policy States:

- Day Care Statements will be placed in your child's classroom at the beginning of each month.
- Weekly parent fees are billed according to the number of Mondays within that month.
- Payments must be received by the Thursday before the next billing week (**you are always paying ahead**).
- Checks/money orders should be written to the "Cohoes Community Center". Please include the child's full name and program in the memo line on your check and money order. There is a \$30.00 fee for all returned checks.

DELINQUENT PAYMENT POLICY:

When you become delinquent on your account, not paying according to your agreement, the following procedure will occur:

- If parent fee is not paid by Thursday, a phone call will be made to you on Friday reminding you that a payment must be made.
- If no payment is received by 12 noon Monday, you will receive a letter stating that you must have two weeks paid by that Thursday.
- If the two week payment is not received by that Thursday, your child/children will be terminated from the program(s) effective that Friday, your security deposit will be applied to the outstanding balance and your account will be reviewed by our accounting office.
- The Cohoes Child Development Center will review accounts that are delinquent. Unpaid accounts will be turned over to a collection agency if not settled within 30 days of termination and are subject to small claims court.

Parent or Guardian's Signature/Date

Daycare Director/Administrator/Date

Cohoes Child Development Center
22-40 Remsen Street
Cohoes, New York 12047

CONSENT AND CONTACT FORM

This form is to be completed and signed by the child's parent or legal guardian.

Name of child _____

In the event the child named above is injured or ill, I understand that the caregiver will attempt to contact me, the other parent (if applicable) or the legal guardian at the telephone number's provided below:

Parent or legal guardian's name _____

Telephone Numbers _____ on _____ hours/days
_____ on _____ hours/days

Parent or legal guardian's name _____

Telephone Numbers _____ on _____ hours/days
_____ on _____ hours/days

In the event that I or the other persons listed on the Emergency Blue Card assigned by me are not available, I give my permission (as parent or legal guardian) to the caregivers to provide first aid for the child named above. I also give permission to take the appropriate measure including contacting the **emergency medical services (EMS) to arrange transportation to:**

_____ or the nearest emergency medical facility. At no time will the caregiver drive an ill or injured child to an emergency medical facility.

Parent or legal guardian's signature

Date

*******IMPORTANT PARENT INFORMATION*******

If custody is established through Family Court, **ALL** papers regarding visitation and primary physical custody **MUST** be on file with the Cohoes Child Development Center's Daycare Program before enrollment of your child. Any changes in the original papers submitted must be updated with the daycare immediately.

COHOES CHILD DEVELOPMENT CENTER

Personal Data Family & Social History Form

Name of child _____ Date of Birth ____/____/____
Mother or legal Guardian _____ Age _____
Father or legal Guardian _____ Age _____

MARITAL STATUS OF PARENTS

Living Together _____ Stepfather _____ How long _____
Separated _____ Stepmother _____ How long _____
Divorced _____ Remarks _____

Custody/Visiting arrangements _____

BROTHERS and SISTERS

Name _____ Date of Birth ____/____/____
Grade in School _____

Name _____ Date of Birth ____/____/____
Grade in School _____

Name _____ Date of Birth ____/____/____
Grade in School _____

CHILD EXPERIENCES

Has child had group play experience _____?
Where _____
Does child have neighborhood playmates? _____

When and with whom does child watch television? _____

What are your child's favorite indoor/outdoor activities? _____

Does your child have fears that you are aware of? _____

DEVELOPMENT HISTORY

At what age?

Crept of hand and knees _____ Name simple objects _____

Sat alone _____ Repeated short sentences _____

Began toilet training _____ Slept through the night _____

Completed toilet training _____

Word child uses for

Urination _____ Bowel movement _____

Usual time for bowel movements _____

PERSONAL DATA CONTINUED

Does child dress self - YES _____ NO _____ Undress self – YES _____ NO _____

What time does your child usually eat Breakfast _____ Lunch _____ Dinner _____?

What time does child usually go to bed at night? _____ Awaken? _____

Does child have interrupted sleep? YES _____ NO _____

Do you have any concerns about your child's development? Speech _____

Fine motor _____ Gross Motor _____ Behavior _____ Social/Emotional _____

What method of discipline is used at home _____

What is the child's reaction? _____

How would you describe your child's personality? _____

What are your daycare expectations?

Please explain any special family traditions or celebrations that you would like to share with us. _____

Please explain any other information that will help us better understand your child. _____

I grant permission to the Cohoes Community Center for the following pictures to be taken of my child: (please initial if you agree). Your child's name may or may not appear in the below.

_____ Newspapers _____ Center Website _____ T.V.

_____ Displays _____ Grant Proposals _____ Video

Please sign if you choose not to have any pictures taken of your child.

Parent Signature

Date

I give consent for my child to take part in field trips or excursions away from the facility under proper supervision.

Yes _____ No _____

HEALTH HISTORY

Child's Name _____ Date _____

Does your child have a history of:

High fevers _____ Ear infections _____ Colds _____

Chicken Pox _____ Scarlet Fever _____ Diabetes _____

Hepatitis _____ Mumps _____ Measles _____

Is your child on any medication on a daily basis? _____ If yes, what _____

Has your child ever been hospitalized? _____ If yes, for what? _____

Has your child had any serious accidents? _____

Has your child ever been exposed to peanut products? Yes _____ No _____
List reactions. _____

Does your child have any allergies? Yes _____ No _____ Unknown _____

Do you know what the allergy is caused by? _____

Signs of reaction: Asthma _____ Difficulty Breathing _____ Swelling _____
Hay Fever _____ Hives _____ Other _____

Has your child ever seen a dentist _____ Who? _____

Has your child had a vision screening _____ Hearing Tested _____

Give a statement of your child's overall health _____

Parent or Guardian's Signature _____ Date _____