OCFS-LDSS-0792 (08/2019) FRONT NEW YORK STATE

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				NEW YORK STATE	2222		
		OFFICE OF CHILDREN AND FAMILY SERVICES DAY CARE ENROLLMENT					
		PROGRAM NAME: ADDRESS:		-	PHONE NUMBER:		
200	HOTO OF	CHILD'S FULL NAME:			DATE OF BIRT	()	- CENIDED
	HOTO OF	PREFERRED NAME/NICKNAME	=-		J I DATE OF BIRT	H: /	GENDER
CHI	ILD (Optional)	CHILD'S HOME ADDRESS:					
		NAME OF PERSON ENROLLING CH	HILD:	RELATIONSHIP TO CHILD:			
				☐ Parent ☐ Guardian ☐	Caretaker	Relative	
VIONE 1				Other			
)	-	ON ENROLLING CHILD:	ok to text	ADDRESS OF PERSON ENROLL	.ING CHILD (IF	DIFFERENT THA	N CHILD)
EMAIL A	ADDRESS:						
	EMERGENCY (CONTACT NAMES / ADDRESSES	Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER	PHONE NUMBE	R / EMAIL
	RIMARY CONTACT:		☐ Yes ☐ No	() - □ ok to text	()	- ext	
EMERGENCY INFO			☐ Yes ☐ No	() -	()		
18G		,		ok to text	☐ ok to te	ext	
			☐ Yes ☐ No	() -	()		
				ok to text	☐ ok to te	ext	
OR PROGRAM USE ONLY				FOR PROGRAM USE ONLY			
	ENROLLMENT:	Y / /		DATE OF DISENROLLMENT:	1 1		
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CFS-LDS CHILD'S	SS-0792 (08/2019) REV	/ / VERSE indicate if your child has any	special needs/se	DATE OF DISENROLLMENT:			
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