

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)	PROGRAM NAME:		ADDRESS:		PHONE NUMBER: () -
	CHILD'S FULL NAME:			DATE OF BIRTH: / /	
	PREFERRED NAME/NICKNAME:			GENDER:	
	CHILD'S HOME ADDRESS:				
NAME OF PERSON ENROLLING CHILD:			RELATIONSHIP TO CHILD: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____		
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: () - <input type="checkbox"/> ok to text			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):		
EMAIL ADDRESS:					
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
	PRIMARY CONTACT:		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
			<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
			<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
FOR PROGRAM USE ONLY			FOR PROGRAM USE ONLY		
DATE OF ENROLLMENT: / /			DATE OF DISENROLLMENT: / /		

CHILD'S FULL NAME:		DATE OF BIRTH: / /
Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (Please list) _____ <input type="checkbox"/> 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		
<ul style="list-style-type: none"> • I consent to emergency medical treatment for my child..... • I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision..... • I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips..... • I provided information on my child's special needs to the program to assist in caring for my child..... • I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... • I agree to review and update this information whenever a change occurs and at least once every year..... 		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:		DATE: / /

Camp Agreement Colonial Summer Camp

I am enrolling my child _____ in Colonial Youth and Family Services Summer Camp program.

1. I understand that for my child to be admitted to the program I must sign all the forms needed for registration. I must also notify the program administration of any pertinent information changes.
2. I understand that I or a person authorized by me will upon drop off/pick up sign the student in in the morning and out in the afternoon.
3. **You MUST walk your child into the program in the morning and come in and pick up your child in the afternoon.**
4. I understand that the camp will provide activities appropriate for my child such as snacks, recreation and arts & crafts.
5. All programs are dependent upon enrollment.
6. I understand that Colonial **Will Not** be allowed to dispense medication.
7. I understand that a child's acceptance depends solely on his/her ability to function in the group. Each child must maintain the same social and behavioral rules that apply in school.
8. I understand that I will inform the director of any special needs or problems my child might have. Any special issues will require an individual health care plan. Please check this box ☐ if your child requires a health care plan. I will inform the program of any special needs (ex: allergies, behavioral, medical etc.) and fill out a health care plan with the staff.
9. I understand that this program reserves the right to exclude any child from the program who is unable to attend due to illness and to have an emergency contact person to pick up my child who appears ill or shows signs of a contagious disease. I will be notified before the contact person is.
10. I understand that I am responsible for picking up my child by 6:00 pm, otherwise I must arrange for an authorized person to pick up my child.
11. I understand that if I do not pick up my child by 6:00 pm I will be charged an additional \$10.00 per child per 10 minutes that I am delayed.

12. If there is a continual problem with lateness in picking up your child, you will be asked to find alternative childcare.

13. I understand that Colonial Youth and Family Services are not responsible for any property (ex: toys, games etc.) that is lost, stolen or broken at the program.

14. I understand that if payment is returned for insufficient funds there will be a \$35.00 charge.

I have read and agree to the contents of this agreement.

Signature of Parent/Guardian

Date

Child's Name

Health/Emergency Information

1. Physician to call in an Emergency situation.

Physician's Name

Phone Number

2. Physical activity restrictions of the child: _____

3. Food Allergies of the child: _____

4. Does the child wear eyeglasses? _____

5. Is the child routinely on medication? _____

If yes, specify: _____

It is the practice of this organization to take pictures and use them for a variety of public relation purposes. With your signed consent, your photo or your child's photo may be used for one or more of the following reasons:

- Press release to the local newspaper
- Agency newsletter
- Program reports to funding agents
- Slide presentations about our agency

I understand that my picture or my child's picture may be used either in presentations or other publicity for Colonial Youth and Family Services, and consent to this with my signature below.

Child's Name (please print) _____

Parent/Guardian (please print) _____

Signature _____ Date _____

PAYMENT AGREEMENT

We require a \$50.00 non-refundable registration fee.

If your child attends the 2022/2023 school year, the registration fee is \$5.00.

Please send all payments to: Colonial Youth PO BOX 391 Mastic Beach, NY 11951 or call (631) 281-4461

All fees are non-refundable. Credits are only given if a child is absent a full week and returns with a doctor's note .

Payments should be made according to the schedule below:

Payment due by	Session Dates	
June 23rd	Session 1	July 3rd - July 14th
July 7th	Session 2	July 17th -July 28th
July 21	Session 3	July 31st - August 11th
August 11th	Session 4	August 14th - August 25th

In the event that payment is not received by the dates listed above, it will be considered delinquent All delinquent payments must be made directly to the main office : 346 Montauk hwy, Moriches NY 11955. You can also make a phone payment by calling (631) 281-4461

I understand that if my payment is late I will be charged \$25.00

I understand the above contract and agree to adhere to the agreement

Signature

KofC building phone # (631) 878-5049

Colonial Youth

2023 Summer Prices and Camp Hours 9:00 – 5:00

	Returning	New
5 Full days	\$295	\$325
3 Full days	\$225	\$250
5 ½ days	\$175	\$200
2 Full days	\$150	\$165

All Fee's are Weekly

Additional Family Discounts

	Returning	New
5 Full days	\$250	\$295
3 Full days	\$200	\$230
5 ½ days	\$140	\$175
2 Full days	\$130	\$160

Early Hours 7:00am

Before Care \$7.00 per day or \$30.00 a week

After Hours until 6:00 pm

After Care \$5.00 per day \$20.00 per week

Both Before & After Care \$40.00 per week

Half day hours 9:00 – 1:00 / 1:00 – 5:00

Summer Specials

Pay all 8 weeks upfront \$2000

Pay 4 full weeks upfront \$1000