

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

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: () -			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):		
EMAIL ADDRESS:			<input type="checkbox"/> ok to text		

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
	Name				
	Address				
Name		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text	
Address					
Name					
Address		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text	
Name					
Address					

FOR PROGRAM USE ONLY		FOR PROGRAM USE ONLY	
DATE OF ENROLLMENT: / /		DATE OF DISENROLLMENT: / /	

CHILD'S FULL NAME:		DATE OF BIRTH: / /	
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Check boxes below to indicate if your child has any special needs/services: ☐ None

☐ Early 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

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

SIGNATURE - PARENT OR PERSON(S) LEGALLY RESPONSIBLE:	DATE: / /
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**NIAGARA FALLS
BOYS & GIRLS CLUB**

Child Information:

First Name: _____ Middle: _____ Last: _____

Race: _____ Ethnicity: _____

School: _____

School Grade as of September 2025: _____

Child's T-Shirt Size (circle one): S M L XL 2x 3x 4X Type (circle one): Child size adult size

Name of person applying for Child: (full name) _____

Check one: Parent Guardian Caretaker Relative Other

Email: _____

Employer: _____ Occupation: _____

Physical (child):

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Does your Child wear eyeglasses? ___ Yes ___ No Contacts? ___ Yes ___ No

Child's Medical Information:

Medical Care/Primary Care Physician's Name: _____ Doctor Phone Number: _____

Medicaid: ___ Yes ___ No

Does your family have health and/or accident insurance: ___ Yes ___ No

Insurance Carrier: _____

Policy #: _____ Group#: _____

Can your child fully participate in all activities? ___ Yes ___ No

Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond required by children generally. If your child does have special health care needs, please discuss these with your child care provider.

Household: *NOTE: This information is collected for Grant writing purposes. No Proof of Income is necessary for our programs. Individual information is not shared.*

Member lives with (check all that apply): ___ Mom ___ Step Mom ___ Dad ___ Step Dad ___ Grandparent ___
other: _____

Housing Development name (if applicable): _____

Annual	\$0 - \$5000 _____	\$30,001 - \$35,000 _____	\$60,001 - \$65,000 _____
Income	\$5001 - \$10,000 _____	\$35,001 - \$40,000 _____	\$65,001 - \$70,000 _____
Level:	\$10,001 - \$15,000 _____	\$40,001 - \$45,000 _____	\$70,001 - \$75,000 _____
	\$15,001 - \$20,000 _____	\$45,001 - \$50,000 _____	\$75,001 - \$80,000 _____
	\$20,001 - \$25,000 _____	\$50,001 - \$55,000 _____	\$80,001 - \$85,000 _____
	\$25,001 - \$30,000 _____	\$55,001 - \$60,000 _____	\$85,001 - \$90,000+ _____

Number in Household: _____ Under 18? _____ Current Head of Household: ___ Female ___ Male

Is there a Member of the Household 65 years old or older: ___ Yes ___ No?

Is there a Member of the Household Handicapped: ___ Yes ___ No?

Lives on a Military Base: _____ Military Branch: _____

Current Single Parent: ___ Yes ___ No Do all adults work during the hours of the program ___ Yes ___ No

Parent Current Martial Status (circle one): Single Married Divorce Widowed Domestic Partner

Does anyone in the household receive: TANF ___ Food Stamps ___ SSI ___ Free or reduced lunches ___?

Permission to be used in Public Relations Materials

Niagara Falls Boys & Girls Club has my permission to use photographs, slides, video, etc. for publications (newsletters, newspaper, etc.), promotions, agency social media pages and/or websites (www.nfbgc.org) of my child during programs, special events, and field trips.

Yes, I give permission for my child to be displayed in public relation materials as stated above.

No, I would not like my child to be displayed in any public relation materials.

RELEASE OF INFORMATION

Child Name: _____ School Name: _____

Grade: _____ Teacher Name (Homeroom): _____

I give permission to the Niagara Falls Boys & Girls Club, located at 725 17th Street, Niagara Falls, NY 14301 to obtain copies of my Child's report card for the purpose of assisting my child within the program. I understand copies will only be obtained during the current school year of the date listed below and/or that your child is enrolled in the program.

☐ Yes, I give permission

☐ No, I do not give permission



**NIAGARA FALLS
BOYS & GIRLS CLUB**

Technology User Agreement and Permission Form

A. As a parent or guardian of a member of the Niagara Falls Boys & Girls Club, I have read the Technology Acceptable Use Policy about the appropriate use of computers at the Clubhouse and I understand this agreement will be kept on file at the Clubhouse and I understand this agreement will be kept on file at the Niagara Falls Boys & Girls Club (questions should be directed to the Clubhouse Director or administrative office for clarification). I have explained the following rules to my child to the best of my ability to help him/her understand the responsibilities that correspond with use of the Niagara Falls Boys & Girls Club computer network:

1. The user's data must remain within the allocated disk space on all data drives and on the email server.
2. Downloading or installing of any commercial software, shareware, or freeware onto network drives or disks is not permitted.
3. Copying other people's work or attempting to intrude into any user folders or files is not permitted.
4. Using profane, abusive or impolite language to communicate and/or accessing, viewing, sending or displaying offensive, obscene, or abusive materials is not permitted.
5. Users must obtain a user name and password forms the Clubhouse staff for usage of specified programming.
6. Sharing your password or allowing another person other than Niagara Falls Boys & Girls Club staff to access network resources under your username is not permitted.
7. Leaving a resource that you are logged onto unattended is not permitted.
8. Logging onto resources for use by another person is not permitted.
9. Disclosing any sensitive data to other lacking the authority or right to view that data is not permitted.
10. Request a password change in the event you suspect your password is no longer confidential.
11. Using a computer to harm people or their work is not permitted.
12. Violating printing resources such as toner, color ink, and paper is not permitted.
13. Should members encounter any inappropriate materials by accident, he/she should report it to the staff present immediately.
14. Should members encounter any inappropriate materials by accident, he/she should report it to the staff present immediately.

B. As a parent or guardian of a member of the Niagara Falls Boys & Girls Club, I have read the above information describing the Niagara Falls Boys & Girls Club position on the appropriate use of the Internet in the Clubhouse. I understand my child will be using devices that are connected to the internet in a supervised and educationally focused environment.

(Circle one):

ACCEPT We accept and agree to abide by the Niagara Falls Boys & Girls Club Technology User Agreement and Permission Form. This agreement is on record and valid until my child is no longer a member of the Boys & Girls Clubs.

DECLINE We decline the right to use the technology devices provided by the Niagara Falls Boys & Girls Club.

Member Signature: _____

Parent Name: _____

Parent Signature: _____ Date: _____