OCFS-LDSS-0792 (08/2019)

NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

DAY CARE ENROLLMENT

PROGRAM NAME:	ADDRESS:	PHONE NUMBER:

CHILD'S FULL NAME: PREFERRED NAME / NICKNAME:	DATE OF BIRTH (MM/DD/YYYY):	GENDER:

CHILD'S HOME ADDRESS:	
NAME OF PERSON ENROLLING CHILD:	RELATIONSHIP TO CHILD: ☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative ☐ Other: _____

PHONE NUMBER: ☐ OK to text EMAIL:	ADDRESS OF PERSON ENROLLING (IF DIFFERENT):

EMERGENCY CONTACTS

CONTACT INFO	AUTH. PICKUP	PRIMARY PHONE	OTHER PHONE / EMAIL
PRIMARY **Name:** **Address:**	☐ Yes ☐ No	☐ OK to text	☐ OK to text
Relationship: **Name:** **Address:**	☐ Yes ☐ No	☐ OK to text	☐ OK to text
Relationship: **Name:** **Address:**	☐ Yes ☐ No	☐ OK to text	☐ OK to text

SPECIAL NEEDS / SERVICES (check all that apply):
☐ None ☐ Early Intervention/Special Ed ☐ Occupational Therapy ☐ Speech/Language ☐ Physical Therapy
☐ Allergies (list): _____ ☐ Other:

CHILD'S PRIMARY CARE PHYSICIAN'S NAME / GROUP:	PHONE NUMBER:
PREFERRED HOSPITAL:	PHONE NUMBER:
CHILD'S DENTAL CARE:	PHONE NUMBER:

AGREEMENTS

I consent to emergency medical treatment for my child.	☐ Yes	☐ No
I consent for my child to take part in neighborhood trips (library, park, playground) under proper supervision.	☐ Yes	☐ No
I understand the program may need additional permissions for transportation, medication, release of info, field trips.	☐ Yes	☐ No
I provided information on my child's special needs to the program.	☐ Yes	☐ No
I understand the program must give parents a written policy statement at enrollment.	☐ 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:	*PROGRAM USE* ENROLLMENT DATE:	*PROGRAM USE* DISENROLLMENT DATE:

NIAGARA FALLS BOYS & GIRLS CLUB

Member Enrollment Form

CHILD INFORMATION

FIRST NAME:	MIDDLE:	LAST NAME:
RACE:	ETHNICITY:	SCHOOL:

SCHOOL GRADE AS OF SEPTEMBER 2026:	CHILD'S T-SHIRT SIZE: ☐ S ☐ M ☐ L ☐ XL ☐ 2X ☐ 3X ☐ 4X
T-SHIRT TYPE: ☐ Child size ☐ Adult size	DATE OF BIRTH (MM/DD/YYYY):

PERSON APPLYING FOR CHILD

FULL NAME:
RELATIONSHIP TO CHILD (check one): ☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative ☐ Other
EMAIL:

EMPLOYER:	OCCUPATION:

PHYSICAL DESCRIPTION OF CHILD

EYE COLOR:	HAIR COLOR:	HEIGHT:	WEIGHT:

DOES YOUR CHILD WEAR EYEGLASSES? ☐ Yes ☐ No	DOES YOUR CHILD WEAR CONTACTS? ☐ Yes ☐ No

CHILD'S MEDICAL INFORMATION

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 INFORMATION

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 (please specify): _____

HOUSING DEVELOPMENT NAME (IF APPLICABLE):

ANNUAL INCOME LEVEL (check one):

☐ $0 - $5,000 ☐ $5,001 - $10,000 ☐ $10,001 - $15,000 ☐ $15,001 - $20,000 ☐ $20,001 - $25,000 ☐ $25,001 - $30,000	☐ $30,001 - $35,000 ☐ $35,001 - $40,000 ☐ $40,001 - $45,000 ☐ $45,001 - $50,000 ☐ $50,001 - $55,000 ☐ $55,001 - $60,000	☐ $60,001 - $65,000 ☐ $65,001 - $70,000 ☐ $70,001 - $75,000 ☐ $75,001 - $80,000 ☐ $80,001 - $85,000 ☐ $85,001 - $90,000+
NUMBER IN HOUSEHOLD:	**NUMBER 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 WHO IS HANDICAPPED?** ☐ Yes ☐ No
LIVES ON A MILITARY BASE? ☐ Yes ☐ No	**MILITARY BRANCH:**
CURRENT SINGLE PARENT? ☐ Yes ☐ No	**DO ALL ADULTS WORK DURING THE HOURS OF THE PROGRAM?** ☐ Yes ☐ No

PARENT CURRENT MARITAL STATUS (check one):

☐ Single
☐ Married
☐ Divorced
☐ Widowed
☐ Domestic Partner

DOES ANYONE IN THE HOUSEHOLD RECEIVE (check all that apply):

☐ 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 relations materials as stated above.

☐ NO, I would not like my child to be displayed in any public relations 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

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. 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 username and password from 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 others 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.

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.

Please select 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 (MM/DD/YYYY):**