KINGSBOROUGH
BROOKLYN'S COMMUNITY COLLEGE

childdevelopmentcenter

at kingsborough community college

2001 Oriental Blvd., Room V-105, Brooklyn, NY 11235
718.368.5868

PARENT INFORMATION

Application Year: _____

Name: _____ EMPLID#: _____

Date of Birth: _____ Age: _____

Gender: _____ Race: _____ Home Language: _____

Parent Current Major/Program of Study: _____

Parent Degree: _____ Estimated Graduation Date: _____

Parent Highest Level of Education: _____

Child's Name: _____

ENROLLMENT APPLICATION

Child's Name: _____ Date of Birth: _____ Age: _____

Day/Time of attendance: Mon _____ Tues _____ Wed _____ Thrs _____ Fri _____

Starting Semester: _____ School Year: _____

Parent's Name: _____ Relationship: _____

Home Address: _____
Street # and Street Name City State Zip Code

Cell Phone Number: _____ Email address: _____

Date of Birth: _____ Age: _____ Gender: _____ Race: _____

Home Language: _____ Highest Level of Education: _____ Degree: _____

Parent's Name: _____ Relationship: _____

Home Address: _____
Street # and Street Name City State Zip Code

Cell Phone Number: _____ Email address: _____

---------- KINGSBOROUGH STUDENTS ONLY ----------

Major: _____ Program: _____ Graduation Year _____

EMPL (CUNYfirst) ID#: _____ Degree: _____

_____
Parent/Guardian Signature Date

EMERGENCY CONTACTS

Child's Name: _____

Parent's Name: _____ Phone: _____ Relation: _____

Parent's Name: _____ Phone: _____ Relation: _____

Home Address: _____
Street # and Street Name City State Zip Code

Cell Phone Number: _____ Other phone number: _____

Contact Name: _____ Phone: _____ Relation: _____

Physician: _____ Phone: _____

Medications: _____ Hospital: _____

Other significant information: _____

I give permission to the Child Development Center of Kingsborough Community College to make whatever emergency measures as deemed necessary for the care and protection of my child, while under the center's supervision.

In the case of a medical emergency, I understand my child will be transported to an appropriate medical facility by the local emergency unit for treatment, if the local emergency resource deems it necessary.

It is understood, in some medical conditions, the staff will need to contact the emergency resource before the physician.

_____ _____
Print Name Date Signature

ALLERGY/FOOD OMISSION INFORMATION

Child's Name: _____ Date of Birth: _____ Age: _____

Please list all of your child's allergies. Please provide medical documentation:

_____

_____

MEAL CHOICE FORM

The Child Development Center participates in the Child and Adult Care Food Program (CACFP). We provide milk with every meal per CACFP requirements. If your child cannot eat the food provided by the Center, you must provide daily meals within the school guidelines.

_____ School Supplied Lunch – regular meals containing well balanced, healthy choices from all food groups for breakfast, lunch and snack

_____ I will supply **LUNCH** in a labeled, ready-to-eat container.

_____ I will supply **BREAKFAST, LUNCH** and **SNACK** in a labeled, ready-to-eat container.

_____ If child cannot drink milk, medical documentation must be supplied.

I understand the Center will not be refrigerating or heating foods.

_____ _____

Child's Name Date signed

_____ _____

Parent/Guardian's Name Parent/Guardian's Signature

If your child's dietary needs change, inform the center immediately. You must complete a signed new form with any dietary changes.

DEVELOPMENTAL PROFILE

Today's Date: _____

Child's Name: _____ Date of Birth: _____ Age: _____

PRIMARY CAREGIVER INFORMATION

Who does your child live with: _____

Home Address: _____
Street # and Street Name City State Zip Code

Cell Phone Number: _____ Email address: _____

PARENT INFORMATION

Mother's Name: _____ Cell Phone: _____

Address (if different from child's): _____
Street # and Street Name City State Zip Code

Work Phone: _____ Other Contact number: _____

Father's Name: _____ Cell Phone: _____

Address (if different from child's): _____
Street # and Street Name City State Zip Code

Work Phone: _____ Other Contact number: _____

What languages are spoken at home: _____

Child's Health Insurance name: _____

Information About Your Child:

Has your child had previous group experience (group day care, etc.): _____

If yes, where: _____ How long: _____

Does your child have siblings? _____ Neighborhood playmates? _____

Siblings names and ages: _____

Do you feel your child will adjust easily to our childcare center? Please explain.

_____

_____

_____

Does your child sleep in (circle one): **TODDLER BED____TWIN BED__ OTHER**: ____

What age did your child…

Smile ____ Sit Up ____ Crawl ____ Walk ____ Say 1st word _____

How do you discipline your child at home? Please explain.

_____

_____

_____

Does your child have any fears? _____

What frustrates or upsets your child? _____

What makes your child happy? _____

Are there special words your child uses to describe needs or objects they want?

_____

Does you child have any needs requiring special attention? _____

Is your child receiving services from early intervention or CPSE? Please explain.

_____

_____

Child Development Center @ Kingsborough

Authorized Escort Form

Child's Name: _____Parents Name:_____

Parent Email Address: _____

Cell Phone: _____Child's Classroom:_____

Authorized Escort Information

Escort's Name:_____ Relationship: _____Cell Phone: _____

Please provide your initials next to the frequency with which the authorized escort is allowed to pick up your child.

_____ Anytime – *My child can be picked up by the authorized escort at any time.*

_____ Weekly – *The authorized escort can only pick up my child on the days specified below:*

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

_____ Occasionally – *The authorized escort will pick up my child on days that I inform the teacher and write all pick up information in the classroom's Parent Log Book. In the event I fail to inform the Center staff and provide pick up information, I understand the Center will contact me using the contact information provided above.*

If I am unable to pick up my child due to illness, injury or unforeseen emergency, I give permission for the Center to contact the above authorized escort to pick up my child (please initial next to your choice):

_____ Yes I give my permission **_____ No I do not give permission.**

By signing this document I affirm the following:

1. **I give permission for the adult specified to be an authorized escort for my child.**
2. **The authorized escort in this document is age 18 or over.**
3. **I must notify the center and my child's teacher before the selected authorized escort picks up my child for the first time.**
4. **The selected authorized escort must show valid identification and arrive on time for pick up.**
5. **If I choose to add a new authorized escort or remove an existing authorized escort, I must notify the center in writing.**

Parent Signature: _____ **Today's Date:** _____

POLICY STATEMENT & ENROLLMENT AGREEMENT

Welcome! We are happy you have selected the Child Development Center for your child's first learning experience. We are here to provide a safe and nurturing environment for your child while you focus on your studies.

The following agreement is between the Child Development Center ("the Center") and the parent/legal guardian of _____. I agree to the following:

Processing Fee/Registration Information
As a first time registrant, I agree to pay a one-time, non-refundable processing fee of $10, to be paid upon registration of my child. If I need to withdraw my child before the end of the semester, **I agree to notify the Center in writing by completing an Exit Form**. Withdrawal from the Center will change my child's priority. If I am interested in returning to the Center in the future, I understand I will need to reapply to the center through the waiting list.

Payments/Financial Information – Extended Care Program
I understand I am required to make payments on time. Payment plans can be arranged if needed. Failure to make payments may result in interruption of child care services. I agree to provide the Center with the academic and financial information necessary to determine eligibility for childcare services. I also agree to notify the Center of any changes relevant to my eligibility for child care services.

Authorized Escorts/Emergency Information I agree:

1. To supply a locally available person, on the emergency form, who is ready and willing to pick up my child in the event I cannot be reached.
2. To provide complete medical records for my child prior to admission.
3. To allow for emergency medical treatment to be given to my child in the case of an accident or injury, in case I cannot be reached immediately.
4. To give the Center a printed copy of my class schedule from CUNYfirst.
5. To provide the Center with the name, address and telephone number where I can be reached.
6. To inform the Center of any classroom changes or schedule changes, such as adding or dropping a class, immediately.
7. I understand my child will not be released to anyone who cannot provide a photo ID or does not have an Authorized Escort form. Authorized Escort must provide photo ID on request. I agree to notify the Center by phone, in person or in writing when an authorized person is picking up my child.

By signing below, I affirm I have read and understood the above policy statements.

_____

Parent/Guardian Signature Date

EMERGENCY MEDICAL TREATMENT AUTHORIZATION AND RELEASE

The following agreement is between the Child Development Center ("the Center") and the parent/legal guardian of _____. By signing this document:

1. I authorize the Center to obtain emergency medical care for my child if my child is injured or becomes ill while in the Center's physical custody and the Center deems such care to be necessary.
2. I authorize the Center to arrange for any necessary transportation for my child if they need emergency medical care.
3. I acknowledge I have been advised the New York City Department of Heath (NYCDOH) requires center based child care programs, including the Center, to give epinephrine to a child with symptoms of anaphylaxis (severe allergic reaction that can be caused by certain foods, insect stings, latex or some medications). Therefore,
    a. I understand anaphylaxis can be life-threatening, requiring emergency treatment, with which epinephrine is considered an appropriate treatment; and
    b. I have been advised if a child shows symptoms of anaphylaxis, the epinephrine will be administered by trained staff with an epinephrine auto-injector with a retractable needle (dosed for children) consistent with Articles 43 and 47 of the NYCDOH's Health Code.
4. As such, I authorize the center to administer epinephrine using an epinephrine auto-injector with a retractable needle (dosed for children) if my child exhibits symptoms of anaphylaxis.
5. I understand by providing a written, individualized health care plan to the Center indicating specific medications that can be administered and the schedule at which they need to be administered for my child, including in cases of emergency, and there is a direct conflict between such plan and any of my other authorizations in the Authorization and Release, the Center will follow my child's individual health care plan.
6. I hereby release and forever discharge the Child Development Center at Kingsborough Community College, Kingsborough Community College, The City University of New York and the directors, officers, employees and agents of each of the named parties from any and all liability arising in law or equity as a result of the Center providing emergency treatment in conformance with this Authorization and Release, provided the Center has used reasonable care in carrying out such actions.

By signing below, I affirm I have read and understood the above policy statements.

_____

Parent/Guardian Signature Date

Sunscreen * Bug Repellent * Diaper Cream Permission Form

Date: _____ Name of child: _____

SUNSCREEN (please check appropriate boxes) 

☐ I give my permission for the Child Development Center staff to apply **SUNSCREEN**, supplied by the parent/guardian, to my child, as needed.

****NOTE**: Item must be labeled with child's first and last name and will be kept in their personal cubby.**

☐ My child has an allergy or sensitivity to certain sunscreens. Please apply their sunscreen first.

☐ I **DO NOT** give permission for the Child Development Center staff to apply sunscreen to my child.

BUG REPELLENT (please check appropriate boxes) 

☐ I give my permission for the Child Development Center staff to apply **BUG REPELLENT**, supplied by the parent/guardian, to my child, as needed.

****NOTE**: Item must be labeled with child's first and last name and will be kept in their personal cubby.**

☐ My child has an allergy or sensitivity to certain bug repellents. Please apply their bug repellent first.

☐ I **DO NOT** give permission for the Child Development Center staff to apply bug repellent to my child.

DIAPER CREAM (please check appropriate boxes) 

☐ I give my permission for the Child Development Center staff to apply over the counter **DIAPER CREAM**, supplied by the parent/guardian, to my child, as needed. Staff is not permitted to apply prescription cream.

****NOTE**: Item must be labeled with child's first and last name and will be kept in their personal cubby.**

☐ I **DO NOT** give permission for the Child Development Center staff to apply diaper cream to my child.

Parent's Name Printed: _____

Parent/Guardian Signature: _____

Date Signed: _____

ON CAMPUS TRIP PERMISSION FORM

As part of your child's class curriculum, your child may participate in on-campus walking trips. These trips include visits to on-campus facilities such as the Performing Arts Center, MAC Theater or Student Union Center.

☐ I give permission for my child to attend on-campus walking trips.

☐ I **DO NOT** give permission for my child to attend on-campus walking trips.

Child's Name: _____

Parent/Guardian's – Print Name_____Parent/Guardian's Signature_____
Date_____

PHOTO/VIDEO RELEASE FORM

Occasionally, Kingsborough Community College staff and students may take photos and/or videos of the children at the Child Development Center. The photos or videos taken may be used for assignments in undergraduate classes at Kingsborough or in marketing material for the college and will not be used for any other purpose.

☐ I give permission for my child to be photographed or videotaped.

☐ I **DO NOT** give permission for my child to be photographed or videotaped.

Child's Name: _____

Parents Name Print:_____Parent Name Signature:_____
Date:_____

EXTENDED CARE AGREEMENT

Date: _____ Child's Name: _____

There is a fee of $5.00 per hour, each day, for early drop off or extended pick up.

MORNING DROP OFF TIME	**AFTERNOON PICK UP TIME**	**DAY OF THE WEEK**
		MONDAY
		TUESDAY
		WEDNESDAY
		THURSDAY
		FRIDAY

1. I understand that it is my responsibility to be on time to pick up my child. In the event I am delayed, I will contact the Center as soon as possible to relay my expected arrival time.

2. I will advise the Center and resubmit a new extended care agreement in the event the drop off and/or pick up time need to be changed.

3. I understand that receiving a FINAL NOTICE will end the extended care for my child until payment is made in full.

By signing below, I affirm I have read and understood the above policy statements.

_____

Parent/Guardian Signature Date