

# Brockport Child Development Center

350 New Campus Dr, Cooper Hall, Brockport, NY 14420

[www.brockport.edu/bcdc](http://www.brockport.edu/bcdc) 585-395-2273

## CHILD CARE ENROLLMENT

Child's Name

Date of Birth

Date of Birth

Address

Parent(s)/Guardian(s)

Phone #s (Primary/Secondary)

Parent/Guardian e-mail address(es)

### EMERGENCY CONTACT NAMES

### AUTHORIZED TO PICK UP

### PHONE NUMBERS

Yes\_\_ No\_\_

Ok to text Y\_\_N\_\_

Yes\_\_ No\_\_

Ok to text Y\_\_N\_\_

Yes\_\_ No\_\_

Ok to text Y\_\_N\_\_

\*Please list additional authorized escorts on the back of this form

Physician's Name

Phone Number

Check the boxes below to indicate if your child has any special needs/services

None

Early Intervention/Special Education

Occupational Therapy

Speech/Language

Physical Therapy

Allergies (list) \_\_\_\_\_

Other \_\_\_\_\_

### 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. Playgrounds, Campus Walks) away from 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.

NA\_\_ Yes\_\_ No\_\_

\*I have received, at the time of enrollment, a written policy statement as required by regulations (Family Handbook, Enrollment Agreement)

Yes\_\_ No\_\_

\*I agree to review and update my child's information whenever a change occurs and at least once per year.

Yes\_\_ No\_\_

\*I consent for my child's photo to be used within BCDC or in our parent newsletter. I understand these photos will NOT be used on our website, social media, or on any public document.

Yes\_\_ No\_\_

Signature of parent or person legally responsible:

Date: