OCFS-LDSS-0792 (08/2019) FRONT

PHOTO OF CHILD (Optional)

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: / /	GENDER:

CHILD'S HOME ADDRESS:

NAME OF PERSON ENROLLING CHILD:	RELATIONSHIP TO CHILD: ☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative _____ ☐ Other _____

PHONE NUMBER(S) OF PERSON ENROLLING CHILD: ( ) - ☐ ok to text **EMAIL ADDRESS:**	ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):

EMERGENCY INFO

EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
PRIMARY CONTACT:	☐ Yes ☐ No	( ) - ☐ ok to text	( ) - ☐ ok to text
	☐ Yes ☐ No	( ) - ☐ ok to text	( ) - ☐ ok to text
	☐ Yes ☐ No	( ) - ☐ ok to text	( ) - ☐ ok to text

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

OCFS-LDSS-0792 (08/2019) REVERSE

CHILD'S FULL NAME:	DATE OF BIRTH: / /

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: / /

OCFS-LDSS-4433 (Rev. 06/2019)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child:	Date of Birth: / /	Date of Examination: / /

Immunizations required for entry into day care

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s). ☐ Yes ☐ No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1st Date / /	2nd Date / /	3rd Date / /	4th Date / /	5th Date / /
Polio (IPV or OPV)	1st Date / /	2nd Date / /	3rd Date / /	4th Date / /	
Haemophilus influenzae type B (Hib)	1st Date / /	2nd Date / /	3rd Date / /	4th Date **OR** 1st Date (if given on or after 15 months of age) / /	
Pnuemococcal Conjugate (PCV) for those born on or after 1/1/08)	1st Date / /	2nd Date / /	3rd Date / /	4th Date / /	
Hepatitis B	1st Date / /	2nd Date / /	3rd Date / /		
Measles, Mumps and Rubella (MMR)	1st Date / /	2nd Date / /			
Varicella (also known as Chicken Pox)	1st Date / /	2nd Date / /			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

Tests

Tuberculin Test Date: / / Mantoux Results: ☐ Positive ☐ Negative _____ mm

TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.

If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /

Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year / / Result: _____ mcg/dL ☐ Venous ☐ Capillary

2 years / / Result: _____ mcg/dL ☐ Venous ☐ Capillary

Most recent date of lead screening (if different from above):

/ / Result: _____ mcg/dL ☐ Venous ☐ Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

CHILD IN CARE MEDICAL STATEMENT *(continued)*

Health Specifics		Comments
Are there allergies? (Specify)	☐ Yes ☐ No	
Is medication regularly taken? (Specify drug and condition)	☐ Yes ☐ No	
Is a special diet required? (Specify diet and condition)	☐ Yes ☐ No	
Are there any hearing, visual or dental conditions requiring special attention?	☐ Yes ☐ No	
Are there any medical or developmental conditions requiring special attention?	☐ Yes ☐ No	

Summary of Physical Exam

Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care. ☐ Yes ☐ No

Signature of Examiner

Address

Please Print Name

City, State, Zip

Title

( ) - Phone

/ / Date

OCFS 6013 (2/2015)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

TRANSPORTATION CONSENT FORM

Child Day Care Programs

Provider Name: _____ Facility ID Number: _____

Program Name: _____

This form may be used to meet the regulatory requirement to obtain written consent from the parent of a child for any transportation provided or arranged for by a caregiver, and to inform the parent when the person who is providing transportation changes. This form is not the Transportation Plan.

Parents whose children receive transportation services must receive, at the time of enrollment of their children, a copy of the program's transportation plan. If the plan is amended, parents must receive a copy of the amended plan prior to its start date.

It is recommended that a separate Transportation Consent Form be completed for each child.

☐ I have been informed of, and agree to, the transportation plan of the above child care program.

Transportation Plan is attached to this Transportation Consent Form (Yes / No) *circle one*

Date of Transportation Plan _____

☐ I give permission for my child *(name)* _____

to be transported by *(caregiver names and/or transportation contractor arranged for by the program)* _____

_____

_____

At the following times *(check all that apply)*:

☐ Only as recorded on the posted transportation schedule for my child

☐ Other *(explain)*

_____

_____

_____

By signing this form I am giving consent for the above described transportation services.

Parent Printed Name: _____

Parent Signature: **X** _____

Date _____

VALERIE KURTZ
EARLY INTERVENTION & PRESCHOOL SUPERVISOR

STEFANIE KAHN
ELC PRESCHOOL PROGRAM MANAGER

Parent Questionnaire at Enrollment

Child's Name_____ **Nick Name**_____**DOB:**_____

Parent's name (s)_____

Phone Number: _____ **Ok to text?**_____

Email Address:_____

When receiving school information do you prefer email or paper copy_____

Medical Information

Are there any allergies/dietary restrictions_____

If yes, please explain_____

Any Medical conditions or restrictions_____

If yes, did you complete the individual health care plan form? _____

Is your child toilet trained? _____ **Do they need assistance with toileting or self-care?** ____

Are there any special needs or concerns you have about your child _____

If yes, please explain_____

_____

Does your child have any specific fears? _____

Has your child attended daycare or preschool before? _____

If yes, please describe their experience_____

_____

What are your child's favorite toys? _____

Does your child have any special interests? _____

Is there any other information we should know about your child?

_____

_____

_____

_____

Do you have any objections to discussions and class projects relating to awareness of holidays that are celebrated in our country and in other parts of the world as part of our curriculum? _____

Do you wish to have your name and contact information included in the classroom directory that would be distributed to the parents of other students in your child's class

Phone Number: yes_____ no_____ Email address: yes_____ No_____

Is it ok to photograph or record your child as part of school activities to be posted on our private MicroSoft Teams page? Yes_____ No_____

If yes, did you complete the photo release form? yes_____ No_____

Please submit the completed form along with the rest of your enrollment papers to the office or you can email them to Stefanie.Kahn@putnamcountyny.gov

Thank you,

Stefanie

VALERIE KURTZ
EARLY INTERVENTION & PRESCHOOL
SUPERVISOR

STEFANIE KAHN
PRESCHOOL
PROGRAM MANAGER

Daycare Photo Release Form

I,_____ the parent of _____,
who attends PUTNAM COUNTY EARLY LEARNING CENTER agree to the following:

I understand that my child(ren) whose name(s) are listed above, may be photographed at the center during normal care hours or during center activities. I understand that these photographs may be posted on the private Microsoft team feed or may be used to promote the center in either print or on the website.

By signing below I grant permission for my child(ren) to be photographed or for their images to be recorded for print or electronic use in posting on the Microsoft team feed or to promote the center's services or activities. I understand it is my responsibility to update this form in the event I no longer wish to authorize the use of my child's photos or images. I agree that this form will remain in effect for the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

Parent/Guardian Signature_____
Date:_____

Relationship to child_____

Classroom 2 Schedule

8:30 am	**Arrival: Wash hands / tabletop activities**
9:15 am	**Morning Meeting** **Early Literacy**
9:45 am	**Snack /bathroom / wash hands**
10:00 am	**Art Activities** **Fine Motor Activities**
10:30 am	**Story Time**
11:00 am	**Free play / Center sm.** **Group Math**
11:30 am	**Gym**
12:10 pm	**Clean up/ wash hands**
12:15 pm	**Lunch**
12:45 pm	**Quiet play / Puzzles / books**
1:00 pm	**Storytime / PM Meeting**
1:20 pm	**Gym**
1:40 pm	**Music / Movement**
2:00 pm	**Dismissal**

Classroom 3 Schedule

8:30 am	**Arrival: Wash hands / tabletop activities**
9:15 am	**Art Activities** **Fine Motor Activities**
9:45 am	**Snack /bathroom / wash hands**
10:00 am	**Storytime**
10:30 am	**Morning Meeting** **Early Literacy**
11:00 am	**Gym**
11:30 am	**Free play / Center sm. Group Math**
12:10 pm	**Clean up/ wash hands**
12:15 pm	**Lunch**
12:45 pm	**Quiet play / Puzzle books**
1:00 pm	**Music/ Movement**
1:20 pm	**Storytime / PM Meeting**
1:40 pm	**Gym**
2:00 pm	**Dismissal**

2026-2027 School Calendar

Early Learning Center

40 Jon Barrett Rd, Patterson, NY 12563
PutnamELC@putnamcountyny.gov
845-808-1640 ext. 46130

DATE	EVENT/HOLIDAY	TYPE	NOTES
07 Sep 2026	Labor Day	Federal	
12 Oct 2026	Columbus Day	Federal	
11 Nov 2026	Veterans Day	Federal	
26 Nov 2026	Thanksgiving Day	Federal	
25 Dec 2026	Christmas	Federal	
01 Jan 2027	New Year's Day	Federal	
18 Jan 2027	M L King Day	Federal	
15 Feb 2027	Presidents' Day	Federal	
26 Mar 2027	Good Friday	Federal	
28 Mar 2027	Easter Sunday	Federal	
31 May 2027	Memorial Day	Federal	
18 Jun 2027	Juneteenth Holiday	Federal	
19 Jun 2027	Juneteenth	Federal	
04 July 2027	Independence Day	Federal	
05 July 2027	Independence Day H	Federal	

Important Dates

2 Sep 2026	First Day of School
7 Sep 2026	Labor Day Recess
21 Sep 2026	Yom Kipper
12 Oct 2026	Columbus Day
11 Nov 2026	Veteran's Day
11/26-11/27	Thanksgiving Recess
12/24-1/1/27	Holiday Recess
18 Jan 2027	M L King Day
2/15-2/19/27	Winter Recess
3/22-3/26/27	Spring Recess
4/22-4/23/27	Passover
31 May 2027	Memorial Day
18 Jun 2027	Juneteenth
25 Jun 2027	Last Day of School

Summer School

6 Jul 2027	First Day
13 Aug 2027	Last day

Start/ End of School

School Closed

August 2026

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September 2026

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October 2026

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November 2026

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December 2026

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

January 2027

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February 2027

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March 2027

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April 2027

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May 2027

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June 2027

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July 2027

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31