



## REGISTRATION FORM (Infant)

**CONTACT US:**

506 First Street Phone: (607) 272-7117  
 Ithaca, NY 14850 Fax: (607) 272-4100  
 info@dicc.org

**Office Use ONLY:**

Confirm document review and understanding upon receipt

Classroom	Initials	Date

Child's Last Name	First Name	Date of Birth
Street Address	City/Town	Zip
Elementary Home School District		
Parent/Caregiver's Name		
Cell Phone Number	Cell Phone Provider (for text messaging)	
Parent/Guardian Employer	Work Phone Number	
Email Address	Work Email (if Applicable)	

Emergency Contacts	Name	Address (Daytime)	Phone #	Cell Phone #
<b>Primary Physician</b>				

The Downtown Ithaca Children's Center is open from 7:30am to 5:30pm, Monday-Friday. Meals are served every day: Breakfast -9am, Lunch-11:30, Snack-3pm.

**IMPORTANT INFORMATION – Diet Restrictions, Allergies (Food or Environmental)**

**AGREEMENT:**

- I consent to the enrollment of the child listed above in the Downtown Ithaca Children's Center and have been advised of the policies regarding fees, transportation and the services provided by the Center and the New York State Office of Family and Children's Services regulations under which it operates.
- I agree that in case of accident or injury, emergency medical care may be given in the event that I or person(s) designated above cannot be reached.
- I have read and understand the information in the Downtown Ithaca Children's Center Parent handbook.

Parent/Guardian Signature	Date	Social Security #
---------------------------	------	-------------------

*\*Optional - Please provide your child's race & ethnicity (more than one race can be chosen)*

**Ethnicity:**     Hispanic/Latino     Not Hispanic/Latino

**Race:**         American Indian or Alaskan Native     Asian     Black or African American     Native Hawaiian or Pacific Islander     White

**Parent/Guardian Permission  
For Child Pick Up**

Child Name: \_\_\_\_\_

The following people have my permission to pick up my child  
from the Downtown Ithaca Children's Center.

Name	Address	Phone #

***(Please note: Emergency Closing Notifications will be sent via text message and email. If we do not have an email or cell phone number on file for you, we will place a phone call to the telephone number on file.)***

---

Parent Signature

Date

# Picture Consent

Child Name: \_\_\_\_\_

I give the Downtown Ithaca Children's Center permission for the following pictures and specified use of pictures taken of my child:

\_\_\_\_\_ Pictures

\_\_\_\_\_ Video

\_\_\_\_\_ Pictures for the Newspaper

\_\_\_\_\_ Internet/Television

DO NOT take any pictures of my child.

---

Parent Signature

Date

**Parent/Guardian Permission  
For Staff to Apply Topical Ointment**

Child Name: \_\_\_\_\_

Downtown Ithaca Children's Center staff members have my permission to apply to my child when appropriate, the following over the counter topical ointments:

Diaper rash ointment (on diaper area as part of diapering routine when redness or rash is present). *Choose one:*

\_\_\_\_\_ Product provided by the Center

\_\_\_\_\_ ONLY product supplied by Parent

Antibiotic ointment, cream or other appropriate topical over the counter product used for first aid (on the affected area when a slight injury requires the product for first aid). *Please list any exceptions:*

---

Sun Screen (on skin that is exposed to the sun before going outside). *Choose one:*

\_\_\_\_\_ Product provided by the Center

\_\_\_\_\_ ONLY product supplied by Parent

I understand that staff members will read and follow all instructions and report any unusual reactions to me (the parent).

---

Parent Signature

Date

## New Enrollment - Infant Intake Form

Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Feeding Schedule and Instructions:

Bottles      How many ounces? \_\_\_\_\_

How often? (Specific times?) \_\_\_\_\_

Warmed? \_\_\_\_\_

Food      Please indicate what is to be fed, when and how it should be prepared.

(If this changes daily, please provide each day's instructions **dated in writing**)

Any allergies, special food needs or constraints (i.e. vegetarian, kosher, non-dairy, etc.):

### Sleeping Schedule and Instructions:

### Agreement:

- I agree to label all bottles and food containers with my child's full name and date.
- I agree to label my child's diaper bag and other belongings with my child's full name.

---

Parent Signature

Date

# Infant Feeding Statement

Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dear Parent/Guardian:

This center participates in the Child and Adult Care Food Program and we will give your baby \_\_\_\_\_ and solid food. If you want to bring breast milk or your own formula or food, you can do that instead. Please indicate your choice below.

<b>Formula (check one)</b>		<b>Food (check one)</b>	
<input type="checkbox"/>	The center/provider can give my baby the formula they buy.	<input type="checkbox"/>	The center/provider can give my baby solid foods when I tell then the child is ready. <i>(Should also complete a CACFP</i>
<input type="checkbox"/>	I will bring breast milk or formula for my baby.	<input type="checkbox"/>	I will bring solid foods for my child.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Napping Agreement

Child Name: \_\_\_\_\_

I agree to have my child nap in/on a **mat, cot or crib** (*circle one*) which will be placed in the child's classroom while s/he is in the Downtown Ithaca Children's Center's child care program.

DICC will directly supervise my child during nap time. The program will adhere to the required ratios of caregivers to children at all times as determined by regulations.

Sleeping arrangements for infants require that the infant be placed on his/her back to sleep, unless medical information is presented to the provider by the parent which shows this arrangement is inappropriate for that child.

---

Parent/Guardian Name (*Please Print*)

---

Signature

---

Date

## Transportation Agreement

Child Name: \_\_\_\_\_

I give permission for the Downtown Ithaca Children's Center, or any approved employee of Downtown Ithaca Children's Center, to transport my child for field trips, excursions to the park, emergency purposes or any reason deemed necessary by the program.

As per the DICC Transportation Policy:

1. DICC will obtain written consent from the parent/caregiver for any transportation of their child and will keep the transportation policy and the written parental consent on file at the center. Parents can be given a copy.
2. A child will never be left unattended in any motor vehicle or other form of transportation.
3. Every child will board or leave a vehicle from the curb side of the street.
4. Each child will be secured in safety seats or safety belts as required by law. Safety seats will be supplied by the parents/caregiver or the daycare. Notice will be given on who will be supplying the safety seats.
5. Drivers will be 18 years of age or older and hold a current valid license to drive the class of vehicle they are operating. All vehicles used to transport children must have a current registration and inspection sticker.
6. The parents/caregiver will be provided a copy of this plan at enrollment. If the plan changes, the parents/caregiver will be provided a copy of the amended transportation plan prior to its start date.
7. The use of cell phones or any other electronic device during transport, including hands-free devices, is prohibited. Necessary calls will be made once the vehicle is parked in a legally permitted position off the road.
8. During the transport of children, the program will adhere to the required ratio of caregivers to children at all times as determined by regulations.

---

Parent/Guardian Name *(Please Print)*

---

Parent/Guardian Signature

Date



## Key Fob Contract

Child Name: \_\_\_\_\_

I understand that it is my responsibility to report any lost, stolen or misplaced key fobs immediately to DICC Administration.

I understand and agree to pay a \$10.00 replacement fee per fob for a duplicate copy.

I also understand and agree to return the key fob to the office when permanently leaving the Center if I fail to do so I will pay a \$10.00 fee. This is imperative for the safety of all children and staff.

Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Office Use ONLY:

Key Fob # \_\_\_\_\_