



REGISTRATION FORM (2 to 12 yr olds)

CONTACT US:

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 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 #
Primary Physician				

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 #
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**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

In accordance with Federal Law, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

**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).

COVID-19/Pandemic Protocol Safety Measure

Mask/Face Covering (one reusable will be provided to each child – parent responsibility to launder). *Choose one:*

_____ Understand my child will wear mask/face covering

_____ Prefer my child NOT wear mask/face covering

Parent Signature

Date

Napping Agreement

Child Name: _____

I agree to have my child nap in/on a **mat or cot** 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.

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 # _____

New Enrollment Intake Form

Share the information below with Downtown Ithaca Children's Center to allow our staff a better understanding of the child who will be joining their class.

Child's Name:

Nickname:

Child's Age:

Primary Language
Spoken at Home:

Siblings:

Grandparents:

Pets:

Special Friends:

Favorite Toy/Game:

Does your child have friends over or has he/she stayed away from home?

Is your child independent with toileting skills?

Does your child nap and if so, what time and for how long?

Is there anything special – a blanket or story – that helps soothe at naptime?

Does your child have strong likes or dislikes in food?

Does your child have any medically identified allergies?

What do you feel are your child's social skills? challenges?

What helps your child when he/she is feeling frustration?

What are your child's strengths?

How does your child learn best?

Do you have goals we can work together on to achieve?

Has your child received an evaluation from Early Intervention or your home school district? If yes, are they currently receiving any services? (Please be specific.)