

NEW YORK STATE
 OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE REGISTRATION

**PHOTO OF CHILD
 (Optional)**

Child's Full Name:

Does your child have any allergies? Yes No
 If Yes, what is your child allergic to?

Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.

Child's Source of Medical Care/Primary Care Physician's Name: Telephone Number:

Child's Source of Dental Care/Dentist's Name: Telephone Number:

Name Of Medical Care Facility/Hospital: Telephone Number:

Would you like information on Child Health Plus? Yes No

EMERGENCY DATA	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER (Check type)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> Pager <input type="checkbox"/> Cell
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> Pager <input type="checkbox"/> Cell
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> Pager <input type="checkbox"/> Cell
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="checkbox"/> Pager <input type="checkbox"/> Cell

