

**PART B: ENROLLMENT FORM FOR PARENT/CARETAKER FOR LEGALLY EXEMPT GROUP CHILD CARE PROGRAM**

Part B must be completed by the parent/caretaker enrolling his/her child(ren) receiving assistance in a legally exempt group child care program.

**SECTION 1: Program Information**

Program Information				
Child Care Program's Legal Name:		Enrollment Number (if known)		
Dunkirk Camp & Conference Center		876418		
Site Address: Street Address		Apt/FI #	City	State
3602 E. Lake Road			Dunkirk	NY
		Zip Code	County	
		14048	Chautauqua	

**SECTION 2: Parent/Caretaker Information**

Parent/Caretaker Information:										
Name: First		Last (Please include any ALIASES or MAIDEN names in parentheses.)					MI		Suffix	
Date of Birth	/	/	Gender	Home Phone	(	)	-	Work Phone	(	)
Cell Phone	(	)	-	Email Address						
Home Address: Street Address		Apt./FI #	City	State	Zip Code	County		Zip Code		
Mailing Address: Street Address/P.O. Box		<input type="checkbox"/> Same as above		Apt./FI #	City	State	Zip Code			
Child Care Assistance Paying District:		Preferred Language								

**(For Enrollment Agency Use)**

Received Date:	/	/	Completed Date:	/	/
CCFS ID:			Facility Name:		

**SECTION 3: Children Receiving Child Care Assistance**

Child's Information			
Name, First:	Last:	MI:	Date of Birth: / /
Who will be responsible for meals/snacks? (Check one.)		Who will administer medication? (Check one.)	
<input checked="" type="checkbox"/> Program <input type="checkbox"/> Parent		<input checked="" type="checkbox"/> Program (must meet requirements as stated in the instructions) <input type="checkbox"/> Parent	
Gender:			

Child's Information			
Name, First:	Last:	MI:	Date of Birth: / /
Who will be responsible for meals/snacks? (Check one.)		Who will administer medication? (Check one.)	
<input type="checkbox"/> Program <input type="checkbox"/> Parent		<input type="checkbox"/> Program (must meet requirements as stated in the instructions) <input type="checkbox"/> Parent	
Gender:			

Child's Information			
Name, First:	Last:	MI:	Date of Birth: / /
Who will be responsible for meals/snacks? (Check one.)		Who will administer medication? (Check one.)	
<input type="checkbox"/> Program <input type="checkbox"/> Parent		<input type="checkbox"/> Program (must meet requirements as stated in the instructions) <input type="checkbox"/> Parent	
Gender:			

Child's Information			
Name, First:	Last:	MI:	Date of Birth: / /
Who will be responsible for meals/snacks? (Check one.)		Who will administer medication? (Check one.)	
<input type="checkbox"/> Program <input type="checkbox"/> Parent		<input type="checkbox"/> Program (must meet requirements as stated in the instructions) <input type="checkbox"/> Parent	
Gender:			

Child's Information			
Name, First:	Last:	MI:	Date of Birth: / /
Who will be responsible for meals/snacks? (Check one.)		Who will administer medication? (Check one.)	
<input type="checkbox"/> Program <input type="checkbox"/> Parent		<input type="checkbox"/> Program (must meet requirements as stated in the instructions) <input type="checkbox"/> Parent	
Gender:			

**SECTION 4: Parent/Caretaker Certification**

To the best of my knowledge, I hereby affirm that the information provided on *Part B* of this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in denial or termination of the enrollment, social services terminating child care assistance payments, and/or legal action against the parent/caretaker for deliberately presenting false or misleading information.

Signature of Parent/Caretaker:

Date:

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**SECTION 5: On-Site Director Certification**

I hereby affirm that I have reviewed *Part B* of this form, and that to the best of my knowledge, the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation may result in denial or termination of the enrollment for deliberately presenting false or misleading information.

Signature of On-Site Director:

Date:

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