

**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 subsidy in a legally exempt group child care program.

**Section 1: Program Information**

Program Information					
Child Care Program's Legal Name: Associated Beth Rivkah School			Enrollment Number (if known) 665852		
Site Address: Street Address 470 Lefferts Avenue	Apt/FI #	City Brooklyn	State NY	Zip Code 11225	County Kings

**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
Mailing Address: Street Address/P.O. Box <input type="checkbox"/> Same as above		Apt/FI #	City	State	Zip Code
Subsidy Paying County		Preferred Language			

**(For Enrollment Agency Use)**

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

**Section 3: Children Receiving Subsidy**

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

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

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

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

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

**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 subsidy payments, and/or legal action against the parent/caretaker for deliberately presenting false or misleading information.

Signature of Parent/Caretaker:

Date:

/ /

**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:

/ /

***Detach here and retain for your own records.***

## **Section 6: Parent/Caretaker Attestations and Agreements**

**By signing this enrollment application, the parent/caretaker attests and agrees to the following:**

- I understand it is my responsibility to choose a program that meets the needs of my child(ren). I certify that I have selected this program to care for my child(ren).
- I have reviewed the Health and Safety Requirements listed in the **18 NYCRR 415** and agree that the provider must meet and continue to meet all requirements.
- My child care program must give me unlimited and on-demand access to the following, including:
  - Access to my child(ren)
  - The right to inspect, at any time during the hours of operation, all parts of the facility used for child care or which could present a hazard to the health and/or safety of my child(ren)
  - Access to the staff for my child(ren)
  - Access to written records about my child(ren) except when otherwise restricted by law
- I will notify the enrollment agency immediately if
  - my address or phone number changes, or
  - I have any concerns about the health and safety of my child(ren) in the program's care.
- I understand that this enrollment applies **ONLY** to the program and the location of care listed in **Part A, Section 1**. If the program OR the location of care changes, this enrollment ends, and I must submit a new enrollment form for the new program or the new location.
- I will immediately notify the local social services district and the program if the hours that I need child care or other circumstances related to my need or eligibility for child care change.
- I agree to pay my family share, if any, as directed by the local social services district.
- I understand that if the program is denied enrollment or has its enrollment terminated, the program will be considered ineligible to provide child care. The local social services district cannot pay a program or issue payment for the care given by a program that cannot be enrolled or is ineligible to receive child care payment.
  - If I choose to use an ineligible program, the program can hold me responsible to pay for the child care.
  - I understand I have the right to select another program.
- I understand the decision to enroll in this program is based on the facts provided and attested to on the enrollment form. Providing false information or deliberately concealing information may result in an inaccurate determination of the program's eligibility to provide subsidized child care, and/or a denial or termination or enrollment. If the program provides child care services while enrolled under false pretenses, or while the program is an ineligible child care provider, the local social services district may refuse to issue child care subsidy payments, terminate child care subsidy payments, and/or take legal action against me or the child care provider.