

**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: ASSOCIATED BETH RIVKAH SCHOOLS				Enrollment Number (if known) 665852		
Site Address: Street Address 470 LEFFERTS AVE	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		
Child Care Assistance Paying District: NYC		Preferred Language ENGLISH					

**(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: / /	Gender: F
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: F
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: F
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 F
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: F
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		

**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:

/ /

**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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