

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

PHOTO OF CHILD (Optional)	PROGRAM NAME:	ADDRESS:	PHONE NUMBER: () -	
	CHILD'S FULL NAME:	DATE OF BIRTH: / /	GENDER:	
	PREFERRED NAME/NICKNAME:			
	CHILD'S HOME ADDRESS:			
NAME OF PERSON ENROLLING CHILD:		RELATIONSHIP TO CHILD: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____		
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: () - <input type="checkbox"/> ok to text		ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):		
EMAIL ADDRESS:				
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
	PRIMARY CONTACT:	<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
FOR PROGRAM USE ONLY DATE OF ENROLLMENT: / /			FOR PROGRAM USE ONLY DATE OF DISENROLLMENT: / /	

CHILD'S FULL NAME:	DATE OF BIRTH: / /
Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (Please list) _____ <input type="checkbox"/> Other _____	
Please provide information here AND discuss with your child care provider:	
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:	PHONE NUMBER: () -
PREFERRED HOSPITAL:	PHONE NUMBER: () -
CHILD'S DENTAL CARE:	PHONE NUMBER: () -
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/	
AGREEMENTS	
• I consent to emergency medical treatment for my child.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
• I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
• I provided information on my child's special needs to the program to assist in caring for my child.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
• I agree to review and update this information whenever a change occurs and at least once every year.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:	DATE: / /

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
TRANSPORTATION CONSENT FORM
Child Day Care Programs

Provider Name: Kristen Beckmann

Facility ID Number: 39861DCC

Program Name: Harbor Child Care

This form may be used to meet the regulatory requirement to obtain written consent from the parent of a child for any transportation provided or arranged for by a caregiver, and to inform the parent when the person who is providing transportation changes. This form is not the Transportation Plan.

Parents whose children receive transportation services must receive, at the time of enrollment of their children, a copy of the program's transportation plan. If the plan is amended, parents must receive a copy of the amended plan prior to its start date.

It is recommended that a separate Transportation Consent Form be completed for each child.

I have been informed of, and agree to, the transportation plan of the above child care program.

Transportation Plan is attached to this Transportation Consent Form (Yes / No) *circle one*

Date of Transportation Plan 7/6/2026

I give permission for my child (*name*)

to be transported by (caregiver names and/or transportation contractor arranged for by the program) Harbor Child Care

At the following times (*check all that apply*):

Only as recorded on the posted transportation schedule for my child

Other (*explain*)

By signing this form I am giving consent for the above described transportation services.

Parent Printed Name: _____

Parent Signature: _____

Date _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
PLAN FOR BEHAVIOR MANAGEMENT
Child Day Care Programs

Provider/Director Name: KRISTEN BECKMANN Facility ID Number: 39861
 Program Name: HARBOR CHILD CARE- HERRICKS Date: 10 / 28 / 2025

This form may be used to meet the regulatory requirement to submit to the Office a written plan for behavior management. You can choose to use this form to meet this requirement, or submit an acceptable alternative.

Valuable information is available from your local child care resource and referral agency and other resources. Information is also available on the agency website: ocfs.ny.gov.

The program is responsible for educating all staff on this plan upon employment and as needed. The program must supply copies of this plan to all staff and parents of children enrolled in the program.

- A child may only be disciplined by the director, group teacher, assistant teacher, provider, substitute, and/or assistant.
- The program must apply all rules consistently and appropriately to the ages of the children and their developmental level and abilities.
- Any discipline used will relate to the child's actions and be handled without prolonged delay.
- A child may be separated briefly from the group, but, only long enough to gain self-control and must be in view of, supervised and supported by a director, group teacher, assistant teacher, provider, substitute, and/or assistant.
- Corporal punishment is prohibited.
- No child can be isolated in an adjacent room, hallway, closet, darkened area, play area or any other area where a child cannot be seen, or supervised.
- Withholding or using food, rest or sleep as punishment is prohibited.
- Methods of discipline, interaction or toilet training which frighten, demean or humiliate a child are prohibited.
- Any abuse or maltreatment of a child, either as an incident of discipline or otherwise, is absolutely prohibited. Any child care program must not tolerate or in any manner condone an act of abuse or neglect of a child by an employee, volunteer, any person under the programs control.
- Physical restraint is prohibited.

By submitting this form, our program chooses to implement and follow this plan for behavior management, and will attach any additional information as needed.

The following acceptable child guidance techniques will be used (check all that apply):

- Redirect. In a conflict, give an alternate toy or activity to one of the children competing for the toy. Have multiples of popular toys.
- Focus on "Do" rather than "Don't." For example, "We walk inside" instead of "Stop running inside."
- Offer choices: "You can either sit on the rug or at the table for story time."
- Encourage children to use friendly words rather than physical acts. For example, suggest using the phrase, "I was playing with that toy."
- Praise positive behavior: "Thank you for using your words."
- Model desired behaviors in order for the children to learn by example.
- Arrange the program space to positively impact children's behavior. For example, avoid large open spaces that might encourage children to run indoors.
- Listen to the children and respond to their needs proactively to achieve their goals. Keeping the children engaged with activities will help prevent conflict.
- For preschool and school age children, involve the children in the development of the classroom rules and consequences.
- Other (please describe)

If applicable, please attach any additional information regarding your behavior management plan.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
TRANSPORTATION PLAN
Child Day Care Programs

Provider Name: KRISTEN BECKMANN Facility ID Number: 39861
Program Name: HARBOR CHILD CARE- HERRICKS
Effective Date of Transportation Plan: 10 / 28 / 2025

This form may be used to document the program's Transportation Plan. The plan is designed to promote the safety of children and inform families of regulatory requirements regarding transportation. The parent will be asked to sign a separate Transportation Consent Form (OCFS 6013).

1. The Program will obtain written consent from the parent(s) for any transportation of their child provided for, or arranged by a caregiver, and will keep the transportation policy and the written parental consent on file at the program, and 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: (who)
BUSES HAVE IN BUILT IN SEAT BELTS
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 parent(s) will be provided a copy of this plan at enrollment. If the plan changes, the parent(s) will be provided a copy of the amended transportation plan, prior to its start date. The use of cell phones or any other electronic device during transport, including hand-free devices, is prohibited. Necessary calls will be made once the vehicle is parked in a legally permitted position off the road.
7. The Program will display daily transportation schedules at the following locations: (where)
SCHOOL AGE DIRECTORS OFFICE
DIRECTORS OFFICE
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.
9. When a child is released from the program, the program will verify that the individual approved by the parent(s) to receive the child is present at the designated drop off location. If the approved person is not present as planned the parent(s) will be contacted immediately by the Program.
10. The parent will be able to check the posted daily transportation schedule regarding transportation arrangements for each day a child is in care. Other Comments:

EMAIL



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ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

AMERICAN EXPRESS NOT ACCEPTED

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date CVV
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received
Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: _____ \$	Attach Voided Check Here	
_____ Dollars	Deposit slips not accepted	
123456789	1800338	0226
Routing Number	Account Number	Check Number

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