

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

Provider Name: _____ Facility ID Number: _____

Program Name: _____

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 _____

☐ I give permission for my child (*name*) _____
to be transported by (*caregiver*
names and/or transportation
contractor arranged for by the
program) _____

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: **X** _____

Date _____

I, _____
(Parent or Guardian's name)

Give permission for Just Quality Care Daycare Services, Inc.

To release my child, _____
(Child's name)

Into the custody of the following person(s):

ame:	Relationship:	Telephone Number	Code: Word

**I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one of the above listed individuals to pick up my child
All pick up persons must have valid New York State Identification on file at Just Quality Care Daycare Services, Inc this form is not valid without Parent Signature.**

Signature: _____ Date: / /
(Parent/Guardian)

Signature: _____ Date: / /
(Parent/Guardian)

I, _____
(Parent or guardian's name)

Give permission for Just Quality Care Daycare Services, Inc.

To release my child,

(Child's name)

Into the custody of the following person(s):

Name:	Relationship:

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one of the above listed individuals to pick up my child
All pick up persons must have valid New York State Identification on file at Just Quality Care Daycare Services, Inc this form is not valid with out notarization.

Signature: _____ Date: _____
(Parent/Guardian)

Notary Stamp

Notary Signature _____ Date _____

**SLEEPING AND NAPPING
AGREEMENT
Family Day Care and Group Family
Day Care**

Sleeping and napping arrangements must be made in writing between the parent and the child care provider. The provider shall maintain this completed agreement on file in the child care home. This arrangement is required by New York State Child Day Care Regulations [Family Day Care 417.7 (i) and 417.8 (a) (1), and Group Family Day Care 416.7 (i) and 416.8 (a) (1)].

I, (parent name) _____, understand that my child(ren),
_____, while under the care of (child care provider)
_____, will be napping on a (bed/cot/mat/chair)
_____ in the (baby room/main room) _____ of the
child care home.

My napping child will have competent supervision at all times, either through:

(Please check one box below)

- ☐ Direct supervision by a caregiver who is in the same room and has direct visual contact with him/her;

OR

- ☐ Indirect supervision by a caregiver who uses a functioning electronic monitor and remains on the same floor as my child at all times. The doors to all rooms where children are napping must remain open, as well as the doors to all rooms used by the provider.

If my child is an infant, I also understand that my child will be placed on his/her back to sleep.

Parent's Signature:

Name (please print): _____ Signature: _____

Date: _____ (Month/Day/Year)

Child Care Provider's Signature:

Name (please print): _____ Signature: _____

Date: _____ (Month/Day/Year)

***JUST QUALITY CARE
DAYCARE SERVICES, INC***

NEIGHBORHOOD WALKING TRIPS AUTHORIZATION

*I give permission for my child, _____, to leave Just
Quality Care Daycare Services, Inc.*

*For supervised walking trips in the immediate neighborhood of the child care home to
such places as area playgrounds, parks, the local branch library, and local stores.*

Parent/Guardian signature

Date

Just Quality Care Daycare Services, Inc
Just Quality Care Daycare Services, II Inc
ADMISSION AND CHILD INFORMATION FORM

Child's Name: _____

Gender: _____ Date of Birth: _____ Home Phone: _____

Address: _____

Parent Information

1) Parent's Name: _____

Address: _____

Home Phone: _____ Cell Phone or Pager Number: _____

Employer: _____ Day Time Phone: _____

Employer Address: _____

2) Parent's Name: _____

Address: _____

Home Phone: _____ Cell Phone or Pager Number: _____

Employer: _____ Day Time Phone: _____

Employer Address: _____

Person(s) with legal custody: _____

Emergency Contacts

1) Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2) Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Child's Doctor or Clinic _____ Phone: _____

***JUST QUALITY CARE DAYCARE SERVICES, INC.
JUST QUALITY CARE DAYCARE SERVICES, ll INC.***

EMERGENCY MEDICAL AUTHORIZATION FORM

I, _____

Parent/guardian of _____

Born on _____, do hereby give my consent to

_____, the child's daycare provider, to secure and authorize such emergency medical treatment as the above name child might require while under the supervision of said childcare provider. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for the child as secured or authorized under this consent.

NOTE: Every effort will be made to notify the parents/guardian in case of an emergency. In the even of an emergency, it would be necessary to have the following information:

Physician's Name: _____ Phone Number: _____

Preferred
Hospital: _____

Address: _____ Phone: _____

If the parent/guardian is unavailable, other relatives or persons to contact in emergency:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of parent/guardian: _____

Date: _____

Provider Signature: *Just Quality Care Daycare Services, Inc.*
Just Quality Care Daycare Services, ll Inc

Date: _____

***JUST QUALITY CARE DAYCARE SERVICES, INC.
JUST QUALITY CARE DAYCARE SERVICES, ll INC.***

EMERGENCY MEDICAL AUTHORIZATION FORM

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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of parent/guardian: _____

Date: _____

Provider Signature: *Just Quality Care Daycare Services, Inc.*
Just Quality Care Daycare Services, ll Inc

Date: _____