*		OFFICE OF CHI DAY C	IEW YORK STATE ILDREN AND FAMILY SERV ARE ENROLLMENT	ICES			-	
	PROGRAM NAME:	ADDRESS:			PHON	E NUMBER:		
	CHILD'S FULL NAME:		[1	DATE OF BI	RTHE	GEND	ER:	
	PREFERRED NAME/NICKNAME:			1	I			
	CHILD'S HOME ADDRESS:	•		-				
	NAME OF PERSON ENROLLING CHIL	D.	RELATIONSHIP TO CHILD:	v-Totalescent Professor		The state of the s		
				Parent Guardian Caretaker Relative				
HONE NUMBER(S) OF PE	ERSON ENROLLING CHILD:		ADDRESS OF PERSON ENROLL	ING CHILD (F DIFFERE	ENT THAN CHIL	D):	
) - MAIL ADDRESS:		☐ ok to text	·					
EVERGEN	CY CONTACT NAMES / ADDRESSES	Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTH	R PHONE	NUMBER/EM	ANL	
PRIMARY CONTAC	F:	☐ Yes ☐ No	() -	()				
<u> </u>		☐ Yes ☐ No	l() -	1()				
EMERGENCY INFO		Li res Lino	ok to text	☐ ok to				
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	NLY		FOR PROGRAM USE ONLY					
			POR PROGRAM USE ONLY DATE OF DISENROLLMENT:	1	/			
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SIGNATURE - PARENT OR PERSON(S) LEGALLY RESPONSIBLE:

DATE:

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