

Community/Students/Staff

COLUMBIA GREENE COMMUNITY COLLEGE DAY CARE CENTER

Child's Name: _____

Date of Birth: _____

Fall 2026

The Day Care Center is open 7:30 AM. To 5:00 PM. Monday through Thursday and Fridays 7:30 AM to 4:00 PM in accordance with the college schedule.

In order for your child to be considered for admission into the Day Care Center, this application, completed in full with all forms filled out and signed, must be returned to the Day Care Center prior to the date you want your child to start.

Days	In	Out	Total Hours	Office Use Only	
Monday				16	
Tuesday				16	
Wednesday				14	
Thursday				15	
Friday				14	

Total Contract _____

Office Use only

Student _____

Staff _____

Community _____

Parent Schedule

Name	Semester			
Monday	Tuesday	Wednesday	Thursday	Friday
8:00-8:55	8:00-9:20	8:00-8:55	8:00-9:20	8:00-8:55
9:05-10:00	9:30-10:50	9:05-10:00	9:30-10:50	9:05-10:00
10:10-11:05	11:00-12:20	10:10-11:05	11:00-12:20	10:10-11:05
11:15-12:10/12:35 _____	12:30-1:50	11:15-12:10/12:35 _____	12:30-1:50	11:15-12:10/12:35 _____
12:45-1:40/2:05 _____	2:00-3:20	12:45-1:40/2:05 _____	2:00-3:20	12:45-1:40/2:05 _____
2:15-3:35	3:30-4:50	2:15-3:35	3:30-4:50	2:15-3:35
3:45-5:05		3:45-5:05		3:45-5:05

COLUMBIA GREENE COMMUNITY COLLEGE DAY CARE CENTER

Child's Name: _____

Parent/Legal Guardian's Name: _____

FEE AGREEMENT

I have enrolled my child in the Columbia Greene Community College Day Care Center. I understand the fee for Day Care is computed for the semester and is due and payable on the first day of the week my child is in the center. I also understand the fee is non-refundable. I therefore agree to pay the current market rate at the time stated. I understand that I will be held solely responsible for payment of child care charges accrued during my child's enrollment at Columbia Greene Community College Day Care Center.

Parent/Legal Guardian Signature

Date

STUDENT/PARENTS FINANCIAL AID RELEASE FORM

I give my permission to the CGCC Day Care Center to access my financial aid funds to cover all or a portion of the Day Care tuition for my child. I understand that if there are no financial aid funds available, I am responsible for the entire balance.
For any future change, a written request must be submitted to the Day Care office prior to the second week of the semester.

Parent/Legal Guardian Signature Date _____

Student ID # _____

Will you graduate by the end of the current academic year? Yes No

COLUMBIA GREENE COMMUNITY COLLEGE DAY CARE CENTER

Child's Information

Child's Name: _____ DOB: _____
Place of Birth: _____ Home Phone: _____
Home Address: _____
Home Language: _____

Parent's Information

Name: _____ Birth Place: _____
Address: _____
Home Phone #: _____ Cell Phone #: _____
Email: _____
Employer Name: _____ Work Phone #: _____

Parent's Information

Name: _____ Birth Place: _____
Address: _____
Home Phone #: _____ Cell Phone #: _____
Email: _____
Employer Name: _____ Work Phone #: _____

Emergency Information

Name of a LOCAL person to be contacted in case of emergency who can take physical custody of your child when parent cannot be reached. They must also be on the pick up list.

_____ Phone #: _____

Name of child's physician: _____

Address: _____ Phone #: _____

Is your child's physical development expected for their age? If No, please describe. _____

Columbia-Greene Community College Day Care Center

Child's Name _____

Names, ages and relationships of all of your child's brothers and sisters.

Name	Sex	Date of Birth	School Grade	Relationship

Other members of your child's usual household:

Name	Relationship to Child	Name	Relationship to Child

Use back of sheet if necessary.

What is child's reaction when left by parent _____

Marital status of parent: ___ Married ___ Separated ___ Divorced ___ Widowed ___ Single

Have there been any changes in the family group, such as death or divorce? Please explain. _____

List communicable diseases child has had. _____

List any other serious illnesses, operations or accidents since birth. _____

As far as you know will your child be able to participate fully in the program at the Day Care Center. If not please explain adjustments that will be needed. _____

What are your child's preferred foods? _____

Columbia-Greene Community College Day Care Center

Child's Name _____

Does your child have any allergies? Please describe:

Food _____

Medication _____

Other [soap, animals, etc.] _____

Does your child need help in taking care of his/ her eliminations? _____

Does your child usually nap? Y N For how long? _____ When? _____

Does your child have any particular fears? [dogs, sirens, etc.] Please describe: _____

Does your child enjoy any particular toys or games? Please describe: _____

What is your child's favorite song? _____

Is your child happy playing alone? Y N Does he/she have imaginary playmates? Y N

Please describe these playmates. _____

Does your child encounter any difficulties in play situations? Y N If so please explain:

Has your child attended school in the past? Y N Please list the name of the school and the

length of time they attended _____

Please list any traditional holidays you prefer that your child not participate in:

Please describe your child's usual behavior and personality: _____

Please describe your family's approach to discipline.

What is your child's usual reaction to discipline? _____

How do you comfort your child? _____

Are there additional circumstances regarding your child that you would like us to be aware of?

Please explain: _____

Columbia-Greene Community College Day Care Center

Child's Name: _____

Parent/Legal Guardian's Name: _____

TRIP PERMISSION:

I give my child permission to participate in all campus based trips planned by the Columbia Greene Community College Day Care Center.

Parent/Legal Guardian Signature: _____

Date: _____

MEDICAL CARE PERMISSION:

I give the Columbia Greene Community College Day Care Center permission to obtain emergency medical care for my child, and to use whatever transportation that is available.

Parent/Legal Guardian Signature: _____

Date: _____

NOTE: In the event of an accident or emergency, every attempt will be made to notify the child's parent and physician immediately.

PERMISSION FOR APPLICATION OF LOTIONS, CREAMS AND SPRAYS

I give permission for Day Care Staff or Teachers to apply over-the counter topical ointments, lotions, creams and sprays including first aid creams, sunscreen, insect repellent and hand lotion to my child. I understand that I am to provide the hand lotion, sunscreen and insect repellent of choice and it must be labeled with my child's first and last name on it. I also understand that I have to give it to my child's teacher and not leave it in the cubby area.

Parent/Legal Guardian Signature: _____

Date: _____

COLUMBIA GREENE COMMUNITY COLLEGE DAY CARE CENTER

Child's Name: _____

Parent/Legal Guardian's Name: _____

OBSERVATION PERMISSION

I give permission for my child to be observed by academic and non-academic visitors to the center. I understand my child will be observed by non-Center personnel for teaching or training purposes. I give permission for my child to participate in observation projects conducted by those authorized by the Director. I give permission for my child to participate in research or testing as approved by the center Director in connection to student course observation.

Parent/Legal Guardian Signature: _____

Date: _____

PHOTOGRAPH RELEASE

I give permission for my child to be photographed, tape recorded or videotaped by Day Care or College staff when involved in Center activities, including campus based field trips. Such materials may be used for classroom and/or publicity purposes and may be posted on the CGCC Day Care Facebook page.

Parent/Legal Guardian Signature: _____

Date: _____

SURVEY

I give permission for my child to participate in surveys that are connected to gaining information for grants and other areas of concern to Day Care on all levels [Local, State and Federal]

Parent/Legal Guardian Signature: _____

Date: _____

Columbia-Greene Community College Day Care Center

POLICIES AND PROCEDURES

1. Children may not come to Day Care when they are sick.
2. Each child must have a complete change of clothing in his or her cubby labeled with his or her name.
3. Children are not to be dropped off at Day Care before their scheduled time, unless prearranged with the office.
4. All children must be picked up at their scheduled times. Day Care will bill the parent for the salaries of the employee required to stay for any child not picked up on time.
5. All Day Care accounts must be kept up to date at least one week in advance.
6. Parents are to notify Day Care when their child is going to be absent.
7. Parents who want their child to come as a drop in must check with the director in advance.
8. We try to go out for play EVERY day. Please dress your child appropriately.
9. Children are to wear rubber soled shoes or sneakers every day. Clogs and sandals are not permitted and snow boots must be changed before entering the classroom. All of this is for safety reasons.
10. Please do not bring your child to the Center with gum, candy, soda or any type of "junk food". They are not allowed in Day Care.

I have read the above statements and understand and agree to abide by them.

I agree to pay the fee based on the number of hours I will need services for my child / children.

I understand the rest time routine for my child.

I understand that I am responsible for reading and abiding by the procedures in the Parent Handbook.

Child's Name _____ Date _____

Parent / Guardian Signature _____



Attention Parents,

It is now required that all preschools licensed by the OCFS form a sleeping/napping agreement between the provider and the parents. We ask that you please fill out the information below. Napping will continue as usual!

Thank you and have a great day,
C-GCC DAY CARE STAFF

C-GCC Sleeping/Napping Agreement

Parent/Guardian Name: _____

Childs Name: _____

Days of Care: M T W Th F

Sleeping Arrangements:

Preschoolers will nap on mats.

How children will be supervised:

Your child will be supervised at all times while child is sleeping in their classroom by their teacher.

***Parents are responsible for supplying bedding for their children to use during naptime. Bedding should be taken home weekly to be cleaned. Children are welcome to bring any items that will make them feel at ease during nap time. i.e.- blankets, small stuffed animal, etc.

Parent/Guardian Signature

Date

Provider Signature

Columbia-Greene Community College Day Care Center

Child's Name: _____

Parent/Legal Guardian's Name: _____

TRANSPORTATION PICK-UP / DROP OFF

I give my permission to have my child transported to and/or from Columbia-Greene Community College Day Care Center by the following person or persons:

Name	Relationship	Phone Number

Please note: Persons on your pick up list will be contacted for pick-up in an emergency situation when primary emergency person can not for some reason be reached. Your primary emergency person must also be on this pick-up list.

Parent/Legal Guardian Signature

Date