

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
STAFF, VOLUNTEER, AND HOUSEHOLD MEMBER INFORMATION
CHILD DAY CARE PROGRAMS

INSTRUCTIONS:

- Please **PRINT** clearly
- If you are not sure which role to choose, refer to child day care regulations and/or consult with your licensor or registrar.

PROGRAM NAME:	FACILITY ID NUMBER:
PERSONS NAME:	
DATE:	

TYPE OF PROGRAM:	Family Day Care, Group Family Day Care and Small Day Care Centers	Day Care Center and School-Age Child Care	All Programs
<u>ROLE:</u>	<input type="checkbox"/> Provider <input type="checkbox"/> Substitute <input type="checkbox"/> Assistant <input type="checkbox"/> Household Member (GFDC/FDC)	<input type="checkbox"/> Director <input type="checkbox"/> Group Teacher <input type="checkbox"/> Assistant Teacher	<input type="checkbox"/> Volunteer <input type="checkbox"/> Employee

IDENTIFYING INFORMATION
☐ MR. NAME (*Last, First, MI*):

☐ MRS.

☐ MS.

ADDRESS: _____ APT: _____ FLOOR: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

DATE OF BIRTH (<i>mm/dd/yyyy</i>): / /
