

0-12 months



475 Grand Concourse, Room 109A  
Bronx, NY 10451 718-518-4176

Thank you for your interest in the Children's Center! Your child is considered enrolled once all of the items below are received by the Children's Center, and space availability has been confirmed.

**DOCUMENTS TO BE COMPLETED and SIGNED by PARENTS/GUARDIANS**

- ☐ Enrollment form
- ☐ Childcare Schedule
- ☐ Emergency & Escort Authorization
- ☐ CUNY Media Release Form (Child)
- ☐ Consent for Walks
- ☐ Developmental Needs Form
- ☐ Family Social Developmental History (0-12 months)
- ☐ ASQ 3 and ASQ SE
- ☐ Parent Handbook
- ☐ Tuition Agreement form
- ☐ Block grant application

**DOCUMENTS TO BE COMPLETED and SIGNED by CHILD'S PHYSICIAN AND/OR PARENT**

- ☐ Consent for Emergency Medical Care
- ☐ Consent for Non-Medication Form
- ☐ Health and Dietary Information Form
- ☐ Child & Adolescent Health Examination Form
- ☐ Asthma Action Plan, completed and signed by doctor, if applicable
- ☐ Allergy Action Plan, completed and signed by doctor, if applicable
- ☐ Release of Medical Record Information

**DOCUMENTS TO BE PROVIDED:**

- ☐ 2 Proofs of Income (pay stub, tax form, letter from employer)
- ☐ Proof of Address (utility bill, Driver's License)
- ☐ Copy of Birth Certificate
- ☐ Proof of Immunizations
- ☐ Copy of Gov't Photo ID (Driver's License, Passport, State I.D.)
- ☐ Copy of College I.D.
- ☐ Copy of student-parent class schedule

# HOSTOS COMMUNITY COLLEGE CHILDREN'S CENTER, INC

475 GRAND CONCOURSE, RM 109A, BRONX, N.Y. 10451

TEL NO.: (718) 518-4176

**2025/2026**

## **ENROLLMENT FORM**

**PARENT/GUARDIAN INFORMATION**      DATE: \_\_\_\_\_      SEMESTER FOR CHILD CARE: \_\_\_\_\_

PARENT/GUARDIAN FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

HOSTOS COMMUNITY COLLEGE EMPLID: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT: \_\_\_\_\_

CITY/STATE/ZIPCODE: \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_-\_\_\_\_ HOME PHONE (\_\_\_\_) \_\_\_\_-\_\_\_\_

PERSONAL EMAIL ADDRESS: \_\_\_\_\_ HOSTOS EMAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP TO CHILD: MOTHER: \_\_\_\_ FATHER: \_\_\_\_ OTHER: \_\_\_\_\_

FAMILY COMPOSITION: SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ OTHER \_\_\_\_\_

HOSTOS COMMUNITY COLLEGE MAJOR OF STUDY \_\_\_\_\_

EXPECTED GRADUATION DATE: \_\_\_\_\_

ARE YOU A CLIP STUDENT? ☐ YES ☐ NO

ARE YOU AN ASAP STUDENT? ☐ YES ☐ NO

ARE YOU A VETERAN? ☐ YES ☐ NO

### **CHILD INFORMATION**

CHILD'S FIRST NAME: \_\_\_\_\_ CHILD'S LAST NAME: \_\_\_\_\_

CHILD'S DOB: \_\_\_\_\_ SEX: ☐ Male ☐ Female ☒ X

### **Below select the ethnicity and racial category for your child**

#### **Section I. Ethnic Category**

	<b>Hispanic of Latino:</b> A person of Cuban, Mexican, Puerto Rican, South or Central American; or other Spanish culture or origin, regardless of race.
	<b>Not Hispanic of Latino</b>

#### **Section II. Racial Category**

	<b>American Indian or Alaskan Native</b> - A person having origins in any of the original People of North or South America, who maintains tribal affiliations or community attachment (includes Aleuts and Eskimos)
	<b>Asian</b> - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. This China, Japan, Korea, India, and the Philippine Islands.
	<b>Black or African American</b> - A person having origins in any of the black racial groups of Africa
	<b>Native Hawaiian or other Pacific Islander</b> - A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
	<b>White</b> - A person having origins in any of the original peoples of Europe, North Africa or the Middle East
	<b>Two of more races</b> - two or more of the above racial groups peoples

Primary Language Spoken at Home: \_\_\_\_\_

Parent's/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**CHILDCARE SCHEDULE**  
**HOURS OF OPERATION: 7:45AM TO 5:00PM**

**WINTER 2025** \_\_\_\_\_ **SPRING 2025** \_\_\_\_\_ **SUMMER 2025** \_\_\_\_\_

**PARENT/GUARDIAN NAME (FIRST AND LAST)** \_\_\_\_\_

**CHILD'S NAME** \_\_\_\_\_

**PLEASE CREATE YOUR CHILDCARE SCHEDULE BELOW. CHILDREN MAY NOT ARRIVE LATER THAN 11:00AM.**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL HOURS
From:	From:	From:	From:	From:	
To:	To:	To:	To:	To:	

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**HOSTOS ADMINISTRATOR SIGNATURE:** \_\_\_\_\_

# HOSTOS COMMUNITY COLLEGE CHILDREN'S CENTER, INC.

475 GRAND CONCOURSE, RM 109A, BRONX, N.Y. 10451

TEL NO.: (718) 518-4176

## Emergency & Escort Authorization

2025 - 2026

TODAY'S DATE: \_\_\_\_\_

SEMESTER: \_\_\_\_\_

PARENT'S /GUARDIAN'S NAME: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

The Emergency Consent and Escort Authorization is used in the event of an emergency when the parent/guardian cannot be reached. This form is extremely important because it grants all staff and administrators of Hostos Community College Children's Center, Inc. to release your child to and/or give information to the persons listed below. As a parent/guardian it is your responsibility to update this document as necessary. Only the individuals listed will be contacted in the event of an emergency involving your child, and they will be able to drop off and/or pick up your child. **The individuals must have a valid photo id and be at least 18 years of age. All parents/guardians must list at least three individuals.**

**Name of Authorized Person:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact Info: Cell#: \_\_\_\_\_ Home#: \_\_\_\_\_

Work#: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Name of Authorized Person:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact Info: Cell#: \_\_\_\_\_ Home#: \_\_\_\_\_

Work#: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Name of Authorized Person:** \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact Info: Cell#: \_\_\_\_\_ Home#: \_\_\_\_\_

Work#: \_\_\_\_\_ E-mail: \_\_\_\_\_

**I hereby grant permission to Hostos Community College Children's, Inc. and their designees to contact the aforementioned individuals in the event of an emergency. The aforementioned individuals are too allowed to drop off/pick up my child.**

Parent/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Office of Early Childhood Initiatives  
16 Court Street  
Brooklyn, NY 11241  
Tel: (718) 254-7285 Tel: (646) 664-8833

### Media Release Form (Child)

I am the parent or legal guardian of \_\_\_\_\_ (*child's name*). I hereby grant permission to The City University of New York and anyone acting pursuant to its authority (collectively "CUNY") to take photographs, video and/or film recordings, and/or audio recordings of my child while participating in activities of a CUNY child care center. I authorize the use of such recordings, for any purpose that CUNY may deem appropriate, including without limitation educational uses and promotion of CUNY and its programs and activities, including in particular CUNY child care centers, in perpetuity, in CUNY publications and promotional materials, websites and social media sites, as well as in all other media and manners, whether now known or later developed. I waive any right to inspect and approve such uses. I understand that CUNY will be the owner of all rights in and to such photographs, videos and uses and that neither I nor my child will receive any monetary or other compensation for such uses.

I hereby release and hold harmless CUNY from liability for any and all claims by me in connection with CUNY's activities as authorized by this consent and release.

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Zip



475 Grand Concourse, Room 109A, Bronx, NY 10451  
Telephone: (718) 518 - 4176



PARENTAL CONSENT for WALKS

I give permission for my child to participate in walks around the college  
with appropriate staff supervision.

PRINT PARENT'S NAME: \_\_\_\_\_

SIGN PARENT'S NAME: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_





**FAMILY/SOCIAL/DEVELOPMENTAL HISTORY**

**COMPLETE IF YOUR CHILD IS 0-12 MONTHS OF AGE**

Child's Name:

Date: \_\_\_\_\_

\_\_\_\_\_

Child's Date of Birth:

\_\_\_\_\_

Child's Gender:

\_\_\_\_\_

Parent's Name:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Parent's Email Address:

\_\_\_\_\_

Sibling(s) (Name, Age, Gender):

\_\_\_\_\_

Who lives in your child's home?

\_\_\_\_\_

Has your child previously attended school or family day care? Where? How long?

\_\_\_\_\_

If so, what was their reaction to the experience away from home?



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How do you feel when you leave your child in someone else's care?

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**YOUR CHILD'S TEMPERAMENT & EMOTIONS**

How would you describe your child?

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What makes your child upset?

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What soothes your child?

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Does your child have a special blanket, toy, pacifier, or other security object to which they are attached?

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Under what circumstances do they use it?

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**ROUTINES**

What is your child's diapering/toileting routine?

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Do you have any specific diapering/toileting instructions?

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**SLEEPING**

Where does your child sleep at home (with others, own room, bed or crib, etc.)?

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Describe your child's bedtime/nap ritual (how you put them to sleep):

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Are they sleeping through the night?

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What do you do if your child wakes in the night?

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What time does your child usually wake up in the morning?

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General mood upon awakening?

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What times, where, and for how long does your child generally nap?

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## **EATING**

Does your child drink breast milk and/or formula?

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Does your child take a bottle? If yes, is it warmed?

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Describe. What are they eating, when, and how much?

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What is your child's general attitude toward eating?

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Is your child eating solids and/or purees?

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Is your child self-feeding?

---

---

Does your child have any food allergies or dietary restrictions?

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Any other special instructions about eating?

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**HEALTH HISTORY**

Is there anything about your pregnancy or birth experience that we need to know?

If yes, please explain:

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Has your child had any serious illnesses or been hospitalized? If yes, please explain:

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Ear/hearing problems?

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Eye/vision problems?

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Physical impairments?

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Do you have any concerns about your child's development? Please explain:

**RELATIONSHIP WITH the Hostos Children's Center**

What are your expectations of the Hostos Children's Center?

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Do you have any specific questions/concerns for us?

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Please tell us anything else you would like us to know about your child and/or your family:

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# 2025 PARENT HANDBOOK

**CONTACT US: 718-518-4176**

**EMAIL US: [PMARTINEZ@HOSTOS.CUNY.EDU](mailto:PMARTINEZ@HOSTOS.CUNY.EDU)**

**HOURS: 7:45am TO 5:00pm Monday-Friday**

**ADDRESS: 475 GRAND CONCOURSE, BRONX, NY 10451**

**A Building-Room 109**

*Revised 1/8/2025*



## INTRODUCTION

Welcome to the Hostos Community College Children's Center, Inc.! We first opened our doors almost 40 years ago and continue, today, to provide quality childcare and education in a developmentally appropriate learning environment. Our goal is to work with student-parents to help them become self-sufficient, to achieve their educational objectives, and to graduate, while their children participate in a safe, nurturing, educational program.

The Children's Center (the Center) is a campus-based, 501 (c) (3) non-profit organization. We are licensed by the New York City Department of Health & Mental Hygiene (DOHMH). We provide care for children aged 6 weeks to 5 years old.

## OUR EDUCATIONAL PHILOSOPHY

Every child is unique and different. They each have different strengths and challenges. Our goal is to address and support the needs of every child, through differentiated instruction and hands-on implementation of the curriculum. The staff at the Children's Center acknowledge and embrace student diversity while implementing a student-centered approach to education. We strive to meet each child where they are; cognitively, developmentally, as well as socially and emotionally. The Center's focus is on active learning and we have high expectations for our students, staff, and families. Our ideal environment is safe, nurturing, stimulating, and engaging, which motivates children to learn.

## CURRICULUM

At the Children's Center, we utilize the Creative Curriculum for Infants, Toddlers, Two's, and Preschoolers. The goal of the Creative Curriculum is to help children become independent, self-confident, inquisitive and enthusiastic learners by actively exploring their environment. Through a series of investigative studies on various themes; children deeply explore topics that build on a foundation in math, science, literacy, social studies and art. As students are immersed in each study, they will be exposed to diverse cultures, languages, family compositions, disabilities, and religions within the classroom. This will encourage empathy, understanding, and acceptance of

all differences, and will be exhibited through the transformation of centers/learning areas and student work.

The Creative Curriculum helps teachers interact with every child in ways that promote their overall development and learning, foster children's social competence, support children's learning through play, create rich environments for learning, and forge strong home-school connections.

We encourage parents to utilize the Curriculum's Family App so that they can continue their child's learning at home based on the studies the children are engaging with in the classroom. Teachers can distribute activities to parents in a digital format, which makes accessibility more convenient, which means parents can view curriculum activities from their phones!

### A WORD ABOUT CULTURAL SENSITIVITY

Our teachers have attended training on how to integrate culturally sensitive and inquiry-based language strategies with inquiry tools in the early childhood classroom. Teachers aim to develop their interactions with children through intentional language strategies that consider children's lived experiences. Applying culturally responsive strategies and techniques in early childhood also fosters increased student engagement and participation in the classroom and enhances children's interest and sense of belonging in the classroom.

Quality teacher-student interactions that consider teachers' language and children's funds of knowledge promotes cognitive and language development through the early years.

### HOURS OF OPERATION and SCHEDULE

The Center is open for childcare services from 7:45 AM to 5:00 PM, Monday through Friday. Your child can attend the Center based on the parents' class schedule and need for work-study, internships, study time, and clinicals/labs.

The Center follows the Hostos Community College Academic Calendar. The Children's Center is closed on all national holidays followed by Hostos Community College. Each month you will receive a Children's Center calendar which highlights important dates and events happening at the Center. The Center closes at 5:00PM. Please arrive by, or before 5:00PM for pick up. If you run into an emergency and are late, please call the front desk at 718-518-4176.

## SCREEN POLICY (ELECTRONICS, TABLETS, COMPUTERS, TVS)

The Center's policy limits the use of screen time for children in that there can be no viewing of more than 30 minutes, once a week, of high-quality educational or movement-based commercial-free programming. Screen time is never used for children birth to age 2.

## ADMISSION TO THE PROGRAM

Admission is based on the parent/legal guardian's enrollment in Hostos Community College. The Children's Center serves the children of enrolled, matriculated students and non-matriculated students in the college's Continuing Education Program. We also reserve 10% of our slots for children of faculty and staff, if available.

Hostos students interested in enrolling their children at the Center must complete an initial application. A representative from the Center will contact you to review the documents that must be submitted, and to complete the intake process. During the intake process, your fee will be calculated, and you will sign a tuition agreement.

## REQUIRED DOCUMENTS

- Child & Adolescent Health Examination Form; NYC Department of Health & Mental Hygiene, (completed by Child's doctor; form must be less than one year old).
- Child's immunization record
- Copy of Child's Birth Certificate
- Current government issued Photo I.D. (i.e., driver's license, state ID, Green Card, permanent residency card).
- Proof of income (i.e., tax return, 4 weeks of pay stubs, letter from employer on letterhead)
- Copy of parent's class schedule
- ASQ/ASQ3

## FEES\*

Childcare fees are based on the number of weeks that your child attends. Schedule changes are permitted if there is an open spot available to accommodate the change. We do have a limited number of subsidized awards through the NYS Block Grant to assist with tuition, if you qualify. Eligibility is based on income and family size. If you do not qualify, then student fees for childcare are based on a sliding-fee scale. We also accept HRA Childcare Vouchers

During the enrollment process, our Program & Family Coordinator will work with you to determine your eligibility, and fees.



\*Please note fees for faculty/staff are based on a sliding-fee scale.

## PAYMENT

The Children's Center enrolls children throughout the year. A Children's Center staff person will provide you with an invoice for tuition payment. The transmittal is brought to the Bursar's Office, Basement, Savoy Building at 120 E 149<sup>th</sup> St., where payment is received by check or cash. The Children's Center does not accept payments.

## EMERGENCY CONTACTS

Parents/guardians are required to complete an Emergency/Escort Authorization Form. The authorized contacts are only the people listed on the Form. All authorized escorts must be 18 years or older. It is important that you notify emergency escorts that they have been designated as an emergency resource. The Center will provide the public safety officer with a comprehensive list of allowed escorts.

If you would like to amend your emergency contacts/authorized escorts information, please see our Program & Family Coordinator or our Administrative Assistant at the front desk, who will assist you and ensure we record the change.

## A NOTE ABOUT SEPARATION

Children sometimes have difficulty letting go of their parents at arrival. This is typical behavior which, over time, should decrease as they become more secure in their new environment. Here are a few suggestions to help ease separation:

- Allow adequate time at drop off for arrival adjustment before needing to leave for class.
- While traveling, talk to your child about the classroom, who will be there, etc. This prepares your child for what will occur. When you are rushed, children feel hurried and anxious.
- When you arrive, check your child's diapers and wash their hands. Also, help your child get "settled in" by becoming involved in play.
- Once your child is playing comfortably tell your child it is time for you to go. Please do not "sneak out." Children are establishing their sense of trust and need to see you go and see you return at the end of the day.
- Give hugs and kisses and reassure your child you will be back (e.g., after a snack).

If there is still protest or difficulty, the staff members and teachers are close by to help your child when you leave. Usually, children calm down and begin to play soon after you leave. Remember, even those children who are comfortable in play and in their environment need your attention, affection, and reassurance.

## TRANSITIONS FOR CHILDREN

We prefer to have new children ease into the classroom routine. We recommend phasing in for the first three days, gradually lengthening the hours until attending for a full day. This helps your child become familiar with the environment and helps us get acquainted. Please speak to your classroom teacher about a phase-in schedule.

There are other times during the school year when children experience transitional periods. If your child attends the Center for a second year, then they will be transitioning to a new classroom with a new teacher. Before beginning their second year, we work with children to visit their new classroom, to meet their new teacher, and to process saying goodbye to their familiar surroundings, and friends, by reading relative stories and creating art projects.

We have also added to our team. Our staff includes a Mental Health Consultant who will work with children, teachers, families, and staff to ensure that transitions are successful, and that families are given the skills to adjust to new routines. The Children's Center is excited to partner with a community-based organization, Chances for Children, which offers parent-child therapy and parent-child groups and supports both child and parent through separation. These sessions are supportive of children and families who need a program model which provides families access to clinical services. Chances for Children utilizes one of our classrooms on Tuesdays from 9:00AM-5:00PM. At that time, their social worker is on site.

## TRANSITION TO KINDERGARTEN FOR FOUR YEAR OLDS

If your child will be transitioning to kindergarten, we also work to help children understand they will be starting a new school, with new friends! We assist families by presenting workshops and tabling events dedicated to learning about the various kindergarten options in New York City, and how to navigate the application process.

## CHANGING OF CLASSROOMS

Children stay enrolled in their assigned classrooms throughout the Academic Calendar. Children do not move to a higher aged room once they have a birthday. Early Childhood Best Practice is to not move a child during a calendar year. The Teachers in the room will adjust their lessons to meet the needs of every child where there are academically, so there may be a shift in their current classroom of developmentally appropriate practices to accommodate skill levels with differentiated instruction.

## MOVING UP CEREMONIES

Each May, the Center celebrates all children's last day of school with a Center-wide moving up ceremony. Parents and friends are invited to acknowledge our oldest children who may be moving on to Kindergarten, and all other students that have successfully completed their time at the Center. We also acknowledge all student-parents that are graduating. Detailed information will be provided to families closer to that date.

## ARRIVAL

Student-parents/guardians and authorized escorts should bring their child to the classroom for drop-off. The Children's Center utilizes the **Brightwheel app in order** to scan your child in and out of the Center. Once you are enrolled, you will receive an invitation to download the app onto your phone, or you may scan in on the Center's iPad at the reception desk. Additionally, staff will conduct a health and wellness check of your child as part of the arrival process. If your child arrives to school with any signs of minor injury (scratch, bump, bruise), the teacher will record that on the sign-in sheet, and you may be asked to sign a form indicating that you are aware of the injury that occurred outside of the classroom.

Student-parents/guardians should ensure their child arrives in unsoiled diapers or pull-ups. When your child arrives, please check their diaper/change/clean and wash hands for the child before signing in the child in your child's classroom. Lastly, please stop at the sink to wash your hands when entering the classroom, and after a diaper change.

Student-parents/guardians are required to inform the Center staff if a child was given medication prior to arrival. Disclosing the medication, the child was given will help ensure the child is treated appropriately in an emergency situation.

## A NOTE ABOUT LATE DROP-OFF

We ask that you arrive at your regularly scheduled time. That is the time you agreed to arrive by during your enrollment into the Center. We understand that occasionally you may be late. Please know that we cannot accept children past 11:00AM. At 11:00, children in the classroom are getting ready for lunch and nap and have concluded several educational portions of their day.

## PICK-UP

Children are picked up from the child's respective classroom. **Please be on time.** It is very important for children to have predictability, and to take comfort in knowing they will be picked up along with everyone else. All student-parents/guardians must scan out through Brightwheel at the time of pick up

## FOOD POLICY

At this time, we are not providing meals for children. Breakfast, lunch, and snack are provided by the student-parent/guardian. Our Food Service Coordinator will prepare and serve each child's food. To promote healthy eating, please send in fresh fruit, vegetables, protein, grains, or grain substitute, and 100% fruit juice. **NO COOKIES, CAKES, CANDY, OR POTATO CHIPS.** Please do not send in food that contains bones. Please do not send in whole grapes, popcorn, or any other item that is larger than your child's airway.

Please be sure to label all food containers with your child's name. Please note we are a **NUT-FREE AND SEAFOOD-FREE ENVIRONMENT. Do not send in any food items containing nuts or fish/shellfish.** Occasionally, we may require that an additional food item not be allowed into the Center. That decision is made based on our enrolled children's medical needs. You will be informed if we have to limit an additional food category.

You can always speak to our on-site nurse if you have any questions relating to your child's nutrition.

## BIRTHDAY POLICY

We celebrate birthdays once per month. Due to food allergies, we do not permit sending any birthday food items or special snacks. Candy and chewing gum are not allowed as they are potential choking hazards for young children. If you are sending in party bags, please do not send in small toys that are choking hazards.

## CLOTHING AND SUPPLIES

Please make sure your child has two complete changes of clothing at the Center at all times. If soiled clothes are sent home, please be sure to replace them the next day. If your child wears diapers or pulls ups, please make sure to send in those supplies as well on a regular basis. Open-toed shoes are not permitted for children's safety.

## SHEETS:

All children must have two cot sized sheets for their daily rest period. Sheets are a NYC Department of Health & Mental Hygiene regulation. We will send sheets home every Friday to be washed and returned on Monday. The Center has a supply of sheets, should you forget your child's sheet.

## ABSENCE/LATENESS

Please call (718-518-4176) or message us on Brightwheel if your child is going to be absent or late. Please note that if you are receiving Block Grant funding for your tuition,

there are specific absence guidelines about the number of days your child can be absent. These guidelines were explained during your enrollment process. If you would like to learn the absence guidelines again, please contact our Program & Family Coordinator.

## SICK POLICY

If your child is not well and you are concerned about their condition worsening, please keep your child at home. They should be symptom free for 24 hours without assistance from over-the-counter medications before returning to the Center. Please notify the Center immediately when your child's absence is due to illness.

In the event that your child becomes ill while at the Center, you will be notified immediately (for example, fever, diarrhea, rash, vomiting). If illness prevents your child from participating in scheduled classroom activities, the Center expects a parent/guardian to pick up the child and to take them home. In order to return to school, your child should be symptom free for 24 hours without assistance from over-the-counter medication. If your child is absent 3 days in a row due to illness, you will be asked to provide us with a medical clearance letter from a Healthcare Provider noting the date the child is safe to return to school.

## MEDICATION

If necessary, The Children's Center will administer basic first aid such as wound care and cold compresses. The Center is also trained to administer Emergency Medication, i.e., inhalers and epi-pens. Additionally, two of our staff are MAT certified (Medical Administration Training) and can administer over-the-counter medications, and prescription medications. We must have a **Medication Consent Form** signed by your doctor on file for your child if you authorize us to administer prescription medications. This form is only valid for 6 months, unless otherwise specified by your child's healthcare provider. The nurse will notify you of when an updated form is needed. The nurse will also notify the parent of any expired medications, which will then be returned to the parent for safe disposal. A record of medication administration will be recorded on our medicine log. A **NON-Medication Consent Form** should also be signed in order for us to administer any over the counter creams, lotions, and/or non-prescription medication.

All medication brought to school by parents must be: non-expired, labeled with child's name and date of birth. Medication will be stored in your child's classroom in a locked, medicine cabinet.

## INCIDENTS AND ACCIDENTS

The Center strives to maintain a safe environment for all our children and staff. If a child sustains an injury during the school day the following procedure is in place:

1. The Children's Center staff will administer first aid immediately.
2. The parent or legal guardian will be contacted via phone and/or the Brightwheel app.
3. More serious injuries will require that the College's Public Safety Office be notified, and more qualified assistance summoned.
4. If an injured or sick child must go to the hospital with paramedics, a Children's Center staff member will travel with the child if the parent cannot be reached.

Please note that the Children's Center cannot assume responsibility for accidents or situations that stem directly from false information provided at the time of enrollment. The Center will not be responsible for any changes or updates in a child's medical status that has not been officially communicated to the Center by the parent or guardian in writing.

You will be provided with a copy of a completed incident/accident report for your records. The Center will maintain the original report in your child's file.

## PARENT TEACHER CONFERENCES

Conferences are held 2 times per year, once in the Fall, and once in the Spring. Parent/Teacher conferences provide opportunities for parents and teachers to discuss the child's growth, development, and progress. Parents are encouraged to be active partners in their child's educational lives. Assessments and Portfolios are also shared at this time.

## ASSESSMENT

Best practices and policies in early childhood care and education requires that our program has in place a child observation and assessment system that includes the collection, and protection of assessment results, and the sharing of that information with families. Student assessment enables instructors to measure the effectiveness of their teaching by linking student performance to specific learning objectives. As a result, teachers can implement effective teaching choices and revise ineffective ones in their practices.

The program documents the Developmental / Social Emotional status of each child within 45 days of entering / starting the program using a child developmental screening tool. This tool is called the ASQ and the ASQ-SE. This screening assesses each child for basic developmental and social emotional levels to help define individual learning goals and identify any potential special needs. Copies of the screening and assessments for each child are kept completely confidential and will be a part of each child's private record. Parents complete this tool, with the support of their child's

teacher, or our mental health consultant, and then they are scored by our Mental Health Consultant. Results of the screenings or concerns are shared individually with parents.

Teachers also collect data on children's cognitive, developmental, social / emotional, and academic skills by using an assessment tool called Teaching Strategies Gold – Checkpoints. The results of these assessments will be shared with parents during Parent / Teacher Conferences. This information is also kept completely confidential and is a part of each child's private record.

## CHILDREN WITH SPECIAL NEEDS/EVALUATION PROCESS

If your child has support services in place, or you are interested in having your child evaluated, it is very important to please discuss this information with our enrollment coordinator, and our Mental Health Consultant, at the time you are completing your enrollment process. Our enrollment coordinator will then inform our Mental Health Consultant, who will be the main person to assist you through the evaluation process.

The Children's Center accepts children working with NYC's Early Intervention program for children under the age of 3, and the Department of Education's Committee on Preschool Education for children 3 and 4 years old, **as long as** we are able to meet the needs of the child as outlined in their individual education plans. Related services can be held by outside providers at the Children's Center. Copies of the evaluation, IEP/ IFSP must be reviewed by us PRIOR to the child's start date.

Our teachers will implement appropriate modifications and provide support so that children identified with special needs are able to be fully included in the program's activities. For children, whose needs might be greater than a regular childcare center can provide, we will work with the family to find the most suitable educational arrangement, by providing referrals and outreach on your behalf.

## WORKSHOPS AND REFERRALS FOR PARENTS

As part of our partnership with parents and community organizations, the Children's Center regularly offers and hosts family workshops and events. Examples of past workshops include Managing Asthma and EpiPen Injector, Nutrition and Health, How to Manage your Finances, Understanding the Early-Intervention Process, etc. Information and details will be provided on the monthly calendar. We are also available to provide you with Campus resources and referrals offered by the department of Student Development and Enrollment Management.

## OPPORTUNITIES FOR PARENT PARTICIPATION

The program provides regular opportunities for parents/guardians/families to participate in program level decisions, through the formation of our Parent Committee,

and also through the Center's By-laws which mandates that one student parent be a voting member of the Board of Directors.

At the beginning of the Fall semester, each classroom identifies a class parent. Class parents then invite other parents to join the committee and to convene as the Parent Committee to meet regularly in order to be involved with planning of special events, activities, and to make recommendation for the improvement of the program.

Class

## UPDATE TO CHILD/PARENT INFORMATION

All changes of information must be reported to a Children's Center administrator. Student-parents/legal guardians are responsible for updating all information, i.e., address, telephone numbers, escort lists, email address, orders of protection, emergency contacts, class schedules, internships, etc. If you have a change in schedule that will have an impact on your weekly or monthly fee, you must bring this to the attention of our Program & Family Coordinator.

## END OF THE YEAR PARENT SURVEY

The Children's Center values our parents' input and opinions regarding your overall experience at the Children's Center. In May of each year, you will receive a brief, electronic survey for your completion. The results are reviewed by administration and teaching staff, and used for program improvement.

## MANDATED REPORTING

All staff members of the Children's Center are considered Mandated Reporters. Therefore, the Center staff is required by law to report any suspicions of child abuse or neglect to the New York State Child Abuse Central Registry.

### The Children's Center Lost Child Protocol

Daily attendance is taken when children arrive at school.

Parents will check-in their child through a software application which is on an iPad kiosk at the Center's front desk. Parents may also check-in their child on their cell phones. The Center has the ability to run a daily attendance list of present children.

The Center's Administrative Assistant will telephone, or message parents that have not yet arrived at their scheduled arrival time.

Teachers record attendance, manually, in real time, as children arrive, in classroom attendance records books.



At departure time, parents will check-out their child through the software application which is on an iPad kiosk at the Center's front desk. They may also check-out on their cell phones.

Teachers will sign off on the classroom's daily health check at each child's departure time.

### **Ratios**

The Center employs a master schedule for all teaching and administrative staff, which includes lunch breaks, meeting times, and prep time, which is distributed Center-wide, and updated regularly.

Staff to child ratios are maintained from the arrival of the first child at the start of the day to the departure of the last child at the end of the day.

Ratios are maintained during nap according to the guidelines outlined in Article 47.

Ratios are maintained during outdoor play and the use of bathroom facilities.

Teachers and staff are trained in the beginning of the school term and throughout the school term as a refresher training.

### **Special Events**

The Center does not participate in class trips. Children may attend on campus events located in the College.

Parental approval is required for children to participate in events.

Teachers and staff are informed of the event details via email notification from the Director.

Roles are assigned to staff.

Attendance taken prior to start of activity through name to face recognition.

Periodic monitoring and retaking of attendance through name to face recognition.

Children are paired in a buddy system.

Prior to departure from the Center, and after arrival at a destination, name to face recognition count is conducted and attendance is taken.

Prior to returning to the Center, and after arrival at the Center, name to face recognition count is conducted and attendance is taken.

If departing the Center, teaching staff are responsible to bring along with them: first aid kit, class roster, list of emergency contacts, cell phones, and daily attendance record.

Periodic monitoring and retaking of attendance through name to face recognition.

Increased supervision rates are implemented to ensure that the child/teacher ratio is above the allowable ratio. Additional staff such as floaters, Assistant, Parent, and/or Administrators are utilized to accompany classroom teachers.

### **Lost Child Procedures**

In the event a child cannot be accounted for:

Assemble the children in a secure place under teacher supervision.

Notify the Director immediately.

Notify the Office of Public Safety immediately.

Institute a systematic search of both indoor and outdoor areas.

Maintain communication with staff and Director via phone and in person.

Notify the Department of Health and Mental Hygiene within 24 hours.

Incident documented by Director within 24 hours to the NYC Department of Health & Mental Hygiene and the NYS Central Registry for Child Abuse and Maltreatment.

Established instructions for the reporting of missing children:

Reports of missing children will be submitted immediately to the Police Department, the NYC Department of Health & Mental Hygiene, the NYS Central Registry for Child Abuse and Maltreatment, and the Office of Public Safety at Hostos Community College.

Reports will be made by the Director, or the Senior Education Director of the Center.

Parents and/or Guardians of the missing child will be notified immediately by telephone and the Center's Brightwheel application.

Procedures for initiating and carrying out the search for the missing child:

Staff that are not needed to maintain ratio in classrooms will conduct the search, at the time of the incident, and will include the Director, the Senior Education Director, Program & Family Coordinator, and the Administrative Assistant.

The staff identified above will be joined by Hostos Community College Office of Public Safety Officers.

Remaining groups will be asked to stay in place at the Center under teacher supervision, until the close of business.

The Center does not utilize public transportation. Trips are contained to Hostos Community College Campus locations that do not include exiting the building of the Children's Center location.

Search area parameters will be based on the location at which child went missing, and will include all floors of the building location, and will continue until the child is located.

Search parties will communicate via cell phones, radios, and land lines, as necessary.

The Office of Public Safety will determine when it is necessary to include emergency services personnel beyond the Hostos Community College Office of Public Safety in a search.

### FIRE/EMERGENCY EVACUATION POLICIES FOR ALL CLASSROOMS

All staff must be familiar with all emergency exits and the evacuation route for each area within The Hostos Children's Center and surrounding exits throughout Hostos Community College in the A-Building.

Parents, if you arrive during the time that a fire-drill/emergency evacuation is in progress, please stay with your child, and do not enter the Center.

- All staff have a responsibility to account for, supervise, evacuate, and ensure the safety of children during emergency situations.
- 
- Use the nearest and safest exit, stairwell/pathways to leave the building immediately, do **NOT** use elevators in emergency situations.
- Do not return until it is declared safe to do so by a Fire Department Official/Public Safety and/or the Director of the Hostos Children's Center.
- Our emergency meeting location is the M Building / Academic Advisement Center – 429 Grand Concourse.
- In all emergency situations please call Public Safety immediately at 718-518-6888 and provide the dispatcher with any and all information available to ensure a prompt response.

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Thank you for participating in our programs and we are excited about working with you to guide you and your child along a pathway to learning! Always reach out to me if you have any questions or concerns.

Catherine Garcia-Bou, Director

## **ADMINISTRATIVE STAFF**

Director	<b>Catherine Garcia-Bou</b>	cgarciabou@hostos.cuny.edu
Senior Education Director	<b>Monique van Putten</b>	mvanputten@hostos.cuny.edu
Administrative Assistant	<b>Elias Advincola</b>	eadvincola@hostos.cuny.edu
Family & Program Coordinator	<b>Paulina Martinez</b>	pmartinez@hostos.cuny.edu
Mental Health Consultant	<b>Cassie Elliot</b>	celliot@hostos.cuny.edu
Registered Nurse	<b>Xyannie De La Rosa</b>	xdelarosa@hostos.cuny.edu

## **INFANT/TODDLER ADDENDUM TO PARENT HANDBOOK**

### **INTRODUCTION**

Hello parents and guardians and welcome to our newest program for infants and toddlers at the Hostos Community College Children's Center! We are now licensed by the NYC Department of Health & Mental Hygiene to allow programming for children ages 6 weeks through 24 months old. Our infant room can accommodate 8 babies, and our 12-month-old to 24-month-old rooms can accommodate 10 toddlers each. Each room is staffed with a Lead Teacher and an Assistant Teacher. A floater works between both classrooms every day.

### **PROGRAM INFORMATION**

This addendum is attached to the Children's Center Parent Handbook which provides a comprehensive overview of all information regarding day-to-day policies and procedures for all ages. Additional program information, specific to infants and toddlers, is below.

### **FOOD POLICY**

At this time, we are not providing formula or food for infants and toddlers. All bottles and food items should be prepared at home and sent in a clearly marked bottle and/or container/sippy cup. These items will go home at the end of the day for return the following day. Each classroom has a refrigerator to store milk, formula, and food. If

**your child is allergic to any foods, that information should be clearly identified on your child's physical.** You should also notify Paulina Martinez, our Program & Family Coordinator. If you have a food preference for your child, you should notify us as well, and we will do our best to not have that item available.

## DAILY SUPPLIES

Please send your child with the following items:

Diapers	Pacifier
Formula	2 changes of clothing
Cereal (if child is eating)	2 Crib Sheets or cot sheet
Baby Food or Toddler Food	1 Blanket (no blankets for infants)
Wipes	Bibs
Bottles, sippy cups, preferred bowl, or spoon	

\*Teachers will remind you if your supplies are running low, but please check to make sure the above items are always in your child's cubby.

## THE CHILD PROJECT (Climate of Healthy Interaction for Learning and Development)

The Children's Center has partnered with the Robin Hood Foundation to implement the Child Project in our Infant/Toddler Classrooms. CUNY has secured funding through the Robin Hood Foundation to allow teachers at the Children's Center to be coached and participate in the CHILD project voluntarily. Their participation will involve monthly coaching along the framework of the Climate of Healthy Interaction for Learning and Development (CHILD) to build their practice to support the social and emotional environments and climate of early childhood classrooms. The mental health climate is rooted in relationships and experiences. We use the CHILD Toolkit to build a climate that supports both children and adults by encouraging healthy positive interactions.

## PHYSICAL WELL BEING AND HEALTH

Infants need freedom of movement to build strength and motor skills. Our program provides infants and toddlers daily opportunities to move freely under adult supervision to explore both indoor and outdoor environments, including tummy time when awake. It is important to keep families informed of their child's daily routines. The program will communicate with parents of infants through daily written reports on our parent-friendly communication, app – Brightwheel. You will receive, and /or will be able to, access daily reports about care-giving routines, such as feeding, sleeping, diapering/toileting. Please read Brightwheel messages daily.

## BREASTFEEDING

The Children's Center supports breastfeeding for children. There are proven health benefits and development advantages associated with breastfeeding. We have a quiet, private space available in the Center to all parents. Please see a staff member if you are interested in using this space. The program is certified in the Child and Adult Food Program's Breastfeeding Friendly Certificate.

The Center recognizes that breastfeeding is the ideal method of feeding and nurturing infants, providing many health benefits to both infant and mother. We encourage and support families who choose to breastfeed their infants and strive to protect their ability to continue providing breast milk while their infant is in our care. We promote a philosophy that advocates breastfeeding as the normal feeding process and are committed to helping families have a successful experience.



***I have read the Hostos Community College Children's Center, Inc. Parent Handbook, which summarizes each of the center's policies. I agree to the terms, I understand that this handbook is subject to change and I will be given an updated copy.***

**Child's Name (PRINT)** \_\_\_\_\_

**Student-Parent/Legal Guardian (PRINT)** \_\_\_\_\_

**Student-Parent/Legal Guardian (SIGNATURE)** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Hostos Community College Children's Center, Inc.**  
475 Grand Concourses, Room 109-A, Bronx, New York 10451, Tel: (718) 518-4176  
2024-2025

DATE: \_\_\_\_\_ SEMESTER: \_\_\_\_\_

PARENT'S/GUARDIAN'S NAME: \_\_\_\_\_ CHILD'S NAME: \_\_\_\_\_

**STUDENT-PARENT TUITION CONTRACT**

**(Subject to change if there is a change in the amount of time your child attends)**

**The Hostos Community College Children's Center, Inc. has available funding for income eligible students to cover a percentage, or all, of childcare tuition. If you are not eligible, tuition is based on a sliding fee scale.**

Tuition policies/Payment Policies

- Tuition is charged based on the number of weeks per academic semester and schedule for which you register. Increases in amount of time your child utilizes the Center may result in an increase in fees in which case a new tuition agreement must be completed.
- If it is determined that you are eligible for Block Grant Funding, all tuition payments are required, whether your child is present or absent. You will sign a separate contract for the Block Grant.
- If your child is absent for two consecutive weeks and you have not been in communication with us,
- we will withdraw your child from the program. You will be responsible for tuition from the time your child was registered through the last week your child was present.
- Withdrawal: Should you decide to withdraw your child, you must complete a withdrawal form. You will be responsible for paying tuition for the time your child was registered in the Center through the last week your child was present.
- Tuition is not charged for College-observed holidays, absence due to illness, or closings for inclement weather.
- An invoice will be provided to you when tuition is due. Payments can only be made at the Bursar's Office, D Building. The Bursar only accepts cash and checks. Payments may not be made at the Children's Center.
- CLIP Student's tuition is \$15.00 weekly.



## Childcare Rates, Fee and Payment Terms

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Fee \$ \_\_\_\_\_ x # Of weeks: \_\_\_\_\_

Other: \$ \_\_\_\_\_ Total Due: \_\_\_\_\_

Payment Plan: \_\_ One Installment \_\_ Two Installments \_\_ Three Installments \_\_ Four Installments

1<sup>st</sup> Installment due date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ 3<sup>rd</sup> Installment due date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

2<sup>nd</sup> Installment due date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ 4<sup>th</sup> Installment due date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

### Statement

1. I understand that I am expected to meet my financial responsibility and to make payments on time. I understand if I do not pay on time, a late payment fee will be applied. Only a Hostos Children's Center administrator can change any installment due dates.
2. I reviewed the tuition policies and procedures with a Hostos Children's Center Administrator and received a signed copied of the document. I agree to abide with the policies and regulations outlined in the contract.
3. I understand that if a change to my schedule results in my child attending the Center for more hours, then a revised tuition contract must be signed. If a change to my schedule results in my child attending the Center for less hours, than this contract states, then my rate will be automatically adjusted.

Parent/Guardian name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hostos Administrator (signature): \_\_\_\_\_ Date: \_\_\_\_\_

**Hostos Community College Children's Center, Inc.**  
475 Grand Concourses, Room 109-A, Bronx, New York 10451, Tel: (718) 518-4176

**2025 – 2026 HOSTOS CAMPUS STAFF TUITION CONTRACT**

**DATE:** \_\_\_\_\_ **SEMESTER:** \_\_\_\_\_

**PARENT'S/GUARDIAN'S NAME:** \_\_\_\_\_ **CHILD'S NAME:** \_\_\_\_\_

**COSTS**

**The tuition of the Hostos Community College Children's Center, Inc. is based on a sliding fee scale for faculty and staff. Please speak with our Program & Family Coordinator to understand how your fee is calculated, based on income.**

**Tuition policies/payment policies**

- Hostos children's Center charges tuition for childcare based on the number of weeks and the schedule for which you register. A schedule can adjust the childcare tuition; therefore, a schedule change form must be completed. Increases in time are permitted if an open slot is available.
- If your child misses 2 consecutive weeks of childcare and you have not been in communication with the Hostos Children's Center about the absences, Hostos Children's Center will withdraw your child from the program. You will responsible for paying tuition for the time your child was registered in the center through the last week your child was present.
- Should you decide to withdraw your child, you must complete a withdrawal form. You will be responsible for paying tuition for the time your child was registered in the center through the last week your child was present.
- Hostos Children's Center does not charge tuition for College-observed holidays, absence due to illness, or inclement weather days. If your child needs to be absent for an extended period of time for an emergency or hardship circumstances, please communicate with an administrator to adjust the tuition.

## Payment Method

- Payments are due monthly on the last business day of the month. You will receive an invoice via the Brightwheel app.
- Payments are to be made at the Bursar's Office (cash or money orders only). Please provide the Center with proof of payment from the Bursar.

## Childcare Rates, Fee and Payment Terms

### Childcare tuition

Start date: \_\_\_\_\_ End date: \_\_\_\_\_ Fee \$ \_\_\_\_\_ X # Of weeks.

Other: \$ \_\_\_\_\_ Total Due: \_\_\_\_\_

Payment Plan: \_\_ One Installment \_\_ Two Installments \_\_ Three Installments \_\_ Four Installments

1<sup>st</sup> Installment due date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ 3<sup>rd</sup> Installment due date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

2<sup>nd</sup> Installment due date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ 4<sup>th</sup> Installment due date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

## Statement

1. I understand I'm expected to meet my financial responsibility and make payments on time. Only a Hostos Children's Center administrator can change installment due dates.
2. I reviewed the Hostos Children's Center the tuition policies and procedures with a Hostos Children's Center administrator, and received a signed copied of the document. By signing contract, I agree to abide with the policies and regulations outlined in the contract.

Parent/Guardian name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hostos Administrator (signature): \_\_\_\_\_ Date: \_\_\_\_\_



475 Grand Concourse, Room 109A, Bronx, NY 10451  
Telephone: (718) 518 – 4176

### **NEW YORK STATE CHILD CARE DEVELOPMENT BLOCK GRANT (CCDBG)**

Annually, Hostos Community College Children's Center, Inc. is awarded the NYS Child Care and Development Block Grant. These funds are used to subsidize childcare tuition; eligibility is based on family size and income guidelines.

To be considered for the CCDBG, the following requirements must be met:

- Verification of Income.
- All semester fees and outstanding tuition must be up to date.
- Grant application must be on file.

You will be responsible for the childcare fee that you will pay based on the grant's family size and income guidelines. Failure to pay this fee may result in withdrawal from the program.

Absences:

The grant only allows:

- 12 "routine" absences within a 3-month period.
- 8 additional absences under "extenuating circumstances".

#### **Definition of "Extenuating Circumstances"**

- Need for the child or the child's caretaker to appear in court or keep other appointments related to the provision of preventive, foster care, adoption or child protection services, or other needs set for in the child's service plan.
- Need for the child and/or student parent to receive medical care and/or routine medical treatment.
- The child's caretaker is participating in an approved education or training program and the child's absence coincides with the temporary suspension of such programs for purposes of including but not limited to, holidays, school conferences and snow days.

Supporting documentation must be presented to explain absences under extenuating circumstances.

Our Program & Family Coordinator is available to assist you with the completion of the CCDBG application if necessary. Please call 718-518-4209.

1/2025



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Telephone: (718) 518 – 4176

## **INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR CHILD CARE ASSISTANCE**

### **SECTION 1: APPLICANT INFORMATION**

- Print your legal name, including, first name, middle initial and last name; home telephone number, and the full address where you currently live.
- MAILING ADDRESS: Complete if your mailing address is different from your residence.

FORMER MAILING ADDRESS: If you have moved in the last year, enter your previous address.

- OTHER PHONE NUMBERS: Enter the phone numbers where you can be reached.

### **SECTION 2: HOUSEHOLD MEMBERS INFORMATION**

- List the names of everyone who lives with you.
- PRINT your full name first. Then PRINT the names of the other people who live with you.
- PRINT the date of birth and sex for each person applying. Those considered applying are: the child (or children) in need of care, their parents (including a stepparent) and siblings under the age of 18 who are in the household.
- You may, but do not have to list social security numbers. Social security numbers may be used by federal, state, and local agencies to prevent duplication of services and fraud, and for federal reporting.
- Check Yes or No to tell us with child needs Child Care Assistance.
- For each person in the household, PRINT how they are related to you (for example: wife, son, friend, etc.)
- Check Yes or No to indicate if each person applying is Hispanic or Latino, or not.
- Enter Y (YES) or N (N) for each of the race/ethnic codes. Race/Ethnic codes: I- Native American or Alaskan Native, A – Asian, B – Black or African American, P- Native Hawaiian or Pacific Islander, W – White.
- Note: This information is required by the Federal government; but is for statistical purposes only.
- List any aliases or maiden names of you or anyone in your household.
- For anyone in the household under the age of 21, you must list the individual's name and the absent parent's name and address.

### **SECTION 3: INCOME INFORMATION**

Answer all the questions in this section.

### **SECTION 4: LEGAL STATEMENTS**



475 Grand Concourse, Room 109A, Bronx, NY 10451  
Telephone: (718) 518 – 4176

- Read this section carefully or have someone read it to you. You must complete and sign this written certification of citizenship for the children in need of Child Care Assistance.
- Sign your name. If you have filled out the application for someone else, sign your name. Date the application. If your spouse lives with you, both of you must sign the application.

### **CONSENT TO WITHDRAW**

If you decide you no longer wish to apply for Child Care Assistance, sign your name and enter date. You may reapply at any time.



## CONSENT FOR EMERGENCY MEDICAL CARE

Child's Name	Date of Birth
--------------	---------------

I am the parent or legal guardian of the above-named child. My child is enrolled at Hostos Community College Children's Center.

By signing this form, I authorize the Center to obtain emergency medical care for my child if my child is injured or becomes ill while in the Center's physical custody and the Center deems such care to be necessary. I also authorize the Center to arrange for any needed transportation for my child if my child needs emergency medical care.

In addition, by signing this form, I acknowledge that:

- (1) I have been advised that the New York City Department of Health is now requiring center-based child care programs, including the Center, to give epinephrine to a child with symptoms of anaphylaxis (severe allergic reaction that can be caused by certain foods, insect stings, latex or some medications). I understand that anaphylaxis can be life-threatening and requires emergency treatment. Epinephrine is widely regarded as an appropriate treatment.
- (2) I have been advised that if a child shows symptoms of anaphylaxis, the epinephrine will be administered by trained staff using an epinephrine auto-injector (dosed for children) with a retractable needle, consistent with New York City's Department of Health regulations (Articles 43 and 47 of the NYC Health Code).
- (3) By signing this form, I authorize the Center to administer epinephrine using an epinephrine auto-injector (dosed for children) with a retractable needle if my child shows symptoms of anaphylaxis (severe allergic reaction).

I understand that if I have provided a written, individual health care plan to the Center indicating the specific medications that can be administered and the schedule of such administration (s) for my child, including in cases of emergency, and there is a direct conflict between such plan and any of my other authorizations in the Authorization and Release, then the Center will follow my child's individual health care plan.

I hereby release and forever discharge Hostos Community College Children's Center, Hostos Community College, The City University of New York, The Research Foundation of the City University of New York, New York State, and New York City, and the directors, officers, employees and agents of each of them from any all liability arising in law or equity as a result of the Center providing emergency treatment in conformance with this Authorization and Release provided that the Center has used reasonable care in carrying out such actions.

I HAVE READ THIS AUTHORIZATION AND RELEASE AND UNDERSTAND IT, AND I AM SIGNING IT VOLUNTARILY

Parent or Legal Guardian's Name (PRINT)	
Signature	Date

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**NON-MEDICATION CONSENT FORM**  
Child Day Care Programs

- This form may be used when a parent consents to having over-the-counter products administered to their child in a child day care program. These products include, but are not limited to: topical ointments, lotions and creams, sprays, sunscreen products and topically applied insect repellent.
- This form should NOT be used to meet the consent requirements for the administration of the following: prescription medications, oral over-the-counter medications, medicated patches, and eye, ear, or nasal drops or sprays. OCFS Form 7002 would meet the consent requirements for medications.
- One form must be completed for each over-the-counter product. Multiple products cannot be listed on one form.
- This form must be completed in a language in which the staff is literate.
- If parent's instructions differ from the instructions on the product's packaging, permission must be received from a health care provider or licensed authorized prescriber.

**PARENT TO COMPLETE THIS SECTION (#1 - #14)**

1. Child's first and last name:		2. Date of birth:		3. Child's known allergies:	
4. Name of product (including strength):			5. Amount to be administered:		6. Route of administration:
7A. Frequency to be administered, include times of day if appropriate: _____					
<b>OR</b>					
7B. Identify the conditions that will necessitate administration of the product (signs and symptoms must be observable prior to administration): _____					
8A. Possible side effects: <input type="checkbox"/> See product label for complete list of possible side effects (parent must supply)					
<b>AND/OR</b>					
8B. Additional side effects: _____					
9. What action should the child care provider take if side effects are noted:					
<input type="checkbox"/> Contact parent _____					
Other (describe): _____					
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (parent must supply)					
<b>AND/OR</b>					
10B. Additional special instructions: _____					
11. Reason(s) for use (unless confidential by law): _____					
12. Parent name (please print):			13. Date authorized:		
14. Parent signature:					
<b>X</b>					

**DAY CARE PROGRAM TO COMPLETE THIS SECTION (#15 - #21)**

15. Program name:		16. Facility ID number:		17. Program telephone number:	
18. I have verified that #1, -#14 are complete. My signature indicates that all information needed to administer this product has been given to the child day care program.					
19. Staff's name (please print):				20. Date received from parent:	
21. Staff's signature:					
<b>X</b>					



# HEALTH DIETARY, & SPECIAL NEEDS FORM

475 GRAND CONCOURSE, RM 109A, BRONX, N.Y. 10451 TEL NO.: (718) 518-4176

PARENT/GUARDIAN NAME \_\_\_\_\_  
FIRST NAME LAST NAME  
CHILD'S NAME \_\_\_\_\_  
FIRST NAME LAST NAME  
CHILD'S DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX ☐ Male ☐ Female

My child has a **MEDICAL CONDITION DIAGNOSED** such as Asthma, Congenital Heart Defect, Seizures, Diabetes, Sickle Cell Disease etc: ☐ No, my child has no medical conditions ☐ Yes, my child has the following conditions:

My child has a **ROUTINE MEDICATION PRESCRIBED BY A DOCTOR SCHEDULED** during school hours 7 am-5 pm:  
☐ No, my child has no routine medication  
☐ Yes, my child takes the following routine medication(s): \_\_\_\_\_

My child has an **EMERGENCY MEDICATION PRESCRIBED BY A DOCTOR** such as an Epi-Pen injector, Albuterol rescue inhaler, Diphenhydramine (Benadryl) etc: ☐ No, my child has no emergency medications  
☐ Yes, my child takes the following medication(s): \_\_\_\_\_

My child has a known allergic reaction to **FOOD**: ☐ No, my child has no known FOOD allergies:  
☐ Yes, my child has allergic reactions to the following FOOD items: \_\_\_\_\_

My child follows a **SPECIAL DIET** related to a medical condition, or personal preference such as dairy free, gluten free, no pork: ☐ No, my child has no limits to their diet ☐ Yes, my child has the following dietary restrictions:

My child has allergic reactions to insect bites: ☐ No ☐ Yes (please explain): \_\_\_\_\_

My child has allergic reactions to materials/fabrics/environmental allergens such as metal, latex, pollen, dust:  
☐ No ☐ Yes (please explain): \_\_\_\_\_

My child has allergic reactions to topicals such as soap, lotion, cream:  
☐ No ☐ Yes (please explain): \_\_\_\_\_

By signing below, I attest I have answered all questions truthfully. I understand it is my responsibility to immediately inform The Hostos Community College Children's Center, Inc. of any changes in my child's health, dietary, and/or special needs.

PARENT/GUARDIAN NAME \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

OFFICE USE ONLY: \_\_\_\_\_ Date Received \_\_\_\_\_ Date Transferred \_\_\_\_\_ Initials \_\_\_\_\_

Department of Health  
and Mental HygieneDepartment  
of EducationCHILD & ADOLESCENT  
HEALTH EXAMINATION FORMPlease  
Print Clearly

NYC ID (OSIS)

## TO BE COMPLETED BY THE PARENT OR GUARDIAN

Child's Last Name	First Name	Middle Name	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (Month/Day/Year) ____/____/____
Child's Address		Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check ALL that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other	
City/Borough	State	Zip Code	School/Center/Camp Name	District Number
Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No (Including Medicaid)? <input type="checkbox"/> No			Parent/Guardian Last Name	First Name
			Email	
			Phone Numbers Home _____ Cell _____ Work _____	

## TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER

Birth history (age 0-6 yrs) <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____	Does the child/adolescent have a past or present medical history of the following? <input type="checkbox"/> Asthma (check severity and attach MAF): If persistent, check all current medication(s): <input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent <input type="checkbox"/> Quick Relief Medication <input type="checkbox"/> Inhaled Corticosteroid <input type="checkbox"/> Oral Steroid <input type="checkbox"/> Other Controller <input type="checkbox"/> None <input type="checkbox"/> Asthma Control Status <input type="checkbox"/> Well-controlled <input type="checkbox"/> Poorly Controlled or Not Controlled
Allergies <input type="checkbox"/> None <input type="checkbox"/> Epi pen prescribed <input type="checkbox"/> Drugs (list) _____ <input type="checkbox"/> Foods (list) _____ <input type="checkbox"/> Other (list) _____	<input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Behavioral/mental health disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Hospitalization <input type="checkbox"/> Diabetes (attach MAF) <input type="checkbox"/> Surgery <input type="checkbox"/> Orthopedic injury/disability <input type="checkbox"/> Other (specify) _____ Explain all checked items above. <input type="checkbox"/> Addendum attached.
Attach MAF if in-school medications needed	Medications (attach MAF if in-school medication needed) <input type="checkbox"/> None <input type="checkbox"/> Yes (list below)

PHYSICAL EXAM Date of Exam: ____/____/____ Height _____ cm (____ %ile) Weight _____ kg (____ %ile) BMI _____ kg/m <sup>2</sup> (____ %ile) Head Circumference (age ≤2 yrs) _____ cm (____ %ile) Blood Pressure (age ≥3 yrs) ____/____	General Appearance: <input type="checkbox"/> Physical Exam WNL <input type="checkbox"/> NI Abnl <input type="checkbox"/> HEENT <input type="checkbox"/> Lymph nodes <input type="checkbox"/> Abdomen <input type="checkbox"/> Skin <input type="checkbox"/> Psychosocial Development <input type="checkbox"/> Dental <input type="checkbox"/> Lungs <input type="checkbox"/> Genitourinary <input type="checkbox"/> Neurological <input type="checkbox"/> Language <input type="checkbox"/> Neck <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Extremities <input type="checkbox"/> Back/spine <input type="checkbox"/> Behavioral
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DEVELOPMENTAL (age 0-6 yrs) Validated Screening Tool Used? _____ Date Screened ____/____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No Screening Results: <input type="checkbox"/> WNL <input type="checkbox"/> Delay or Concern Suspected/Confirmed (specify area(s) below): <input type="checkbox"/> Cognitive/Problem Solving <input type="checkbox"/> Adaptive/Self-Help <input type="checkbox"/> Communication/Language <input type="checkbox"/> Gross Motor/Fine Motor <input type="checkbox"/> Social-Emotional or Personal-Social <input type="checkbox"/> Other Area of Concern: _____ Describe Suspected Delay or Concern: _____	Nutrition < 1 year <input type="checkbox"/> Breastfed <input type="checkbox"/> Formula <input type="checkbox"/> Both ≥ 1 year <input type="checkbox"/> Well-balanced <input type="checkbox"/> Needs guidance <input type="checkbox"/> Counseled <input type="checkbox"/> Referred Dietary Restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) SCREENING TESTS Date Done Results Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk) _____ µg/dL Lead Risk Assessment (at each well child exam, age 6 mo-6 yrs) _____ <input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk Child Care Only Hemoglobin or Hematocrit _____ g/dL _____ %	Hearing Date Done Results < 4 years: gross hearing ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred OAE ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred ≥ 4 yrs: pure tone audiometry ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred Vision Date Done Results < 3 years: Vision appears: ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl Acuity (required for new entrants and children age 3-7 years) Right ____/____/____ Left ____/____/____ <input type="checkbox"/> Unable to test Screened with Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Strabismus? <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Visible Tooth Decay <input type="checkbox"/> Yes <input type="checkbox"/> No Urgent need for dental referral (pain, swelling, infection) <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Visit within the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No
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Child Receives EI/CPSE/CSE services <input type="checkbox"/> Yes <input type="checkbox"/> No	CIR Number _____	Physician Confirmed History of Varicella Infection <input type="checkbox"/>	Report only positive immunity:
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## IMMUNIZATIONS - DATES

DTP/DTaP/DT	Tdap	IgG Titers	Date
Td	MMR	Hepatitis B	____/____/____
Polio	Varicella	Measles	____/____/____
Hep B	Mening ACWY	Mumps	____/____/____
Hib	Hep A	Rubella	____/____/____
PCV	Rotavirus	Varicella	____/____/____
Influenza	Mening B	Polio 1	____/____/____
HPV	Other	Polio 2	____/____/____
		Polio 3	____/____/____

ASSESSMENT <input type="checkbox"/> Well Child (Z00.129) <input type="checkbox"/> Diagnoses/Problems (list) _____ ICD-10 Code _____	RECOMMENDATIONS <input type="checkbox"/> Full physical activity <input type="checkbox"/> Restrictions (specify) _____ Follow-up Needed <input type="checkbox"/> No <input type="checkbox"/> Yes, for _____ Appt. date: ____/____/____ Referral(s): <input type="checkbox"/> None <input type="checkbox"/> Early Intervention <input type="checkbox"/> IEP <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____
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Health Care Practitioner Signature	Date Form Completed ____/____/____	DOHMH ONLY PRACTITIONER I.D. _____
Health Care Practitioner Name and Degree (print)	Practitioner License No. and State	TYPE OF EXAM: <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s)
Facility Name	National Provider Identifier (NPI)	Comments:
Address	City	Date Reviewed: ____/____/____ I.D. NUMBER _____
Telephone	Fax	REVIEWER: _____
Email		FORM ID# _____

# Asthma Action Plan

[To be completed by Health Care Provider]

Medical Record #:

Updated On:

Name

Date of Birth

Address

Emergency Contact/Phone

Health Care Provider Name

Phone

Fax

Asthma Severity: ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

Asthma Triggers: ☐ Colds ☐ Exercise ☐ Animals ☐ Dust ☐ Smoke ☐ Food ☐ Weather ☐ Other

## If Feeling Well (Green Zone)

### Take Every Day Long-Term Control Medicines

You have all of these:

- Breathing is good
- No cough or wheeze
- Can work / play
- Sleeps all night

Peak flow in this area:

\_\_\_\_\_ to \_\_\_\_\_

MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

5-15 minutes before exercise use this medicine

--	--	--

## If Not Feeling Well (Yellow Zone)

### Take Every Day Medicines and Add these Quick-Relief Medicines

You have any of these:

- Cough
- Wheeze
- Tight chest
- Coughing at night

Peak flow in this area:

\_\_\_\_\_ to \_\_\_\_\_

MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

Call doctor if these medicines are used more than two days a week.

## If Feeling Very Sick (Red Zone)

### Take These Medicines and Get help from a Doctor NOW!

Your asthma is getting worse fast:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Can't walk or talk well
- Ribs show

Peak flow reading below:

MEDICINE:	HOW MUCH:	WHEN TO TAKE IT:

SEEK EMERGENCY CARE or CALL 911 NOW if: Lips are bluish. Getting worse fast. Hard to breathe. Can't talk or cry because of hard breathing or has passed out.

Make an appointment with your primary care provider within two days of an ER visit or hospitalization

Health Care Provider Signature

Date

Patient/Guardian Signature [I have read and understood these instructions]

Date



New York City Department of Health and Mental Hygiene  
Michael R. Bloomberg, Mayor  
Thomas R. Frieden, M.D., M.P.H., Commissioner  
nyc.gov/health

New York City Asthma Initiative  
Adapted from Finger Lakes Asthma Action Plan and NHLBI  
Revised 06/04

WHITE - PATIENT COPY  
YELLOW - SCHOOL/DAY CARE COPY  
PINK - PROVIDER COPY

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**INDIVIDUAL ALLERGY AND ANAPHYLAXIS EMERGENCY PLAN**

**Instructions:**

- This form is to be completed for any child with a known allergy.
- The child care program must work with the parent(s)/guardian(s) and the child's health care provider to develop written instructions outlining what the child is allergic to and the prevention strategies and steps that must be taken if the child is exposed to a known allergen or is showing symptoms of exposure.
- This plan must be reviewed upon admission, annually thereafter, and anytime there are staff or volunteer changes, and/or anytime information regarding the child's allergy or treatment changes. This document must be attached to the child's Individual Health Care Plan.
- Add additional sheets if additional documentation or instruction is necessary.

Child's Name: \_\_\_\_\_ Date of Plan: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Weight: \_\_\_\_\_ lbs.  
 Asthma: ☐ Yes (higher risk for reaction) ☐ No

**My child is reactive to the following allergens:**

Allergen:	Type of Exposure: (i.e., air/skin contact/ingestion, etc.):	Symptoms include but are not limited to: (check all that apply)
		<input type="checkbox"/> Shortness of breath, wheezing, or coughing <input type="checkbox"/> Pale or bluish skin, faintness, weak pulse, dizziness <input type="checkbox"/> Tight or hoarse throat, trouble breathing or swallowing <input type="checkbox"/> Significant swelling of the tongue or lips <input type="checkbox"/> Many hives over the body, widespread redness <input type="checkbox"/> Vomiting, diarrhea <input type="checkbox"/> Behavioral changes and inconsolable crying <input type="checkbox"/> Other (specify)
		<input type="checkbox"/> Shortness of breath, wheezing, or coughing <input type="checkbox"/> Pale or bluish skin, faintness, weak pulse, dizziness <input type="checkbox"/> Tight or hoarse throat, trouble breathing or swallowing <input type="checkbox"/> Significant swelling of the tongue or lips <input type="checkbox"/> Many hives over the body, widespread redness <input type="checkbox"/> Vomiting, diarrhea <input type="checkbox"/> Behavioral changes and inconsolable crying <input type="checkbox"/> Other (specify)
		<input type="checkbox"/> Shortness of breath, wheezing, or coughing <input type="checkbox"/> Pale or bluish skin, faintness, weak pulse, dizziness <input type="checkbox"/> Tight or hoarse throat, trouble breathing or swallowing <input type="checkbox"/> Significant swelling of the tongue or lips <input type="checkbox"/> Many hives over the body, widespread redness <input type="checkbox"/> Vomiting, diarrhea <input type="checkbox"/> Behavioral changes and inconsolable crying <input type="checkbox"/> Other (specify)

If my child was **LIKELY** exposed to an allergen, for **ANY** symptoms:

☐ give epinephrine immediately

If my child was **DEFINITELY** exposed to an allergen, even if no symptoms are present:

☐ give epinephrine immediately

Date of Plan:                /                /

**THE FOLLOWING STEPS WILL BE TAKEN IF THE CHILD EXHIBITS SYMPTOMS including, but not limited to:**

- **Inject epinephrine immediately and note the time when the first dose is given.**
- **Call 911/local rescue squad** (Advise 911 the child is in anaphylaxis and may need epinephrine when emergency responders arrive).
- Lay the person flat, raise legs, and keep warm. If breathing is difficult or the child is vomiting, allow them to sit up or lie on their side.
- If symptoms do not improve, or symptoms return, an additional dose of epinephrine can be given in consultation with 911/emergency medical technicians.
- Alert the child's parents/guardians and emergency contacts.
- After the needs of the child and all others in care have been met, immediately notify the office.

**MEDICATION/DOSES**

- Epinephrine brand or generic:
- Epinephrine dose: ☐ 0.1 mg IM    ☐ 0.15 mg IM    ☐ 0.3 mg IM

**ADMINISTRATION AND SAFETY INFORMATION FOR EPINEPHRINE AUTO-INJECTORS**

When administering an epinephrine auto-injector follow these guidelines:

- Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than the mid-outer thigh. If a staff member is accidentally injected, they should seek medical attention at the nearest emergency room.
- If administering an auto-injector to a young child, hold their leg firmly in place before and during injection to prevent injuries.
- Epinephrine can be injected through clothing if needed.
- Call 911 immediately after injection.

**STORAGE OF EPINEPHRINE AUTO-INJECTORS**

- All medication will be kept in its original labeled container.
- Medication must be kept in a clean area that is inaccessible to children.
- All staff must have an awareness of where the child's medication is stored.
- Note any medications, such as epinephrine auto-injectors, that may be stored in a different area.
- Explain here where medication will be stored:

**MAT/EMAT CERTIFIED PROGRAMS ONLY**

Only staff listed in the program's Health Care Plan as medication administrant(s) can administer the following medications. Staff must be at least 18 years old and have first aid and CPR certificates that cover all ages of children in care.

- Antihistamine brand or generic:
- Antihistamine dose:
- Other (e.g., inhaler-bronchodilator if wheezing):

**\*Note: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**STORAGE OF INHALERS, ANTIHISTAMINES, BRONCHODILATOR**

All medication will be kept in its original labeled container. Medication must be kept in a clean area that is inaccessible to children. All staff must have an awareness of where the child's medication is stored. Explain where medication will be stored. Note any medications, such as asthma inhalers, that may be stored in a different area.

Explain here:

Document plan here:

[illegible]

Ambulance: (       )       -

[illegible]

Phone #: (       )       -

Phone #: ( ) -

**Name/Relationship:**

Phone#: (       )       -

Phone#: (       )       -

Phone#: (       )       -

Parent/Guardian Authorization Signature:

Date:        /        /

Physician/HCP Authorization Signature:

Date:        /        /

**Program Authorization Signature:**

Date:        /        /



HOSTOS COMMUNITY COLLEGE CHILDREN'S CENTER INC.  
475 GRAND CONCOURSE, ROOM A-109  
BRONX, NY 10451  
TEL: (718) 518 – 4176

## AUTHORIZATION TO RELEASE MEDICAL RECORD INFORMATION

PARENT/GUARDIAN NAME \_\_\_\_\_  
FIRST NAME LAST NAME  
CHILD'S NAME \_\_\_\_\_  
FIRST NAME LAST NAME  
CHILD'S DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
STREET  
CITY STATE ZIP CODE  
TELEPHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

The above listed parent authorizes the following child care facility to make record disclosures:

HOSTOS COMMUNITY COLLEGE CHILDREN'S CENTER INC.  
475 GRAND CONCOURSE, ROOM A-109  
BRONX, NY 10451  
TEL: (718) 518 – 4176

RELEASE TO \_\_\_\_\_  
NAME OF PERSON OR ORGANIZATION  
ADDRESS \_\_\_\_\_  
STREET  
CITY STATE ZIP CODE

PARENT SIGNATURE \_\_\_\_\_

PARENT PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_