Rockland County
Ed Day, Rockland County Executive

DEPARTMENT OF SOCIAL SERVICES
Dr. Robert L. Yeager Health Center
50 Sanatorium Rd, Building L
Pomona, New York 10970

Joan M. Silvestri
Commissioner

Child Care Assistance
Phone: (845) 364-3100 • Fax: (845) 364-3477•RocklandCCS@dfa.state.ny.us

LICENSED/REGISTERED CHILD CARE PROVIDER FORM

I, _____ have been chosen by_____
(provider) (parent's name)

and agree to provide child care for _____Case #: _____
(child's full name)

Care will be provided at Facility Name: _____

Facility Address: _____

If school age; School attending: _____ Hours: _____ Grade: _____

Is the child attending UPK? ☐ Yes ☐ No If yes, Where: _____Hours:_____

****You must provide the school calendar and bus passes before non-school days and/or before and aftercare can be authorized for school days and UPK.**

My license/registration # is _____ which allows me to provide the following child care (check one):

☐ Day Care Center ☐ Family Day Care ☐ Group Family Day Care ☐ School Age Child Care

Please Read and Sign the Following Statement:

I will not take any child without written authorization from the Department of Social Services. I understand that all changes from provider to provider will take effect 10 days from when we work on the case. I will further comply with all requirements of law and reasonable requests of the Department, including maintaining any records for review and submitting bills in a timely fashion on Department prescribed forms.

_____ _____
(provider's signature) (date)

_____ _____
name – (please print) (telephone)

_____ _____
(parent's signature) (date)