



Assistant Information

INSTRUCTIONS



Submit

- All Assistants working in a Group Family Day Care Home must complete and sign the form below
- If any of the pre-filled information is incorrect, please cross out, and enter the correct information
- Please print clearly.

Provider Name:

Group Family Day Care Program Name:

Assistant's Name:

Identifying Information

Mr. Mrs. Ms.

NAME:

LAST		FIRST		MI	
MAILING ADDRESS:			Floor:	APT #:	
CITY/BOUROUGH:			STATE:	ZIP CODE:	
HOME PHONE: ()		EMAIL ADDRESS:			
SSN/ID: - -		DATE OF BIRTH: (MONTH, DAY, YEAR): / /			

- I certify that I am 18 years of age or older.
- I have received and read, and I understand New York State Office of Children and Family Services regulations for the operation of a family or group family child care home. I will be in compliance with these regulations.
- I understand that I must report to the State Central Register (1-800-635-1522) any incidents of suspected child abuse or maltreatment concerning any child in my care.
- To the best of my knowledge, the statements that I have provided in this application are true and accurate.

ASSISTANT SIGNATURE: X	DATE:
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