COUNTY OF ALBANY DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES
112 STATE STREET (SUITE 300), ALBANY, NEW YORK 12207
(518) 447-4820 - FAX (518) 447-4855
www.albanycounty.com

CHILD NOTIFICATION FORM

Date: _____

☐ Center Based ☐ SEIT ☐ Related Services ☐ Receives Transportation

Name:		**Date of Birth**			
Address		**Phone**			
City		**New York**	**Zip**		
Program		**Provider**			
School District					

Dismissal/Withdrawal from Program

Last Day of Service		**Reason for Dismissal/Withdrawal**	

Absences: (3 consecutive or inconsistent pattern or known prolonged absence):

Dates:	
Reason	

Change of Information:

		Effective Date
Parent/Guardian		
Phone Number		
Home Address		
School District		
County		
Other		

_____ Reported By

_____ Person Completing Form

_____ Date