

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**REQUEST FOR NYS FINGERPRINTING SERVICES**  
**Child Day Care Programs**

**Enrollment Information:**

Applicant must have an appointment to be fingerprinted. At the appointment, the applicant will need to bring this form and acceptable ID.

Appointments can be made by contacting the vendor at one of the following:

**Website:** <https://uenroll.identogo.com/workflows/15441V> or the **Call Center:** 877-472-6915

**Contributor Agency Section:**

Service Code: 15441V Contributor Agency: NYS Office of Children and Family Services-Child Day Care Programs

Facility/Agency ID Number: 797925

Facility Name/Address: Newmeadow, Inc., 23 Sitterly Road, Clifton Park, NY 12065

**Fingerprint Applicant Section:**
☒ New Submission

☐ Resubmission

Name of Applicant: \_\_\_\_\_

Alias / Maiden Name: \_\_\_\_\_

Street \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Date of Birth:   /  /   Sex: ☐ Male ☐ Female ☐ Other

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race: ☐ White ☐ Black ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

☐ Other ☐ Unknown

Skin Tone: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Height: \_\_\_\_\_ ft \_\_\_\_\_ in Weight: \_\_\_\_\_ lbs.

State/Country of Birth: \_\_\_\_\_

**Role of Fingerprint Applicant (please check one):**

**CHILD DAY CARE:** ☐ Director (D) ☐ Provider (F) ☒ Employee/Teacher (T) ☐ Volunteer (V)  
☐ Household Member over the age of 18 (HM)

**Fingerprint Applicant Affirmation Section**

I hereby affirm that the information contained in the application and the supporting documents are true and do not contain any false statements or omissions of any material information or facts. I understand that the making of false written statements in this application is punishable as a class A misdemeanor under Section 175.30 and/or Section 210.45 of the New York Penal Law.

Applicant Signature: **X**

Date:   /  /  

**Payment Section:**

Agency Billing Account

**Accepted Forms of Identification to bring to your appointment (must be valid and not expired):**

- Driver license issued by a state or outlying possession of the United States, U.S.
- Driver license PERMIT issued by a state or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a territory of the U.S.
- State ID card (or outlying possession of the U.S.) with a seal or logo from state or state agency
- Commercial driver license, issued by a state or outlying possession of the U.S.
- Department of defense common access card
- Employment authorization document that contains a photograph
- Foreign driver license (Mexico and Canada only)
- Foreign passport
- Military dependent's identification card
- Permanent resident card or alien registration receipt card (form I-551)
- U.S. Coast Guard Merchant Mariner Credential
- U.S. Military identification card
- U.S. passport
- U.S. Tribal card (enhanced only) or U.S. Bureau of Indian Affairs identification card
- U.S. visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the U.S.
- Uniformed Services identification card (form DD-1172-2)

**Identification if under 18 and nothing else available:**

Persons under the age of 18 who are unable to present an acceptable photograph document listed above, shall provide a social security card or a birth certificate.

A *New York Photo ID Waiver for Minors* form (OCFS-4931) must be completed and signed by a parent or guardian at the time of fingerprinting at the fingerprinting site location.

**Do not sign this form in advance.**

**Hard to Print Applicants**

You may need to be printed in the traditional format of ink-and-rolled prints if you are:

- A) over the age of 18 and have a disabling condition that prevents you from leaving your home; or
- B) if your fingerprints are difficult to print.

The ink and rolled fingerprints should be accompanied by a completed OCFS-4930 *Request for NYS Fingerprinting Services* form and mailed with tracking to the New York State Office of Children and Family Services, Criminal History Review Unit (*at the following address*):

**Capital View Office Park  
52 Washington Street  
Criminal History Review Unit, Room 209 South  
Rensselaer, NY 12144**

\* Staff with fingerprint images on file with OCFS may be eligible for a waiver. Contact the licensor/registrar or director of the program for more information.