

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NAME OF CHILD CARE PROGRAM: CHAPEL SCHOOL PRESCHOOL

LICENSE NUMBER: 0680

TO THE PARENT OR GUARDIAN: This form must be completed for each of your children who will be enrolled in the program and must be updated whenever information changes.

CHILD'S NAME:	NICKNAME IF PREFERRED:
DATE OF BIRTH:	DATE OF ENROLLMENT:

IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:

NAME:	NAME:
RELATIONSHIP: __ Mother, __ Father, __ Other: _____	RELATIONSHIP: __ Mother, __ Father, __ Other: _____
ADDRESS:	ADDRESS:
#	
CELL PHONE #:	CELL PHONE #:
CELL PH PROVIDER: __ Verizon, __ AT&T, __ Other: _____	CELL PH PROVIDER: __ Verizon, __ AT&T, __ Other: _____
HOME PHONE #:	HOME PHONE #:
EMAIL:	EMAIL:
Indicate where parent/guardian can be reached while child is in care. Include name of business if applicable, address, plus any special instructions to reach you.	
BUSINESS NAME:	BUSINESS NAME:
ADDRESS:	ADDRESS:
PHONE #: HOURS:	PHONE #: HOURS:
Special Instructions for reaching parent/guardian:	

EMERGENCY CONTACT PERSON: You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child was sick and you were not accessible, or if you experienced sudden illness between work and pickup up your child.

NAME:	NAME:
RELATIONSHIP:	RELATIONSHIP:
ADDRESS:	ADDRESS:
PHONE #:	PHONE #:

NON-EMERGENCY ALTERNATE PICK-UP PERSON(S) I, _____
Parent/Guardian Signature
 authorize the following individual(s) **in addition to the Emergency Contacts listed above**, to pick up my child from the program on a non-emergency basis.

NAME:	NAME:
RELATIONSHIP:	RELATIONSHIP:
ADDRESS:	ADDRESS:
PHONE #:	PHONE #:

NOTE TO PARENTS/GUARDIAN/S:

The licensing authority for this program is the child care licensing unit (CCLU) within the bureau of licensing and certification in the department of health and human services. Child care programs are required to post a copy of the most recent statement of findings (SOF) and the corresponding corrective action plan (CAP) in a location which is accessible to parents, and programs must maintain copies of the most recent SOF with CAP and make them available for parents to review upon request. SOFs and CAPs are also available on-line at: https://new.hampshire.my.site.com/nhccis/NH_ChildCareSearch or by contacting the unit at cclunit@dhhs.nh.gov or 603-271 9025.

WHAT WE DO: The CCLU regulates and oversees child day care programs for compliance with licensing rules. A licensing coordinator conducts a yearly, unannounced monitoring visit at every program, as well as an unannounced visit prior to the expiration of a license every three years. CCLU also investigates allegations of non-compliance with licensing rules. Information about CCLU can be found on our website: <https://www.dhhs.nh.gov/programs-services/childcare-parenting-childbirth/child-care-licensing>.

CONVERSATIONS WITH CHILDREN – MONITORING VISITS: During routine monitoring visits, the Licensing Coordinator (LC) informally speaks with children to ask general questions about their day-to-day experiences in the child care program, using developmentally appropriate speech and language. The conversations and interactions take place while children are engaged in their daily routine with their class or group. At no time will a child be forced to speak with a LC.

CONVERSATIONS WITH CHILDREN – COMPLAINT INVESTIGATIONS: During visits to investigate a complaint, if the LC believes your child may have relevant information, and that it would be best to interview your child separately, away from their class or group, the LC will ask the classroom staff which children they may interview, based upon your choice below. If you wish to be notified prior to an LC speaking with your child, the LC will contact you for permission to speak with your child either at the program but away from the group, or arrange a date, time, and location with you to speak with the child. If you approve the on-site conversation with your child, the LC will ask staff to recommend a place in the program. The LC will introduce themselves, ask your child their name, and explain that their job is to make sure child care programs are safe. The LC will ask your child if they want to talk to the LC about their child care. The LC will ask open-ended, non-leading questions, and at no time will your child be forced to speak with the LC. The LC will ask children questions such as: routines for snacks/lunch, handwashing, outdoor play, the rules, what happens when a child breaks a rule, rest/nap, fire drills, and what they like/dislike about child care.

Based upon the information above, please indicate your preference:

- ☐ I give permission for child care licensing staff to speak with my child while with their class or group.
- ☐ I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.
- ☐ I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.
- ☐ I do not give my permission for child care licensing staff to speak with my child while with their class or group.

MEDICAL INFORMATION

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of CHAPEL SCHOOL PRESCHOOL to provide simple first aid treatment to my child, _____ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

Date: _____ Parent/Legal Guardian's Signature: _____