

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NAME OF CHILD CARE PROGRAM - Playmates Learning Center

LICENSE NUMBER : 2316

TO THE PARENT OR GUARDIAN: This form must be completed for each of your children who will be enrolled the program, and must be updated whenever information changes. You must also either complete a new form annually, or update this form annually by following the instructions at the bottom of the reverse side of this form.

DATE OF ENROLLMENT _____ **Email Address:** _____

Child's Name: _____ **Date of Birth:** _____

Address: _____ **Telephone** _____

Identifying Information of Parent/s or Guardian/s Legally Responsible for Child:

Name: _____ **Name:** _____

Address: _____ **Address:** _____

Home Phone: _____ **Home Phone:** _____

Cell Phone: _____ **Cell Phone:** _____

Indicate where parents can be reached while child is in care. Include name of business if applicable, address, and phone number, plus any special instructions, i.e. pager, etc.

Business Name: _____ **Business Name:** _____

Address: _____ **Address:** _____

Phone: _____ **Phone:** _____

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 were sick or injured and you were not accessible, or if you experienced sudden illness or were injured between work and picking up your child.

Name _____ **Name** _____

Relationship _____ **Relationship** _____

Address _____ **Address** _____

Phone _____ **Phone** _____

Cell Phone _____ **Cell Phone** _____

NON-EMERGENCY ALTERNATE PICK-UP PERSON(S) I, _____ authorize

Parent/Guardian Signature

the following individual(s) to pick up my child from the program on a non-emergency basis. Date Signed: _____

Name _____ **Name** _____

Relationship _____ **Relationship** _____

Address _____ **Address** _____

Phone _____ **Phone** _____

NON-EMERGENCY ALTERNATE PICK-UP PERSON/S Continued

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

NOTE TO PARENT/S or GUARDIAN/S: The licensing authority for this program is the Bureau of Licensing and Certification, Child Care Licensing Unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at <http://childcaresearch.dhhs.nh.gov> or by calling the unit at 1-800-852- 3345, extension 9025 or 603-271-9025.

During licensing, monitoring, and complaint investigation visits to licensed programs the department shall speak with children regarding the care they receive at the program, if in the judgment of the licensing coordinator the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to interview in a manner that is respectful and non-leading. However, if you do not want your child interviewed, or if you wish to be informed prior to your child being interviewed you must give the family child care provider, center director, site director or designee, and update annually, a signed dated statement indicating your preference.

For more information about Child Care Licensing please visit our website at:
<http://www.dhhs.state.nh.us/oos/cclu/index.htm>

MEDICAL INFORMATION

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

CHILD'S USUAL PHYSICIAN: _____ TELEPHONE #: _____

PHYSICIAN'S ADDRESS: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of Playmates Learning Center 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.

PARENT OR GUARDIAN'S SIGNATURE

DATE SIGNED

ANNUAL UPDATE:

PARENT/GUARDIAN MUST REVIEW THIS INFORMATION **ANNUALLY**, MAKE NECESSARY CHANGES & INITIAL AND DATE BELOW TO VERIFY THAT THE INFORMATION IS CURRENT.

Parent/Guardian Initials: _____	Date: _____	Parent/Guardian Initials: _____	Date: _____
Parent/Guardian Initials: _____	Date: _____	Parent/Guardian Initials: _____	Date: _____