

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.

Date of Child's Enrollment: _____

Child's Name: _____

Date of Birth: _____

Address: _____

Information of Parent(s) or Guardian Legally Responsible for Child

Name: _____

Name: _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Cell #: _____ Carrier: _____

Cell #: _____ Carrier: _____

Email: _____

Email: _____

WORK INFORMATION

Company Name: _____

Company Name: _____

City & State: _____

City & State: _____

Phone #: _____

Phone #: _____

Pager / Work Cell: _____

Pager / Work Cell: _____

Special instructions for reaching parent/guardian: _____

EMERGENCY CONTACT PERSON(S)

You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, & who could assume responsibility for your child if you could not be reached immediately in an emergency, or if you could not pick up your child & were unable to communicate with the program.

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Address: _____

Address: _____

Home #: _____

Home #: _____

Cell #: _____

Cell #: _____

NON-EMERGENCY / ALTERNATE PICK-UP PERSON(S)

I, _____ authorize the following individual(s) to pick up my child from the program on a non-emergency basis.
Parent signature & Date

Name: _____

Home #: _____

Address: _____

Cell #: _____

Relationship to Child: _____

NON-EMERGENCY / ALTERNATE PICK-UP PERSON(S) Cont.

Name: _____

Home #: _____

Address: _____

Cell #: _____

Relationship to Child: _____

NOTE TO PARENT(S) / GUARDIAN(S)

The licensing authority for this program is the Bureau of Licensing & Certification, Child Care Licensing Unit. Child care programs are required to post a copy of the statement of findings & corrective action plan for the most recent visit in a location which is accessible to parents, & must maintain copies of the statement of finding & correction action plan for the preceding visit & make them available for parents to review upon request. Statements of finding & corrective action plans are also available on-lit 71-9025 or 1-800-852-3345, ext 9025.

During visits to programs licensing staff speak with children regarding the care they receive at the program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children & trained to speak with children in a manner that is respectful & non-leading. Children will remain with their class or group during these conversations with licensing staff, & at no time will a child be forced to speak with a licensing coordinator.

If licensing staff believes your child may have specific information regarding an alleged event at the child care program, & determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

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 permission for child care licensing staff to interview my child at the child care program separate from their class or group.

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 Physician:

Phone #:

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of **RainbowLand Child Development 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, & I authorize licensed health practitioners working in the hospital or emergency medical facility to examine & 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/Guardian Signature

Date Signed

ANNUAL UPDATE

Parents/Guardians must review this info yearly, make necessary changes, initial & date below to verify that the info is current

Parent/Guardian Initials: _____ Date: _____

Parent/Guardian Initials: _____ Date: _____

Parent/Guardian Initials: _____ Date: _____

Parent/Guardian Initials: _____ Date: _____