

**CHILD CARE REGISTRATION AND EMERGENCY INFORMATION**

**Great Bay Kids' Company, Inc.**

**License Number:** \_\_\_\_\_

**To Parent or Guardian:** This form must be completed for each child who will be enrolled in 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 second page of this form.

**Date of Enrollment:** \_\_\_\_\_ **Grade (if applicable):** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Identifying information of parents or guardians legally responsible for the child listed above:**

**\*Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**\*Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Special instructions for reaching parent or guardian:** \_\_\_\_\_

**Emergency Contact Person(s):** You are required to list at least one 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.

**\*Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**\*Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Non-Emergency Alternative Pick up Person(s):** I authorize the following individual(s) to pick up my child from program on a non-emergency basis:

**\*Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**\*Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Are there any Custodial Agreements that pertain to your child?** \_\_\_\_\_

\_\_\_\_\_ **If so, please attach formal documentation from a court or other official entity.**

**Note to Parents**

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 finding and corrective action plan for the preceding visit and make then available for parents to review upon request. Statements of findings and corrective action plans are also available online at <http://childcaresearch.dhhs.nh.gov> or by calling the bureau at 603-271-4624 or 1-800-852-3345, extension 4624.

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 specialist 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 updated annually, a signed dated statement indicating your preference.

**MEDICAL INFORMATION**

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

\_\_\_\_\_

**Child’s Usual Physician:** \_\_\_\_\_

**Physician’s Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Child’s Health Insurance Information:** \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

I hereby give permission for the staff of Great Bay Kids’ Company, Inc. to provide simple first aid treatment to my child, \_\_\_\_\_ when necessary, and 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 AND INITIAL AND DATE BELOW TO VERIFY THE INFORMATION IS CURRENT.**

\_\_\_\_\_  
**DATE OF REVIEW**

\_\_\_\_\_  
**PARENT/GUARDIAN INITIALS**

\_\_\_\_\_  
**DATE OF REVIEW**

\_\_\_\_\_  
**PARENT/GUARDIAN INITIALS**