

## Child Care Registration and Emergency information

Program Name: Children's Center of the Upper Valley

License Number: CCCB-00687

*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. 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. The information is edited and organized to fit with NH licensing requirements and our EZ Care child care management system.*

Child's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

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

Information identifying parents or guardians legally responsible for the child.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Phone: home \_\_\_\_\_

Phone: home \_\_\_\_\_

Phone: cell \_\_\_\_\_

Phone: cell \_\_\_\_\_

Marital status: \_\_\_\_\_

Custody: \_\_\_\_\_

Indicate below where the parent/guardian can be reached while the child is in care (employer, at home, at school, etc.) Include name, address and phone number as applicable along with email and any other information about how to reach you.

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact/pick-up person: You (parent/guardian) are required to list at least one (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.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

Phone: home \_\_\_\_\_

Phone: home \_\_\_\_\_

Phone: cell \_\_\_\_\_

Phone: cell \_\_\_\_\_

Non-emergency alternate pick-up persons. These are people IN ADDITION to those named above. Please include all the information for each person.

I, \_\_\_\_\_, authorize the following individuals to pick up my child from CCUV on a non-emergency basis.

Date signed \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

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

Phone: home \_\_\_\_\_

Phone: home \_\_\_\_\_

Phone: cell \_\_\_\_\_

Phone: cell \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

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

Phone: home \_\_\_\_\_

Phone: home \_\_\_\_\_

Phone: cell \_\_\_\_\_

Phone: cell \_\_\_\_\_

Note to parents or guardians from NH Child Care Licensing: 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 requires. 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 03-271-9025.

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 judgement 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 and 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

Child's usual physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Child's usual dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:  
Attach copy of allergy plan as applicable.

**Emergency Medical Treatment authorization**

I hereby give permission for the staff of Children's Center of the Upper Valley 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 CCUV (Children's Center of the Upper Valley) personnel as soon as possible regarding any emergency involving my child.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

ANNUAL UPDATE

Parent/guardian must review this information annually, make the necessary changes and 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: \_\_\_\_\_

Office use only:

Registration date: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Invoice preference: email handout mail Primary language: \_\_\_\_\_