## CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

CCCB-06133

The Works After School

NAME OF CHILD CARE PROGRAM	LICENSE NUMBER	
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.		
DATE OF CHILD'S ENROLLMENT	R	
Child's name:	Date of birth:	
Address:	Phone number:	
IDENTIFYING INFORMATION OF PARENT/S OR G		
Name:	Name:	
Address:	Address	
Home phone number:	Home phone number:	
Indicate where parent/guardian above can be reached while of		
business if applicable. Include any special instructions, e.g. Business Name:	Business Name:	
Address:	Address	
11001000,	1 Address	
Phone number: Hours:	Phone number: Hours:	
Special Instructions for reaching parent/guardian:	Thome number.	
Special Instructions for reaching parent/guardian:		
<b>EMERGENCY CONTACT PERSON:</b> 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 and you were not accessible, or if you experienced sudden illness between work and picking up your child.		
Name:	Name:	
Relationship:	Relationship:	
Address:	Address:	
Phone number:	Phone number:	
NON-EMERGENCY ALTERNATE PICK-UP PERSON	NON-EMERGENCY ALTERNATE PICK-UP PERSON/S: I.	
d : d ## 5 5 8551 3/3. 51 1916	(Parent/Guardian Signature) Date Signed	
authorize the following individual(s) to pick up my child from Name:	Name:	
Autho,	rame.	
Relationship:	Relationship:	
Address:	Address:	
Phone number:	Phone number:	
(	7)	

## CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

	N/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 C	are Licensing please visit our website at:
http://www.dhhs.state.nh.us/oos/cclu/index.htm	
MEDICAL INFORMATION	
MEDICAL INFORMATION	
MEDICAL INFORMATION  Any chronic conditions, allergies or medications that co	
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Any chronic conditions, allergies or medications that conditions that conditions allergies or medications allergies or medications allergies or medications allergies or medications allergies allergies or medications allergies alle	ald be important in case of sudden illness or injury:  Phone number:
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Any chronic conditions, allergies or medications that conclude to the conditions or medications that conclude the conclude the conditions and conditions, allergies or medications that concludes the conditions are concluded to the conditions of th	Phone number:  TATION
Child's Usual Physician: Physician's Address:  EMERGENCY MEDICAL TREATMENT AUTHORI I hereby give permission for the staff of treatment to my child, illness or injury, I give permission for my child to be traceive emergency medical treatment. I also authorize amis medically necessary, and I authorize licensed health practice examine and provide emergency medical treatment to rechild care program personnel as soon as possible regarding.  Parent/Guardian Signature  ANNUAL UPDATE:	Phone number:  TATION
Child's Usual Physician: Physician's Address:  EMERGENCY MEDICAL TREATMENT AUTHORI I hereby give permission for the staff of treatment to my child, illness or injury, I give permission for my child to be traceive emergency medical treatment. I also authorize ami is medically necessary, and I authorize licensed health practo examine and provide emergency medical treatment to rechild care program personnel as soon as possible regarding  Parent/Guardian Signature  ANNUAL UPDATE: PARENT/GUARDIAN MUST REVIEW THIS INFORM	Phone number:  TATION