

CREATIVE YEARS FAMILY REGISTRATION FORM

SHEET 1 OF 3

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 Enrollment: _____

License Number: 1056

Child Information

1st Child First Name: _____ M.I. _____ Last Name: _____

Child's Address: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

2nd Child First Name: _____ M.I. _____ Last Name: _____

Child's Address: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

3rd Child First Name: _____ M.I. _____ Last Name: _____

Child's Address: _____

Gender: ☐ Male ☐ Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Parent/Guardian Information

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

☐ Custodial Parent (If married, mark both parents)

Email: _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

☐ Custodial Parent (If married, mark both parents)

Email: _____

Emergency Contacts & Authorized Pickup Persons:

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.

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

_____**Signature:**

Parent's Signature: _____ Date: _____

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 <https://nhlicenses.nh.gov/verification/Search.aspx?facility='Y> or by calling the unit at 603-271-9025 or 1-800-852- 3345, extension 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 and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and 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, and 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>

PHOTOGRAPHY POLICY

Throughout the school year we do take photos and videos of the children for various projects, classroom decorations and to share with families on youtube, Facebook and our website. Please sign below to provide your consent to having your child's picture and /or video taken by school personnel.

Parent Signature

Date Signed**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

I hereby give permission for the staff of _____ 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 and initial and date below to verify that the information is current.

Date of Review

Parent/Guardian Initials

Date of Review

Parent/Guardian Initials

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