

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

Little Apples Day Care & Learning Center

License #04923

This form must be completed for each of your children enrolled in our program and must be updated whenever information changes. This form will be updated no less than 1 time per year.

DATE OF CHILD'S ENROLLMENT

Child's name	Date of birth
Address	Primary phone number

PARENT(S) OR GUARDIAN(S) LEGALLY RESPONSIBLE FOR THIS CHILD

Name	Name
Address	Address
Primary phone number	Primary phone number
Email	Email
Indicate where parent/guardian can be reached while child is in care at Little Apples.	
Business name	Business name
Address	Address
Phone number	Phone number
Special instructions for reaching parent/guardian:	

EMERGENCY CONTACT PERSON(S)

You are required to list at least 1 person with whom you would feel comfortable leaving your child with and who could assume responsibility for your child if you could not be reached immediately in an emergency situation. Please do not list yourself or other guardian in these boxes.

Name	Name
Relationship	Relationship
Phone number	Phone number
Address	Address

NON-EMERGENCY ALTERNATE PICK-UP PERSON(S)

I authorize the following individual(s) to pick up my child from Little Apples.

Name	Name
Relationship	Relationship
Phone number	Phone number
Address	Address

MEDICAL INFORMATION

Chronic conditions, allergies, or medications in case of illness/injury:
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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 ext. 9025.

During visits to programs, licensing staff speak with children regarding the care they receive at a 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 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 his or her class or group;

_____ -- I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from his or her class or group;

_____ -- I do not give my permission for child care licensing staff to interview my child at the child care program separate from his or her class or group.

Child's physician	Phone number
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EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission to the staff of Little Apples Day Care & Learning Center to provide 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 to receive emergency medical treatment. I authorize ambulance or rescue squad attendants to administer treatment as medically necessary. I authorize licensed health practitioners working in the hospital to examine and provide emergency medical treatment to my child if necessary. 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