			Door Code:
CHILD CARE R	REGISTRATION A	ND EMERGENCY INFORM	IATION
Widdia Comer Learning Center / Purpos	Ino	2612	
Kiddie Corner Learning Center / Byrnes NAME OF CHILD CARE PROGRA		2613 LICENSE NUMI	BER
TO THE PARENT OR GUARDIAN:			
program, and must be updated whenever			
update this form annually by following t			
Child's name:		Date of birth:	
Address:		Phone number:	
DATE OF CHILD'S ENROLLMENT	Γ	Email	
Name:		Name:	
Address:		Address	
Home phone number:		Home phone number:	
Indicate where parent/guardian above of			e, address and phone number of
business if applicable. Include any sp	ecial instructions, e.g		
Business Name:		Business Name:	
Address:		Address	
Address:	Hours:		Hours:
Address: Phone number:	Hours:	Address Phone number:	Hours:
Address:			Hours:
Address: Phone number:			Hours:
Address: Phone number:			Hours:
Address: Phone number: Special Instructions for reaching particles.	rent/guardian:	Phone number:	
Address: Phone number: Special Instructions for reaching particles.	rent/guardian:	Phone number:	
Address: Phone number: Special Instructions for reaching particles and the second se	rent/guardian: FPARENT/S OR GU	Phone number: JARDIAN/S LEGALLY RES	SPONSIBLE FOR CHILD:
Address: Phone number: Special Instructions for reaching particles and the second se	rent/guardian: PARENT/S OR GU N: You (parent/gua	Phone number: JARDIAN/S LEGALLY RESertion are required to list at least	SPONSIBLE FOR CHILD: east 1 person with whom you
Address: Phone number: Special Instructions for reaching particles and the second particles are also as a second particle and the second particles are also as a second particle and the second part	PARENT/S OR GUN: You (parent/gua	Phone number: JARDIAN/S LEGALLY RESerdian) are required to list at lessume responsibility for your ch	SPONSIBLE FOR CHILD: east 1 person with whom you hild if you could not be reached
Address: Phone number: Special Instructions for reaching particles and the second particles are second particles. The second particles are second particles are second particles are second particles. The second particles are second particles are second particles are second particles. The second particles are second particles are second particles are second particles. The second particles are second particles are second particles are second particles. The second particles are second particles are second particles are second particles. The second particles are second particles are second particles are second particles. The second particles are second particles are second particles are second particles. The second particles are second particles are second particles are second particles are second particles. The second particles are second particles are second particles are second particles. The second particles are second particles. The second particles are secon	PARENT/S OR GU You (parent/gua ald, and who could as ome reason you could	Phone number: JARDIAN/S LEGALLY RES rdian) are required to list at lesume responsibility for your child not pick up your child and we	SPONSIBLE FOR CHILD: east 1 person with whom you nild if you could not be reached are unable to communicate with
Phone number: Special Instructions for reaching parameters in the program. Examples: if your child we have a contract of the program. Examples: if your child we have a contract of the program.	PARENT/S OR GU You (parent/gua ald, and who could as ome reason you could	Phone number: JARDIAN/S LEGALLY RES rdian) are required to list at lesume responsibility for your child not pick up your child and we	SPONSIBLE FOR CHILD: east 1 person with whom you nild if you could not be reached are unable to communicate with
Phone number: Special Instructions for reaching particles and particles are special instructions for reaching particles. IDENTIFYING INFORMATION OF EMERGENCY CONTACT PERSON would feel comfortable leaving your child mediately in an emergency, or if for such program. Examples: if your child work and picking up your child.	PARENT/S OR GU You (parent/gua ald, and who could as ome reason you could	Phone number: JARDIAN/S LEGALLY RES rdian) are required to list at lesume responsibility for your child and we enot accessible, or if you expe	SPONSIBLE FOR CHILD: east 1 person with whom you nild if you could not be reached are unable to communicate with
Phone number: Special Instructions for reaching parameters DENTIFYING INFORMATION OF EMERGENCY CONTACT PERSON would feel comfortable leaving your child immediately in an emergency, or if for so the program. Examples: if your child work and picking up your child. Name:	PARENT/S OR GU You (parent/gua ald, and who could as ome reason you could	Phone number: JARDIAN/S LEGALLY RES rdian) are required to list at lesume responsibility for your child not pick up your child and we enot accessible, or if you expe	SPONSIBLE FOR CHILD: east 1 person with whom you nild if you could not be reached are unable to communicate with
Address: Phone number: Special Instructions for reaching parameters IDENTIFYING INFORMATION OF EMERGENCY CONTACT PERSON would feel comfortable leaving your child immediately in an emergency, or if for so the program. Examples: if your child work and picking up your child. Name: Relationship:	PARENT/S OR GU You (parent/gua ald, and who could as ome reason you could	Phone number: JARDIAN/S LEGALLY REServicion are required to list at lessume responsibility for your child not pick up your child and we not accessible, or if you expend the Name: Relationship:	SPONSIBLE FOR CHILD: east 1 person with whom you nild if you could not be reached are unable to communicate with
Address: Phone number: Special Instructions for reaching parameters IDENTIFYING INFORMATION OF EMERGENCY CONTACT PERSON would feel comfortable leaving your child immediately in an emergency, or if for so the program. Examples: if your child work and picking up your child. Name:	PARENT/S OR GU You (parent/gua ald, and who could as ome reason you could	Phone number: JARDIAN/S LEGALLY RES rdian) are required to list at lesume responsibility for your child not pick up your child and we enot accessible, or if you expe	SPONSIBLE FOR CHILD: east 1 person with whom you hild if you could not be reached are unable to communicate with
Phone number: Special Instructions for reaching parameters EMERGENCY CONTACT PERSON would feel comfortable leaving your child immediately in an emergency, or if for some child program. Examples: if your child work and picking up your child. Name: Relationship:	PARENT/S OR GU You (parent/gua ald, and who could as ome reason you could	Phone number: JARDIAN/S LEGALLY REServicion are required to list at lessume responsibility for your child not pick up your child and we not accessible, or if you expend the Name: Relationship:	SPONSIBLE FOR CHILD: east 1 person with whom you nild if you could not be reached are unable to communicate with
Phone number: Special Instructions for reaching parameters EMERGENCY CONTACT PERSON would feel comfortable leaving your child immediately in an emergency, or if for some state program. Examples: if your child work and picking up your child. Name: Relationship: Address: Phone number:	PARENT/S OR GU You (parent/gua ald, and who could as ome reason you could	Phone number: JARDIAN/S LEGALLY RES rdian) are required to list at lesume responsibility for your child and we not pick up your child and we not accessible, or if you expe Name: Relationship: Address:	SPONSIBLE FOR CHILD: east 1 person with whom you nild if you could not be reached are unable to communicate with
Phone number: Special Instructions for reaching parameters EMERGENCY CONTACT PERSON would feel comfortable leaving your child immediately in an emergency, or if for some the program. Examples: if your child work and picking up your child. Name: Relationship: Address: Phone number: Name:	PARENT/S OR GU You (parent/gua ald, and who could as ome reason you could	Phone number: JARDIAN/S LEGALLY RES rdian) are required to list at lesume responsibility for your child and we not accessible, or if you expe Name: Relationship: Address: Phone number: Name:	SPONSIBLE FOR CHILD: east 1 person with whom you nild if you could not be reached are unable to communicate with
Phone number: Special Instructions for reaching parameters EMERGENCY CONTACT PERSON would feel comfortable leaving your child immediately in an emergency, or if for some the program. Examples: if your child work and picking up your child. Name: Relationship: Address: Phone number: Name: Relationship:	PARENT/S OR GU You (parent/gua ald, and who could as ome reason you could	Phone number: JARDIAN/S LEGALLY RES rdian) are required to list at lesume responsibility for your child and we not accessible, or if you expe Name: Relationship: Address: Phone number: Name: Relationship:	SPONSIBLE FOR CHILD: east 1 person with whom you nild if you could not be reached are unable to communicate with
Address: Phone number: Special Instructions for reaching parameters EMERGENCY CONTACT PERSON would feel comfortable leaving your child immediately in an emergency, or if for some the program. Examples: if your child work and picking up your child. Name: Relationship: Address: Phone number: Name:	PARENT/S OR GU You (parent/gua ald, and who could as ome reason you could	Phone number: JARDIAN/S LEGALLY RES rdian) are required to list at lesume responsibility for your child and we not accessible, or if you expe Name: Relationship: Address: Phone number: Name:	SPONSIBLE FOR CHILD: east 1 person with whom you nild if you could not be reached are unable to communicate with
Address: Phone number: Special Instructions for reaching parameters EMERGENCY CONTACT PERSON would feel comfortable leaving your child immediately in an emergency, or if for so the program. Examples: if your child work and picking up your child. Name: Relationship: Address: Phone number: Name: Relationship:	PARENT/S OR GU You (parent/gua ald, and who could as ome reason you could	Phone number: JARDIAN/S LEGALLY RES rdian) are required to list at lesume responsibility for your child and we not accessible, or if you expe Name: Relationship: Address: Phone number: Name: Relationship:	SPONSIBLE FOR CHILD: east 1 person with whom you nild if you could not be reached are unable to communicate with

(Parent/Guardian Signature) Date Signed authorize the following individual(s) to pick up my child from the program on a non-emergency basis:

NON-EMERGENCY ALTERNATE PICK-UP PERSON/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 4624 or 603-271-4624.

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 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 Care Licensing please visit our website at: www.dhhs.state.nh.us/DHHS/BCCL/default.htm

Any chronic conditions, allergies or med	dications that could	be important in case of sudden illness or injury:
Child's Usual Physician:		Phone
number: Physician's Address:		
EMERGENCY MEDICAL TREATMEN	T AUTHORIZATI	ON
		to provide simple first aid
		when necessary. In the event of a more serious
illness or injury, I give permission for my chemergency medical treatment. I also authorize licenses	nild to be transported a norize ambulance/resed health practitionerse eatment to my child if	to a hospital or other emergency medical facility to receive scue squad attendants to administer such treatment as is s working in the hospital or emergency medical facility to f warranted. I understand that I will be contacted by child
(Parent/Guardian Signature)	Date	
ANNUAL UPDATE: PARENT/GUARDIAN MUST REVIEW	THIS INFORMATIO	ON ANNUALLY , MAKE NECESSARY CHANGES &

INITIAL & 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: