

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION



A Place to Grow
436 Route 125
Brentwood, NH 03833
assistantdirector@aplace2grow.com
603-679-1660

LICENSE NUMBER 5936

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.

Child's name:	Date of birth:
Child's name:	Date of birth:
Child's name:	Date of birth:

IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:

Name:	Name:
Date of Birth:	Date of Birth:
Address:	Address
Home phone number:	Home phone number:
Cell phone number:	Cell phone number:
Email:	Email:
Indicate where parent/guardian above can be reached while the child is in care. Include name, address and phone number of business if applicable. Include any special instructions, e.g. pager, cell phone, etc.	
Business Name:	Business Name:
Address:	Address
Phone number: Hours:	Phone number: Hours:
Email:	Email:
Special Instructions for reaching parent/guardian:	
Marital Status (separated or divorced parents are required to leave a copy of parenting plans on file):	

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ENROLLMENT SCHEDULE

First Day of Care:	Circle Enrollment Period:				
	Full Year	School Year (Sept-June)	Summer Only		
Please indicate approximate drop-off and pick up time for each day enrolled.					
	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off Time					
Pick Up Time					

PAYMENT OPTIONS

Payments can be made in cash, check, debit from checking account through Tuition Express or online at www.myprocare.com. Tuition is due by the last school day of the month. Failure to pay accounts in full each month may result in withdrawal of your child from our program.

Families on child care scholarship programs are required to pay their estimated family responsibility (cost share and difference between state rate and A Place to Grow) in advance of care, including weeks for which A Place to Grow, LLC is closed for summer and winter break. Registration amount is equal to first months estimated family responsibility as calculated on the estimated family responsibility worksheet.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT

I (we) hereby authorize A Place to Grow, LLC to initiate debit entries to my (our) checking or savings account, indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. _____ (initial)
 Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

Your Name		Phone #			
Address	City	State	Zip		
Bank or Credit Union Name	Bank or Credit Union Address		City	State	Zip
Routing Transit Number	Account Number	<input type="checkbox"/> Checking		<input type="checkbox"/> Savings	
Authorized Signature					

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EMERGENCY CONTACT PERSON: 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/S: I, _____ (Parent/Guardian Signature) authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

MEDICAL INFORMATION

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

Children with asthma or allergies which may require immediate medical attention are required to have an Allergy and Asthma Action Plan on file with correct medication on hand at all times.

Child's Usual Physician:	Phone number:
Physician's Address:	
Insurance Carrier and Policy #:	

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of A Place to Grow to provide simple first aid treatment to my child(ren) 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/Guardian Signature _____ **Date** _____

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I, _____ (Parent/Guardian/Payment Guarantor), accept the above the above information to be true and accurate and will make payments as stated above and acknowledge and agree to adhere to the center policies for A Place to Grow, LLC. Policies and fees regarding tuition and late payments are outlined in the schedule of fees, which I have seen and accepted. Registration fees are a guarantee that you will be enrolling your child at A Place to Grow and that we will ensure availability for the agreed upon start date. All registration fees are non-refundable. Registration Fees are the equivalent of one month's tuition. If enrollment begins in the middle of a month, the next month's tuition is prorated at a per diem rate for the actual number of days attended in the first month. Families on child care scholarship are responsible for the full monthly tuition amount minus actual payments received for state assistance.

Signature _____ Date _____

My signature below signifies that I am aware of and agree with A Place to Grow, LLC using an electronic monitor to supervise my child while they are sleeping. A Place to Grow, LLC is required to follow all licensing rules, including in regards to electronic monitoring, which includes written parental permission, sounds from the monitor can be clearly heard by staff and the staff observe the sleeping children every ten minutes to ensure that they are safe and comfortable.

Signature _____ Date _____

My signature below also signifies that I am aware of and give permission for my child to participate in walking field trips within the 13 acres of forest area at the school and inside the buildings located on site . All offsite walks will follow all licensing rules including staff to child ratios and may be taken on any day or time at the discretion of the staff of A Place to Grow, LLC.

Signature _____ Date _____

Photographs or videos of children may be taken and posted to document their experiences at A Place to Grow, LLC. A Place to Grow, LLC may take photographs or videos of children for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, web content, and social media. No royalty, fee or other compensation shall be payable to any family by reason of such use. By signing below I grant permission to A Place to Grow, LLC permission to use photos or videos for the purposes described above.

Signature _____ Date _____

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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, 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. Please indicate whether licensing staff may speak with your child while they are with their class or group:

I give permission for child care licensing staff to speak with my child while with their class or group.

I do not give my permission for child care licensing staff to speak with my child while with their class or group.

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>

ANNUAL UPDATE: 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: