CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

A Place to Grow
436 Route 125
Brentwood, NH 03833
Director@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:	

Custodial Status for Child(ren):

_____Lives with both parents

_____Lives with separated or divorced parents (required to leave a copy of court ordered parenting plans on file or a copy of parenting plans made by parents that are signed and notarized by both parents)

_____Foster Care, State Assigned Guardian, Preventative Care (required to leave a copy of guardianship on file and provide case manager details below)

Case Manager Name: _____ Email: _____ Phone: _____

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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 are made as an ACH through Tuition Express, a payment processing system that allows secure, on-time tuition and fee payments to be made from your bank account. Accounts balances can be viewed in real time 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 requiring alternative payment arrangements should contact the center director.

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 month's 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 ☐ Checking ☐ Savings

Authorized Signature

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

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 the 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), indicated above, 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** _____

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

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 fifteen minutes to ensure that they are safe and comfortable.

Signature _____ Date _____

My signature below 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 _____

My signature below signifies that I give my child(ren), age 24 months to 3 years, permission to access to toys, toy parts, and other materials that pose a suffocation or choking risk or are small enough to be swallowed, including, but not limited to, coins, balloons, exposed foam padding, or empty plastic bags during teacher directed activities only under direct supervision by child care staff.

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 to use photos or videos for the purposes described above.

Signature _____ Date _____

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

The licensing authority for this program is the child care licensing unit (CCLU) within the bureau of licensing and certification in the department of health and human services. Child care programs are required to post a copy of the most recent statement of findings (SOF) and the corresponding corrective action plan (CAP) in a location which is accessible to parents, and programs must maintain copies of the most recent SOF with CAP and make them available for parents to review upon request. SOFs and CAPs are also available on-line at: https://new-hampshire.my.site.com/nhccis/NH_ChildCareSearch or by contacting the unit at cclunit@dhhs.nh.gov or 603-271-9025.

WHAT WE DO: The CCLU regulates and oversees child day care programs for compliance with licensing rules. A licensing coordinator conducts a yearly, unannounced monitoring visit at every program, as well as an unannounced visit prior to the expiration of a license every three years. CCLU also investigates allegations of non-compliance with licensing rules. Information about CCLU can be found on our website: https://www.dhhs.nh.gov/programs-services/childcare-parenting-childbirth/child-care-licensing.

CONVERSATIONS WITH CHILDREN – MONITORING VISITS: During routine monitoring visits, the Licensing Coordinator (LC) informally speaks with children to ask general questions about their day-to-day experiences in the child care program, using developmentally appropriate speech and language. The conversations and interactions take place while children are engaged in their daily routine with their class or group. At no time will a child be forced to speak with a LC.

CONVERSATIONS WITH CHILDREN – COMPLAINT INVESTIGATIONS: During visits to investigate a complaint, if the LC believes your child may have relevant information, and that it would be best to interview your child separately, away from their class or group, the LC will ask the classroom staff which children they may interview, based upon your choice below. If you wish to be notified prior to an LC speaking with your child, the LC will contact you for permission to speak with your child either at the program but away from the group, or arrange a date, time, and location with you to speak with the child. If you approve the on-site conversation with your child, the LC will ask staff to recommend a place in the program. The LC will introduce themselves, ask your child their name, and explain that their job is to make sure child care programs are safe. The LC will ask your child if they want to talk to the LC about their child care. The LC will ask open-ended, non-leading questions, and at no time will your child be forced to speak with the LC.

The LC will ask children questions such as: routines for snacks/lunch, handwashing, outdoor play, the rules, what happens when a child breaks a rule, rest/nap, fire drills, and what they like/dislike about child care.

Based upon the information above, please indicate your preference:

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

ANNUAL UPDATE: Make necessary changes & initial & date below to verify that the information is current each Anniversary of your child's enrollment.

Parent/Guardian Initials:	Date:
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Parent/Guardian Initials:	Date: