

### **Note to Parents and Guardians:**

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 their website at:

<http://www.dhhs.state.nh.us/oos/cclu/index.htm>

I have read and agree to comply with the policies outlined above.

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Parent/Guardian Signature

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Date

**CHILD CARE REGISTRATION AND EMERGENCY INFORMATION**

The Boys & Girls Club of Greater Nashua Early Learning Center

CCCB 05396

**NAME OF CHILD CARE PROGRAM**

**LICENSE NUMBER**

**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 CHILD'S ENROLLMENT** \_\_\_\_\_

Child's name:	Date of birth:
Address:	Phone number:

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

Name:	Name:
Address:	Address:
Home phone number:	Home phone number:
Indicate where parent/guardian above can be reached while 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:	

**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:

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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.

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For more information about Child Care Licensing please visit our website at: <https://www.dhhs.nh.gov/programs-services/childcare-parenting-childbirth/child-care-licensing>

### MEDICAL INFORMATION

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

Child's Usual Physician:

Phone number:

Physician's Address:

### 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/Guardian Signature

Date

**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:



**CHILD CARE PROVIDER VERIFICATION**

**PROVIDER NAME AND PHYSICAL ADDRESS:**  
 Name: Boys & Girls Club of Greater Nashua Early Learning Center  
 Address: One Positive Place  
Nashua, NH 03060  
 Telephone: 603-883-0823 ext 219

**PARENT NAME AND PHYSICAL ADDRESS**  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

CHILD CARE PROVIDER RESOURCE IDENTIFICATION NUMBER

2	2	1	1	6		
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IS THE CHILD CARE PROVIDER LICENSED WITH CHILD CARE LICENSING? YES  NO   
 IF THE PROVIDER IS NOT LICENSED PLEASE ANSWER THE NEXT TWO QUESTIONS:

1. Indicate the total number of children for whom you provide child care (DO NOT include your own children). \_\_\_\_\_
2. How many of the children that you counted above are related to you (i.e. niece, nephew, grandchildren etc.)? \_\_\_\_\_

**INDIVIDUAL DATA: Child(ren) Information**

Child's Full Name (First) (Last)	Date of Birth (mm/dd/yyyy)	Relationship to Provider	Child Care Link Date* (mm/dd/yyyy)

\* Date that care began or the child care application/redetermination date, whichever is most recent.

Child Care is provided in:  Child's Home  Provider's Home  Child Care Center

The Department of Health and Human Services does not endorse any child care providers. Selection of a provider is the decision of the parent and the Department assumes no liability for safety, protection, or quality of care.

I understand that a license is required when care is given in a private home for more than three children, unrelated to the provider at any given time, in addition to my own children.

I understand that I cannot be reimbursed for child care scholarship if I reside in the same home as the child that I am caring for and/or if the child has a biological, step or adoptive relationship to me.

I understand that the Department may release child care payment information to the above-named provider for the purpose of verifying child care scholarship payment by the Department of Health and Human Services.

- I certify that the information provided is true and correct.
- I certify that I have read and understood the instructions provided.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_