

Internal Use ONLY

Start Date: _____ Class: _____

Tuition: _____ Discount: _____

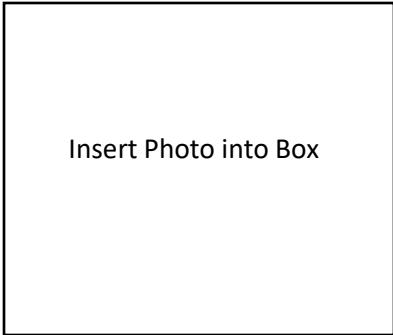
Registration & Emergency Form

Registration Fee \$ _____ / _____

Tuition Agreement

Health Record

_____ School Year



License Number: CCCB-02762

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

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:

Daily Attendance: M T W Th F **School Age:** AM PM **Holidays/Vacations**
Normal Daily Drop Off Time: _____ **Pick Up Time:** _____

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. cell phone, etc.	
Business Name:	Business Name:
Address:	Address:
Phone number:	Phone number:
Hours:	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.

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

NON-EMERGENCY ALTERNATE PICKUP 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:

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

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. 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/ccclu/index.htm>

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:	
Child's Usual Dentist:	Phone number:
Dentist'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.

_____ Does your child have any known allergies or medical conditions? If yes, please specify the type of allergy and treatment plan:

Parent/Guardian Name _____ Date _____



Photo Permission Form

Child's Name _____

DOB _____

As a parent or guardian of the above named child I give permission for the following concerning the posting of photographic images of my child:

(Please initial to show approval)

_____ Post photos of my child within the classroom and Sunrise Children's Center

_____ Post photos of my child in local newspapers

_____ Post photos of my child on the RSEC website or the RSEC Facebook page

Brightwheel Permission Form

Child's Name _____

Parent's Name(s) _____

Email Address _____ Email Address _____

_____ I give permission for Sunrise Children's Center to send pictures of my child through Brightwheel.

_____ I do not give permission for Sunrise Children's Center to send pictures of my child through Brightwheel.

_____ I give permission for Sunrise Children's Center to include my child in group photos that will be sent to other parents from Sunrise Children's Center through Brightwheel.

_____ I do not give permission for Sunrise Children's Center to include my child in group photos that will be sent to other parents from Sunrise Children's Center through Brightwheel.

Permission to Wear Necklaces

NH Child Care Licensing requires Child Care Programs to obtain parental permission for any child under the age of 6 years to wear a necklace. No child shall wear a necklace during naptime or during sleep, unless the necklace is fused or has a fixed knot such that it cannot be removed, and the parental permission has approved of the child wearing the necklace even during nap time or during sleep.

_____ (initials) Yes, I give my child permission to wear necklaces while at Sunrise Children's Center

_____ (initials) Yes, I give permission for my child to wear a fused or fixed necklace that cannot be removed, during rest time or sleep.

_____ (initials) No, I do not give my child permission to wear necklaces at Sunrise Children's Center.

Permission to Administer Bug Spray, Sunscreen and Diaper Cream

_____ (initials) I grant permission for Sunrise staff to apply the topical lotions/sprays:

_____ Sunscreen (provided by parents)

_____ Diaper Cream (provided by parents)

_____ Bug Spray (provided by parent)

Parent/Guardian Name

Date

Parental Release and Authorization

Building Security

_____ (initials) _____ Parent Name _____ (initials) _____ Parent Name

Sunrise has a combination security door lock installed on the front door. Only parent/guardians that initial above can have access to the code. If an alternate person is picking up your child(ren) there is a door bell located in the vestibular and a staff member will let them enter the building.

Field Trips and Special Activities:

_____ (initials) I understand that Sunrise organizes walking field trips. I agree that my child may participate in our neighborhood walking trips.

Discipline Policy and Parent Handbook

_____ (initials) I have received a copy of the Sunrise discipline policy and parent handbook. The policies have been discussed with me and all my questions have been answered. I understand that I will be consulted for advice and/or suggestions of other disciplinary actions for my child, if needed.

Confidentiality Statement:

_____ (initials) Information pertaining to your child is considered confidential and will not be released by Sunrise to third parties without first obtaining your written permission. However, it may be necessary to share relevant information relating to your child's family situation, medical status and behavioral characteristics with authorized members of the state child care licensing agency or with persons authorized by the state licensing regulations or law to receive such information.

Change of Status:

_____ (initials) I agree to notify Sunrise immediately of any changes that occur in the information provided in this enrollment application including work and home address, phone numbers, physician's name, living arrangements, health information, emergency contacts, etc.

Tuition Agreement:

_____ (initials) Acceptance of the Student Enrollment Agreement and receipt of the non-refundable registration fee, assures your child a place in Sunrise Children's Center. In return, the parents are expected to honor the Agreement for the term of the school year, unless extenuating circumstances arise or if a mutual agreement advantageous for the child is made to dissolve the contract.

_____ (initials) I understand and agree that tuition is due weekly or monthly. Failure to pay tuition in a timely manner may result in disenrollment from the program. I agree to the terms of the Tuition Agreement and in the event I need to remove my child from the program, I will provide a 30-day notice or I accept that tuition for that month must be paid in full.

Information Sharing

_____ (initials) I grant permission to share my family email, my child's first name, and date of birth with families in my child's classroom.

Medical History and Developmental Needs and/or Concerns:

Does your child have any health conditions/history or concerns you need to share with us? If yes, please explain.

Do you have concerns with your child's development at this time? If, yes, please explain.

Does your child receive EI (Early Intervention) Services or have IEP (Individual Education Plan)? Please provide copies for our records.