

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

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. You must also either complete a new form annually, or update this form annually by following the instructions at the bottom of the reverse side of this form.

DATE OF ENROLLMENT _____

CHILD'S NAME: _____

DATE OF BIRTH _____

ADDRESS: _____

TEL # _____

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

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

HOME PHONE# _____

HOME PHONE # _____

EMAIL ADDRESS _____

EMAIL ADDRESS _____

INDICATE WHERE PARENT/GUARDIAN CAN BE REACHED WHILE CHILD IS IN CARE. INCLUDE NAME OF BUSINESS IF APPLICABLE, ADDRESS, AND PHONENUMBER, PLUS ANY SPECIAL INSTRUCTIONS, I.E. PAGER, CELL, EMAIL, ETC.

WORK NAME: _____

WORK NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE # _____ HOURS: _____

PHONE #: _____ HOURS: _____

CELL PHONE # _____

CELL PHONE # _____

PLEASE LIST ORDER OF NUMBERS TO CALL FIRST, SECOND, THIRD: _____

EMERGENCY CONTACT PERSON You (Parent/Guardian) are required to list at least one 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 was sick or injured and you were not accessible, or if you experienced sudden illness or were injured between work and picking up your child.

NAME _____

NAME _____

RELATIONSHIP _____

RELATIONSHIP _____

ADDRESS _____

ADDRESS _____

PHONE # _____

PHONE # _____

NON-EMERGENCY ALTERNATE PICK-UP PERSON(S) I, _____ 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 # _____

PHONE # _____

NAME _____

NAME _____

RELATIONSHIP _____

RELATIONSHIP _____

ADDRESS _____

ADDRESS _____

PHONE # _____

PHONE # _____

NOTE TO PARENTS

The licensing authority for this program is the Bureau of Child Care Licensing. Information regarding recent licensing and monitoring visits for this program is available by calling the Bureau at 271-4624 or 1-800-852-3345 x4624. **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 to parents to review, upon request.** Statements of findings and corrective action plans are also available by calling the Bureau at 271-4624 or 1-800-852-3345 x4624.

During licensing, monitoring, and complaint investigation visits to licensed programs, the Bureau's licensing specialists, all of whom have education/experience in early childhood education, speak with children regarding the care they receive at the program, if in the judgment of the licensing specialist children's responses would be valuable in determining the quality and level of care provided. If you wish to be informed prior to your child being interviewed, or do not want you child interviewed, you must provide a signed, dated statement to the center director/family child care provider indicating your preference. This statement must be updated annually. The center director/family child care provider is required to inform the licensing specialist when any parent has completed such a statement. **Program staff should not attempt to influence you regarding this choice.**

The well being of children is our concern. BCCL staff recognizes that interviewing young children is a delicate responsibility. Therefore, the licensing specialist(s) will make every attempt to help any child they interview feel comfortable by being gentle, reassuring, sensitive and casual. They will spend time with the child and will take into account the child's level of maturity and willingness to talk to us.

The licensing specialist(s) ask the teachers to introduce them to the children and briefly explain the licensing specialist(s) role. The licensing specialist(s) ask open-ended questions. They randomly select which children they will speak with, and invite those children to tell the licensing specialist(s) about their child care program/school, however, no child is ever forced to speak with a licensing specialist. If a child appears uncomfortable about speaking or declines the licensing specialist(s)' invitation, they select another child. No child is ever pressured to speak with a licensing specialist. Generally the children enjoy telling an interested person about their day at the child care program/school, and often, children who have not been selected ask the licensing specialist(s) if they can talk to them.

Bureau staff believes it is important to interview children when monitoring child care programs because children often provide us with valuable information about the care they receive, as well as important child care activities that we are unlikely to observe. The licensing specialist(s) ask questions about meals, snacks, activities, teachers, fire drills, rest, rules that children must follow, and what happens if children don't follow those rules.

MEDICAL INFORMATION

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

CHILD'S USUAL PHYSICIAN: _____ **TELEPHONE #** _____

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, and 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 and emergency involving my child.

_____ **PARENT OR GUARDIAN'S SIGNATURE** _____ **DATE SIGNED** _____

ANNUAL UPDATE: PARENT/GUARDIAN MUST REVIEW THIS INFORMATION ANNUALLY, MAKE NECESSARY CHANGES & INITIAL & DATE BELOW TO VERIFY THAT THE INFORMATION IS CURRENT.

_____ **DATE OF REVIEW** _____ **PARENT/GUARDIAN INITIALS** _____ **DATE OF REVIEW** _____ **PARENT/GUARDIAN INITIALS** _____