

AUBURN MONTESSORI, 78 ROCKINGHAM RD., AUBURN, NH 03032
REGISTRATION AND EMERGENCY INFORMATION

TO THE PARENT OR GUARDIAN: This form must be updated annually, or whenever the information changes. The form can be updated by completing a new form or by correcting, redating and initialing this form.

DATE OF ENROLLMENT _____

CHILD'S NAME _____ DATE OF BIRTH _____

STREET _____ CITY _____ STATE _____ ZIP CODE _____ TEL # _____

PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:

NAME: _____ NAME: _____

STREET: _____ STREET: _____

CITY _____ STATE _____ ZIP CODE _____ CITY _____ STATE _____ ZIP CODE _____

While my child is in care, I can be reached at: While my child is in care, I can be reached at:

Location: _____ Location: _____

Tel. #: _____ Tel. #: _____

Special Instructions: _____

EMERGENCY CONTACT PERSON You are required to list at least 1 person who can assume responsibility for your child if parent/guardian cannot be reached immediately in an emergency.

NAME _____ RELATIONSHIP _____ TELEPHONE # _____

STREET _____ CITY _____ STATE _____ ZIP CODE _____

NAME _____ RELATIONSHIP _____ TELEPHONE # _____

STREET _____ CITY _____ STATE _____ ZIP CODE _____

ALTERNATE PICK-UP PERSON (OPTIONAL)

NAME _____ RELATIONSHIP _____ TELEPHONE # _____

STREET _____ CITY _____ STATE _____ ZIP CODE _____

* E-mail Address: _____

The licensing authority for this child care agency is the Bureau of Child Care Licensing. Information regarding recent licensing and monitoring visits for this child care agency is available by calling the bureau at 271-4624 or 1-800-852-3345, extension 4624. **The agency is required to make the 2 most recent statements of findings and corrective action plans available for review by parents of currently enrolled children and parents who are considering enrolling their children.**

During licensing, monitoring, and complaint investigation visits to child care agencies the department interviews children regarding the care they receive at the child care agency if the licensing specialist thinks the child's response would be valuable in determining the quality and level of care provided. If you do not want your child interviewed or if you wish to be informed prior to your child being interviewed, you must provide a signed dated statement to the agency director indicating your preference. This statement must be updated annually.

The well being of children is our concern. We recognize that interviewing young children is a delicate responsibility. Therefore, we will make every attempt to help any child we interview feel comfortable by being gentle, reassuring, sensitive and casual. We will spend time playing with the child and will take into account the child's level of maturity and willingness to talk to us.

We believe it is important to interview children when monitoring child care agencies because children often provide us with valuable information about the care they receive and important child care activities that we are unlikely to observe. We ask questions about meals, snacks, activities, teachers, fire drills, rest, child care rules and what happens if children don't follow those rules. The following are a few of the considerations we will follow when we interview children.

1. We will have the teachers introduce us to the children and explain why we are there.
2. Children will be randomly selected for the interview and will be asked if they would like to talk with us. It has been our experience that children enjoy the interview. However, children may refuse and will not be pressured.

MEDICAL EMERGENCY STATEMENT

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

CHILD'S USUAL PHYSICIAN: _____ TELEPHONE _____

PHYSICIAN'S ADDRESS: _____

I hereby give permission for _____ to give my child _____
AGENCY NAME CHILD'S NAME

simple first aid when necessary, or in the event of a more serious accident, 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 the hospital to undertake examination and emergency treatment if warranted on behalf of my child.

PARENT OR GUARDIAN'S SIGNATURE DATE

Updated: _____ Initials: _____ Updated: _____ Initials: _____