



# CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

**Little Apples**  
Day Care & Learning Center

Little Apples Day Care & Learning Center  
Hooksett, NH  
License #04923

This form must be completed for each of your children enrolled in our program and must be updated whenever information changes. This form will be updated no less than 1 time per year.

## DATE OF CHILD'S ENROLLMENT

Child's name:	Date of birth:
Address:	Primary phone number:

## PARENT(S) OR GUARDIAN(S) LEGALLY RESPONSIBLE FOR THIS CHILD

Name:	Name:
Address:	Address:
Primary phone number:	Primary phone number:
Email:	Email:
<b>Indicate where parent/guardian can be reached while child is in care at Little Apples.</b>	
Business name:	Business name:
Address:	Address:
Phone number:	Phone number:
Instructions for reaching parent/guardian:	

## EMERGENCY CONTACT PERSON(S)

You are required to list at least 1 person who could assume responsibility for your child if you could not be reached immediately in an emergency situation. *Please do not list yourself or other legal guardian(s) in these boxes.*

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

## NON-EMERGENCY ALTERNATE PICK-UP PERSON(S)

I authorize the individual(s) listed below to pick up my child from Little Apples in a non-emergency situation. Additional contact(s) may be added if needed.

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

**NOTE TO PARENT(S) OR GUARDIAN(S)**

(1.) 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 online at: [https://nhpublichealth.force.com/nhccis/NH\\_ChildCareSearch](https://nhpublichealth.force.com/nhccis/NH_ChildCareSearch) or by calling the unit at 603-271-9025; or 1-800-852-3345 ext. 9025.

(2.) During visits to programs, licensing staff speak with children regarding the care they receive at a 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.

**Please indicate whether licensing staff may speak with your child while they are with their class or group:**

- a. \_\_\_\_ – I give permission for child care licensing staff to speak with my child while with their class or group.
- b. \_\_\_\_ – I do not give permission for child care licensing staff to speak with my child while with their class or group.

(3.) If licensing staff believes your child may have specific information regarding an alleged event at the 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:**

- a. \_\_\_\_ – I give permission for child care licensing staff to interview my child at the child care program separate from their class or group;
- b. \_\_\_\_ – I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from his or her class or group;
- c. \_\_\_\_ – I do not give my permission for child care licensing staff to interview my child at the child care program separate from his or her class or group.

**MEDICAL INFORMATION**

Child's primary care physician:	Phone number:
Please list any chronic conditions, allergies, or medications regularly taken by your child in case of illness/injury:	

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

I hereby give permission to the staff of Little Apples Day Care & Learning Center to provide 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 to receive emergency medical treatment. I authorize ambulance or rescue squad attendants to administer treatment as medically necessary. I authorize licensed health practitioners working in the hospital to examine and provide emergency medical treatment to my child if necessary. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

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 PARENT/GUARDIAN SIGNATURE

TODAY'S DATE