

## 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 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# _____

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

NAME: _____	NAME: _____
ADDRESS: _____	ADDRESS: _____
PHONE# _____ HOURS: _____	PHONE# _____ HOURS: _____

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 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, \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_  
 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, extension 4624. **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, extension 4624.

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 your 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 recognize 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 believe 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 any 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
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