

**WOODSIDE SCHOOL, INC., 114 South Fruit Street, Concord, New Hampshire 03301**

**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.

**Woodside's N.H. License Number: 1016**

**Date of Enrollment:** \_\_\_\_\_

**CHILD REGISTRATION AND EMERGENCY INFORMATION**

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Nickname  
Street Address and/or P.O. Box Telephone \_\_\_\_\_  
City State Zip Code E-Mail \_\_\_\_\_

**Parent(s) or Guardian(s) Legally Responsible for Child:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Street: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Where Parent(s) or Guardian(s) can be reached while child is in care (include name of business and special instructions if applicable):**

Business Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Hours: \_\_\_\_\_ Telephone: \_\_\_\_\_ Hours: \_\_\_\_\_  
Cell Phone (if applicable): \_\_\_\_\_ Cell Phone (if applicable): \_\_\_\_\_  
Special Instructions: \_\_\_\_\_

**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 Woodside. Examples: If your child was sick and you were not accessible or if you experienced sudden illness between dropping off and picking up your child.

|                |              |                |
|----------------|--------------|----------------|
| _____          | _____        | _____          |
| Name           | Relationship | Telephone      |
| _____          | _____        | _____          |
| Street Address | City         | State Zip Code |
| _____          | _____        | _____          |
| Name           | Relationship | Telephone      |
| _____          | _____        | _____          |
| Street Address | City         | State Zip Code |

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

I hereby give permission for the staff of Woodside School 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 Woodside School personnel as soon as possible regarding any emergency involving my child.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICAL INFORMATION**

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

Child's Usual Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**NON-EMERGENCY ALTERNATE PICK-UP PERSONS**

I authorize the following individual(s) to pick up my child from Woodside School on a non-emergency basis:

| Name           | Relationship | Telephone |          |
|----------------|--------------|-----------|----------|
| _____          | _____        | _____     |          |
| _____          | _____        | _____     |          |
| _____          | _____        | _____     |          |
| Street Address | City         | State     | Zip Code |
| _____          | _____        | _____     | _____    |

| Name           | Relationship | Telephone |          |
|----------------|--------------|-----------|----------|
| _____          | _____        | _____     |          |
| _____          | _____        | _____     |          |
| _____          | _____        | _____     |          |
| Street Address | City         | State     | Zip Code |
| _____          | _____        | _____     | _____    |

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**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/cclu/index>.

**ANNUAL UPDATE:**

**PARENT/GUARDIAN MUST REVIEW THIS INFORMATION ANNUALLY, MAKE NECESSARY CHANGES & INTITIAL & DATE BELOW TO VERIFY THAT THE INFORMATION IS CURRENT.**

|                           |       |                           |       |
|---------------------------|-------|---------------------------|-------|
| Parent/Guardian Initials: | Date: | Parent/Guardian Initials: | Date: |
| Parent/Guardian Initials: | Date: | Parent/Guardian Initials: | Date: |