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.

DATE OF CHILD'S ENROLLMENT _____

Child's name:	Date of birth:
Address:	Phone number:

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

Name:	Name:
Address:	Address
Home phone number:	Home phone number:
Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable.	
Business Name:	Business Name:
Address:	Address
Phone number: Hours:	Phone number: Hours:
Email:	Email:
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 was sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

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

NON-EMERGENCY ALTERNATE PICK-UP PERSON/S: I, _____
(Parent/Guardian Signature)
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 number:	Phone number:

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The licensing authority for this program is the child care licensing unit (CCLU) within the bureau of licensing and certification in the department of health and human services. Child care programs are required to post a copy of the most recent statement of findings (SOF) and the corresponding corrective action plan (CAP) in a location which is accessible to parents, and programs must maintain copies of the most recent SOF with CAP and make them available for parents to review upon request. SOFs and CAPs are also available on-line at: https://new-hampshire.my.site.com/nhccis/NH_ChildCareSearch or by contacting the unit at cclunit@dhhs.nh.gov or 603-271-9025.

WHAT WE DO: The CCLU regulates and oversees child day care programs for compliance with licensing rules. A licensing coordinator conducts a yearly, unannounced monitoring visit at every program, as well as an unannounced visit prior to the expiration of a license every three years. CCLU also investigates allegations of non-compliance with licensing rules. Information about CCLU can be found on our website: https://www.dhhs.nh.gov/programs-services/childcare-parenting-childbirth/child-care-licensing.

CONVERSATIONS WITH CHILDREN – MONITORING VISITS: During routine monitoring visits, the Licensing Coordinator (LC) informally speaks with children to ask general questions about their day-to-day experiences in the child care program, using developmentally appropriate speech and language. The conversations and interactions take place while children are engaged in their daily routine with their class or group. At no time will a child be forced to speak with a LC.

CONVERSATIONS WITH CHILDREN – COMPLAINT INVESTIGATIONS: During visits to investigate a complaint, if the LC believes your child may have relevant information, and that it would be best to interview your child separately, away from their class or group, the LC will ask the classroom staff which children they may interview, based upon your choice below. If you wish to be notified prior to an LC speaking with your child, the LC will contact you for permission to speak with your child either at the program but away from the group, or arrange a date, time, and location with you to speak with the child. If you approve the on-site conversation with your child, the LC will ask staff to recommend a place in the program. The LC will introduce themselves, ask your child their name, and explain that their job is to make sure child care programs are safe. The LC will ask your child if they want to talk to the LC about their child care. The LC will ask open-ended, non-leading questions, and at no time will your child be forced to speak with the LC.

The LC will ask children questions such as: routines for snacks/lunch, handwashing, outdoor play, the rules, what happens when a child breaks a rule, rest/nap, fire drills, and what they like/dislike about child care.

Based upon the information above, please indicate your preference:

☐ I give permission for child care licensing staff to speak with my child while with their class or group.

☐ 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 my permission for child care licensing staff to speak with my child while with their class or group.

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

MEDICAL INFORMATION

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

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of _____ 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 child care program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature **Date**

PINES COMMUNITY CENTER

LICENSED CHILD CARE PROGRAM REGISTRATION

Programs: Before School Program After School Program Before and After Vacation Camp Summer

Email: _____ **Person responsible for payment:** _____

Participant resides with: Both Parents Mother Father Other (please specify) _____

Medications: Does the participant take any medications? If yes, please list below. Under no circumstances are children allowed to carry any type of medication with them, it must be kept in the main office and administered by a qualified staff member. If medication needs to be administered during program hours a parent/guardian is required to fill out a Medication Policy Form before anything can be administered.

_____

_____

Conditions: Does the participant have any physical, medical, psychological, or emotional condition that would affect their participation in any activities, or affect their interaction with staff and other children? It is important for your child that we know as much as possible about him/her.

If yes, please Explain:

_____

_____

Arrival Policy

Parents are required to come inside to sign their child in. Children may not be dropped off for our Before School, Vacation Camp, or Summer Camp programs before 7:00am. The building will not be open before that time for children who are dropped off even a few minutes early. We will I.D. anyone whom we do not know or recognize.

Departure Policy

Parents are required to come inside to sign their child out. Children are required to be picked up by 5:30pm. Please list any special concerns or considerations that involve the departure of the participant. For example: cannot be picked up by …, must call before they leave, never allowed to walk; etc. Late Pick-Up: If your child is picked up after 5:30pm, you will be charged $2.00 for each minute after the dismissal time.

_____

_____

Please do not bring tech, toys from home or squishies, these items are no longer allowed at the Pines.

Program Refund Policies

Tuition is due prior to the start of any of our childcare programs. By signing this form, I fully understand any tuition paid for Pines Community Center programming is **non-refundable**. In the case that a refund is requested, the request will be reviewed by our directors and decisions will be made on a case-by-case basis. **The Pines Community Center reserves the right to pause care until all tuition, and any applicable late charges are paid.** I acknowledge that a $20 fee will be charged for a returned check.

Before & After Care Payment

I understand that payments for the remaining months of the year are due no later than the second Friday of the month prior, and that it is my responsibility to remember the payment due dates. I understand that my child may be dismissed from the program in the event of non-payment. I understand that no part of the monthly fee will be refunded in the event of early dismissal for misconduct.

Vacation Camp Payment

By signing this form, I fully understand that payment for Vacation Camp is due at registration and that participation is not guaranteed without payment. I understand that the Pines hires staff for vacation days based on the number of children registered for the program, therefore there are no refunds for days my child misses. I understand that no part of the fee will be refunded in the event of early dismissal for misconduct.

Summer Playground Program Payment

By signing this form, I fully understand that all Summer Camp Program fees must be paid in full by Friday, June 11th, 2027, for my child to participate in the Summer Camp Program. I understand that no part of the fees will be refunded in the event of early dismissal for misconduct. I understand that if I register after the deadline of Friday, June 11th , 2027, I will be charged a late registration fee of $50 per child.

Parent/Guardian Signature _____ **Date**_____

Release Agreement & Medical Information

Parent/Guardian Statement of Agreement

I give permission for my child to participate in all activities of the program/s listed above, and I assume all risks and hazards incidental to such participation. I hereby, for myself, my heirs, executors, and administrators, waive and release all rights and claims against the Pines Community Center (P.C.C.)/Tilton-Northfield Recreation Council (T.N.R.C.), its officers, employees, agents, and volunteers, except in the case of their sole negligence, from all losses, injury, damages, fees, and other expenses, arising out of or in connection with participation in the above activity.

Medical Release Agreement

I hereby give permission for the Pines Community Center staff, trained in First Aid & CPR, to provide First Aid to my child as needed. In the event of an emergency, I hereby give permission to the employees of the Tilton-Northfield Recreation Council (Pines Community Center) to call rescue personnel. I further authorize the appropriate medical personnel to treat, hospitalize, administer anesthesia, and/or order injections or surgery for the safety of the participant.

Photo Release Agreement

I hereby give permission for my child's photograph to be taken and used in Pines Community Center publications. I understand that the photograph may appear on the Pines' website or Facebook page, and that it may be used for P.C.C promotional or publicity pieces in various media including, but not limited to newspapers, magazines, television, and the internet. I hereby waive the right to inspect or approve final images or advertising copy of the photographs taken and so used.

Circle one: YES NO Call First

I hereby give permission for Pines Community Center Staff members to apply on my child, or to assist my child in applying:

Circle one: Sunscreen Insect Repellent

***If there are court orders concerning your child regarding issues such as custody, no contact orders, picking up, financial responsibility, or other matters of concern to the Pines, copies of those orders are required to be provided immediately and put on your child's file.**

By signing below, I confirm that I have read and understand all of the information in this document, as well as accept the Program Refund Policies, Parent/Guardian Statement of Agreement, the Medical Release Agreement, and the Photo Release Agreement.

Parent/Guardian Signature _____ **Date**_____

Pines Community Center

Before & After Care, Vacation Camp and Summer Day Camp Program

Code of Conduct and Behavioral Management Policy Form

Thank you for enrolling your child in the Pines Community Center's programming. It is our intention to provide a safe and secure environment for your child. We strive to create a comfortable and fun atmosphere that will make your child look forward to coming to our programming each day. In order to ensure that we provide a quality program and a safe environment for all participants, each participant must follow program rules.

Campers are encouraged to practice those social skills that will allow them to resolve conflicts and meet their needs without the use of harmful or destructive behaviors. When a disciplinary situation occurs that requires some type of intervention, a counselor or director will provide the child with a clear explanation as to why the specific behavior is inappropriate. The counselor or director will then suggest an alternative behavior that fits within the guidelines of appropriate behavior. These guidelines revolve around concerns for the safety of all participants and staff.

Every Parent/Guardian is required to read the following information and sign and return the Code of Conduct and Behavioral Management Policy Form to the Pines Community Center.

General Playground Program Rules

1. Follow instructions of staff to ensure safety.
2. Show respect to all participants, staff, equipment, and property. Teasing, insulting, and bullying will NOT be tolerated.
3. Keep your hands, feet, head, and other body parts to yourself. Fighting, hitting, theft, destruction of camp property, etc. WILL NOT BE TOLERATED.
4. Appropriate language and dress are expected at all times.
5. Cooperation and participant involvement both in group activities and with other participants is required.
6. Must request permission from staff to leave the group or activity for any reason.

Behavioral Management

The following are offenses and consequences that will be taken.

OFFENSES:	1st	2nd	3rd	4th
Drugs, Alcohol and/or Weapons	Immediate expulsion from program (NO REFUND)			
Stealing	Write up Parents notified 2 day suspension *Damage restitution	Expulsion from program *Damage restitution (NO REFUND)		
Willful destruction to Rec, School or Town Property*				
Found out of program boundaries				
Physical fighting				
Bullying (*physical or verbal*)				
Cursing	Write up Parents notified *Damage restitution	Write up Parents notified 2 day suspension *Damage restitution	Expulsion from program *Damage restitution (NO REFUND)	
Carless damage to Rec, School or Town Property*				
Disrespect of Staff				
Endangering another persons well being				
Inappropriate Language	Verbal Warning Write up	Write up Parents notified	Write up Parents notified 2 day suspension	Expulsion from program (NO REFUND)
Breaking Program Rules				

Bullying = Includes a wide variety of behaviors, but all involve a person or a group repeatedly trying to harm someone who is weaker or more vulnerable. It can involve direct attacks (such as hitting, threatening or intimidating, teasing and taunting, name-calling, making sexual remarks and stealing or damaging belongings) or more subtle, indirect attacks (such as spreading rumors or encouraging others to reject/ exclude someone).

Endangering another person's well being = includes but not limited to; hitting, biting, kicking, hazing, etc.

Breaking Program Rules = includes but not limited to defiance, uncooperativeness, insubordination, unruliness

Code of Conduct – Parent/Guardian

As the Pines Community Center's staff seeks to treat all campers and their families with respect, parents/guardians are also expected to treat staff with respect. All program/staff issues, comments or concerns should be directed to the Executive Director or Assistant Executive Director, not the counselors.

*I have discussed the rules and consequences of the **Pines Community Center's Programming Code of Conduct and Behavioral Management Policy** with my child and they understand what is expected of them while participating in Pines Community Center Programming..*

_____

Camper's Name (Print)

_____ _____

Parent/Guardian Signature ***Date***