

## **KIDDIE KONNECTION/K2 REC. REGISTRATION AND EMERGENCY INFORMATION**

**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.

**Child's Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **IDENTIFYING INFORMATION OF PARENT(S) OR GUARDIAN(S) LEGALLY RESPONSIBLE FOR CHILD:**

**1) Name:** \_\_\_\_\_ **Home Telephone #:** \_\_\_\_\_

Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of Business, if applicable. Include any special instructions, e.g. pager, cell phone, etc.

#### **WHILE CHILD IS IN CARE I CAN BE REACHED AT:**

Business Name: \_\_\_\_\_

Location: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_ Between the hours of \_\_\_\_\_ and \_\_\_\_\_

Mobile Telephone #: \_\_\_\_\_ Between the hours of \_\_\_\_\_ and \_\_\_\_\_

Special Instructions for Reaching Parent/Guardian:

**2) Name:** \_\_\_\_\_ **Home Telephone #:** \_\_\_\_\_

Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable. Include any special instructions, e.g. pager, cell phone, etc.

#### **WHILE CHILD IS IN CARE I CAN BE REACHED AT:**

Business Name: \_\_\_\_\_

Location: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_ Between the hours of \_\_\_\_\_ and \_\_\_\_\_

Mobile Telephone #: \_\_\_\_\_ Between the hours of \_\_\_\_\_ and \_\_\_\_\_

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 and you were not accessible, or if you experienced sudden illness between work and picking up your child. **These people are not alternate pick up persons unless specified.**

**1. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Street: \_\_\_\_\_ City/State: \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Street: \_\_\_\_\_ City/State: \_\_\_\_\_

**NON-EMERGENCY ALTERNATE PICK-UP PERSON/S:** I, \_\_\_\_\_  
authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

\_\_\_\_\_  
Parent/Guardian(s) Signature Date

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Street: \_\_\_\_\_ City/State: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Street: \_\_\_\_\_ City/State: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Street: \_\_\_\_\_ City/State: \_\_\_\_\_
4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Street: \_\_\_\_\_ City/State: \_\_\_\_\_

**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, ext. 9025.

During visits to programs licensing staff speak with children regarding the care they receive at the program if in the judgement 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 Kiddie Konnection/K2 Recreation Program separate from their class or group.
- I wish to be notified prior to child care licensing staff interviewing my child at Kiddie Konnection/K2 Recreation Program separate from their class or group.
- I do not give permission for child care licensing staff to interview my child at Kiddie Konnection/K2 Recreation 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.htm>

**MEDICAL INFORMATION**

Please list any chronic conditions, allergies or medications that could be important in case of sudden illness or injury: \_\_\_\_\_

\_\_\_\_\_

**CHILD'S USUAL PHYSICIAN:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**PHYSICIAN'S ADDRESS:** \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

I hereby give permission for the staff of Kiddie Konnection/K2 Recreation Program 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 OR GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ANNUAL UPDATE:**

**TO THE PARENT OR GUARDIAN: THIS FORM MUST BE UPDATED ANNUALLY OR WHENEVER INFORMATION CHANGES. THIS FORM MAY BE UPDATED BY COMPLETING A NEW FORM OR BY CORRECTING, INITIALING, AND RE-DATING THE FORM.**

UPDATED: \_\_\_\_\_ INITIALS: \_\_\_\_\_

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