

Start Date: _____

NOAH'S ARK CHILD CARE CENTER
491 EAST INDUSTRIAL PARK DRIVE
MANCHESTER, NH 03109
(603)669-7990

REGISTRATION AND EMERGENCY INFORMATION FORM

Child's Name: _____ Date of Birth: _____

Street: _____ Home Phone #: _____

City: _____ State: _____ Zip: _____

PARENT(S) OR GUARDIAN(S) LEGALLY RESPONSIBLE FOR CHILD:

Name: _____ Name: _____

Street: _____ Street: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Cell Phone #: _____ Cell Phone #: _____

Email: _____ Email: _____

While my child is in school, I can be contacted at:



Business Name: _____ Business Name: _____

Occupation: _____ Occupation: _____

Location: _____ Location: _____

Hours: _____ Hours: _____

Work Phone #: _____ Work Phone #: _____

Special Instructions: _____ Special Instructions: _____

OTHER EMERGENCY CONTACT PERSON: Person who can assume responsibility for child if parent(s) or guardian(s) cannot be reached immediately in an emergency.

Name: _____ Relationship: _____

Street: _____ Phone#: _____

City: _____ State: _____ Zip: _____

(over)

ALTERNATE PICK-UP PERSONS:

1)Name: _____

2) Name: _____

Street: _____

Street: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Phone #: _____

Phone #: _____

The licensing authority for this program is the Bureau of Licensing and Certification, Child Care Licensing Unit. Information regarding recent licensing and monitoring visits for this program is available online at www.dhhs.nh.gov/oos/cclu/ or by calling the Bureau at (603) 271-9025 or 1-800-852-3345, extension 9025.

During licensing, monitoring, and complaint investigation visits to licensed programs the department shall speak with children regarding the care they receive at the program, if in the judgment of the licensing coordinator the children's response would be valuable in determining compliance with licensing rules. If you do not want your child interviewed, or if you wish to be informed prior to your child being interviewed you must provide a signed dated statement to the program director indicating your preference. This statement shall be updated annually.



MEDICAL EMERGENCY STATEMENT:

I hereby give permission for Noah's Ark CCC to give my child, _____, simple first aid when necessary or in the event of a more serious accident, for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize EMT's to administer such treatment as is medically necessary and I authorize the hospital to undertake examination and emergency treatment if warranted on behalf of my child.

Child's Usual Physician: _____ Physician's Telephone: _____

Physician's Address: _____

Any chronic conditions, allergies, or medication that could be important in an emergency situation:

Parent or guardian's signature

Date

ANNUAL UPDATE: Parent/Guardian must review this information annually, make necessary changes and initial & date below to verify that the information is current.

Parent/Guardian Initials: _____ Date: ___/___/___ Parent/Guardian Initials: _____ Date: ___/___/___

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