

Please check the box next to the school your child attends:

Richards Elementary School

Towle Elementary School

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

Newport Out-of-School Time

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. 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 _____

Desired Schedule: Mon___ Tues___ Wed___ Thurs___ Fri___

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, if you experienced sudden illness or were injured between work and picking up your child, or there was a need to evacuate the school building.

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 # _____

TRANSPORTATION

NEWPORT OUT-OF-SCHOOL TIME will provide a late bus for students needing transportation home. A bus route will be designed to meet the needs of families desiring transportation. The bus will begin its route from the Newport Middle school at 5:00 pm.

My child will require transportation home. Yes No

Desired drop off location: _____

(Address)

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 childcare 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 childcare 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

I hereby give permission for the staff of NEWPORT OUT-OF-SCHOOL TIME 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 childcare program personnel as soon as possible regarding any emergency involving my child.

In case of a medical emergency, I prefer my child be transported to _____.
(Hospital)

PARENT OR GUARDIAN'S SIGNATURE

DATE SIGNED

PHOTOGRAPH – VIDEO RELEASE

I hereby give permission for the staff of NEWPORT OUT-OF-SCHOOL TIME to photograph or record my child.

Yes No

I hereby give permission for the photographs to be published in the NEWPORT-OUT-OF SCHOOL TIME newsletter.

Yes No

I hereby give permission for the photographs to be published in a local newspaper.

Yes No

I hereby give permission for the photographs/videos to be published to a website.

Yes No

I hereby give permission for the photographs/videos to be used on NCTV.

Yes No

PARENT OR GUARDIAN'S SIGNATURE

DATE SIGNED

PERMISSION TO RELEASE INFORMATION

I hereby give permission for the staff of NEWPORT OUT-OF-SCHOOL TIME to receive my child's immunization and Health records as part of the registration process.

Yes No Immunization Records

I hereby give permission for the staff of NEWPORT OUT-OF-SCHOOL TIME to receive the following information from the Newport School District. I understand this information will be used by the Program Evaluator and will be provided with Student ID's not names.

Yes No Standardized Test Scores

Yes No Report Cards/Progress Reports

Yes No Attendance Records

Yes No Discipline Referrals

PARENT OR GUARDIAN'S SIGNATURE

DATE SIGNED

Permission to Transport- I hereby give permission to the staff of NEWPORT-OUT-OF-SCHOOL-TIME to transport my child[ren] for field trips on the Cinnamon Street van.

Parent/Guardian
signature _____ Date _____

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