

GOSHEN – LEMPSTER COOP AFTERSCHOOL PROGRAM

(Satellite extension of Cinnamon Street Afterschool Program)

REGISTRATION AND EMERGENCY INFORMATION

LICENSE NUMBER 06485

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 on the reverse side of this form.

There is a registration fee of \$10.00 per child due upon registration
Current immunizations due upon enrollment- CSEEC Fax # 863-6010

DATE OF ENROLLMENT _____

GRADE _____

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# _____

CELL PHONE # _____

CELL PHONE # _____

E-mail _____

E-mail _____

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: _____



NAME _____

RELATIONSHIP _____

ADDRESS _____

PHONE # _____

NA

RE

AD

PH

MEDICAL INFORMATION

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

CHILD'S USUAL PHYSICIAN: _____ PHONE# _____
PHYSICIAN'S ADDRESS: _____

EMERGENCY MEDICAL TREATMENT

I hereby give permission for the staff of **Cinnamon Street Child care** 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 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

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

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 <http://childcaresearch.dhhs.nh.gov> or by calling the unit at 1-800-852- 3345, extension 4624 or 603-271-4624.

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. Licensing staff are experienced in working with children and trained to interview in a manner that is respectful and non-leading. However, if you do not want your child interviewed, or if you wish to be informed prior to your child being interviewed you must give the family child care provider, center director, site director or designee, and update annually, a signed dated statement indicating your preference.

For more information about Child Care Licensing please visit our website at: www.dhhs.state.nh.us/DHHS/BCCL/default.htm

ENROLLMENT IN NH 4-H YOUTH DEVELOPMENT (UNH Cooperative Extension is an equal opportunity educator & employer)

My child/children have permission to participate in 4H youth development opportunities as part of the CSEEC school age program & Sullivan County 4-H program. 4-H is for youth age 8-18. I understand that a copy of this enrollment form will be shared with UNH Cooperative Extension so my child can be enrolled as a 4-H member.

Yes No

PARENT OR GUARDIAN'S SIGNATURE _____
DATE SIGNED

PHOTOGRAPH/QUOTES – VIDEO RELEASE

I hereby give permission for the staff of **Cinnamon St /UNH Cooperative Extension & 4-H** to photograph or record my child.

Yes No

I hereby give permission for the photographs & quotes to be published in the **GLCS /CSEEC/UNH Cooperative Extension** newsletter.

Yes No

I hereby give permission for the photographs & quotes 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 EXPLORE off site SCHOOL GROUNDS

Time may be planned to extend the afterschool experience into the wooded area immediately surrounding the school. I hereby give permission for my child to participate in these local field trips.

PARENT OR GUARDIAN'S SIGNATURE

DATE SIGNED

Weekly Attendance

Please check the days your child will be attending the After School program at the Goshen Lempster Cooperative School

___ WEEKLY ATTENDANCE (M-F) = ___ \$45.00 ___
(my weekly tuition)

-- OR --

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

of days per week x \$10 per day = \$ _____
(my weekly tuition)

PICK UP POLICY: Child needs to be picked up by 6:00 pm by an approved person on the emergency contact list. Anyone not on time for pick-up will be billed \$15 per quarter hour

By signing below I understand that payment for my child's attendance in the Goshen Lempster Afterschool program is due each Monday. Checks should be made to Cinnamon Street. **I also understand that I am paying for my child's reserved days - that payment is due whether or not he/she is in attendance for the days that I have reserved, unless school is closed for professional development, holidays, or snow days.**

PARENT OR GUARDIAN SIGNATURE

DATE SIGNED

Office Notes