

**2019-2020
Before and After School Program
Registration**



Office Use Only
 Today's Date _____ CK# _____
 Initials _____ Amount Paid _____
 Enrollment Date _____

Member Information
 Child's Name: _____ Gender: **Male Female** DOB: _____ Age: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Home Phone # _____

Contact Information
 Parent/Guardian #1 Name _____ Cell # _____ Work # _____
 Employer _____ Email _____
 Primary Contact Emergency Contact Authorized to Pick up NOT Authorized to Pick up
 Parent/Guardian #2 Name _____ Cell # _____ Work # _____
 Employer _____ Email _____
 Primary Contact Emergency Contact Authorized to Pick up NOT Authorized to Pick up
 Child Resides With: _____ Total Number of Members in Household: _____

Additional Contacts
 Additional Name _____ Relationship _____ Primary # _____
 Primary Contact Emergency Contact Authorized to Pick up NOT Authorized to Pick up
 Additional Name _____ Relationship _____ Primary # _____
 Primary Contact Emergency Contact Authorized to Pick up NOT Authorized to Pick up
 Additional Name _____ Relationship _____ Primary # _____
 Primary Contact Emergency Contact Authorized to Pick up NOT Authorized to Pick up

Medical Information
 Name & Phone # of Child's Doctor: _____
 Does child wear a medic-alert tag? **No Yes** please describe: _____
 Allergies (drugs, foods, insect stings, etc.) **No Yes** please describe: _____
 Does Child have: Epi-pen? **No Yes** An inhaler? **No Yes**
 Does your child require use of a car seat? **No Yes** Can Child Swim? **No Yes**
 Any recent injuries, illnesses, operations? **No Yes** please describe: _____
 Physical Disabilities or Chronic Conditions? **No Yes** please describe: _____
 Psychological, Emotional or Behavioral Disorders? **No Yes** please describe: _____
 Does Child have a recent IEP or 504 plan? **No Yes** **If Yes, please provide upon registration*
 Is there anything else we should know about child's physical or emotional condition? **No Yes** please describe:

 Does the Child take daily medication? **No Yes** please describe: _____
 Will the child need to take medication at PCC? **No Yes** **If Yes, a medical form must be filled out. Medication must be in its original container and will only be dispensed according to label. Authorizations may be faxed to and must be updated annually. Over the counter medication will be dispensed with parent/guardian written authorization.*



76 Community Drive
 P.O. Box 6008
 Penacook, NH 03303
 Phone: 603-753-9700
 Fax: 603-753-6691

Choose Your Program

- Penacook School Age Program at PES (Weekly Fee): (circle one) Am only (\$45) PM Only (\$45) Both (\$80)
 - Penacook School Age Program at PCC (Weekly Fee): (circle one) Am only (\$45) PM Only (\$45) Both (\$80)
 - Boscawen School Age Program at PCC (Weekly Fee): (circle one) Am only (\$45) PM Only (\$49) Both (\$84)
- **Boscawen Residents includes \$4 for transportation costs**

Weekly Fee and Financial Assistance

1. School Age Penacook **\$80.00** (AM/PM only **\$45.00**)
School Age Boscawen **\$84.00** (AM only **\$45.00**, PM only **\$49.00**)
Full Day Care additional **\$20.00** cost
Vacation Camp Weeks: Full Week (**\$165.00**) 3-4 Days (**\$40/day**) 1-2 Days (**\$50/day**)
2. State of New Hampshire Child Care Assistance Program:
Are you currently eligible and "linked" to PCC through the State? Yes No

*If no, please meet with office Administrative Support Specialist to complete the State Form 1863

Questions related to programming contact: Justin Smith, School Age Director, 603-753-9700 or email jsmith@penacookcommunitycenter.org

Note to Parents or Guardians:

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 make them available for parents to review upon request. Statement of findings and corrective action plans are also available online at <http://nhlicenses.nh.gov/verification/Search.aspx?facility='Y> or calling the unit at (603) 271-9025 or 1-800-852-3345 ext. 9025.

During visits to the 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 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 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 permission for child care licensing staff to interview my child at the child care program separate from their class or program.

Parent/Guardian Signature: _____ Date: _____

Name of Child Care Program: Penacook Community Center, Inc. Child Care Program License Number: CCCB-01290

Name of Child Care Program: Penacook Community Center, Inc. Child Care Program @ P.E.S. License Number: CCCB-06656

Parent Authorizations

Release and Authorization for Minors:

I/We hereby give permission for my/our child to participate in any or all activities at the Penacook Community Center, Inc..

Parent/Guardian Signature: _____ Date: _____

Waiver of Liability:

I/We agree to hold harmless the Penacook Community Center, Inc., its employees, volunteers, and all others associated with the Center from any injury or accident or occurrence arising out of my/our child's participation in the Program selected at the beginning of this registration form or presence on the Penacook Community Center, Inc. premises.

Parent/Guardian Signature: _____ Date: _____

Transportation Authorization:

The Penacook Community Center, Inc. may transport my child from school and on-field trips. I understand that the licensed childcare program is responsible for my child from the time he/she arrives at the program services site until her or she leaves the program.

Parent/Guardian Signature: _____ Date: _____

Use of Sunscreen:

I give permission for my child to wear sunscreen. Penacook Community Center, Inc. staff have permission to apply the sunscreen on my child. If my child does not have his/her own sunscreen, I give Penacook Community Center, Inc. staff permission to use a sunscreen, provided by the Penacook Community Center, Inc., for my child.

Parent/Guardian Signature: _____ Date: _____

First Aid:

I give permission for my child to receive basic first aid treatment. (i.e. band aids, ice packs, etc...)

Parent/Guardian Signature: _____ Date: _____

Emergency Medical/ Evacuation Transportation:

I give permission to Penacook Community Center, Inc. to call 911 and for my child to receive emergency medical transportation and treatment if I cannot be reached immediately. I understand that Penacook Community Center, Inc., may need to evacuate/relocate in the event of an emergency. If unable to walk, I grant permission to transport my child(ren) in a company or private vehicle. I understand that in the event of an unforeseen emergency, my child(ren) may not be properly restrained in the vehicle.

Parent/Guardian Signature: _____ Date: _____

Photo Authorization:

I, parent or legal guardian, give/grant Penacook Community Center, Inc. permission to use any films, photographs, audio or videos, and internet uses taken for informing the public about Penacook Community Center, Inc.

Parent/Guardian Signature: _____ Date: _____

Daily Walking Permission:

I, parent or legal guardian, give/grant Penacook Community Center, Inc. Staff permission to take my child on walking adventures (Rolfe Park, Penacook Library, and surrounding areas).

Parent/Guardian Signature: _____ Date: _____

Other Information

*Please make sure to read thoroughly and initial showing your understanding of the following policies:	Parent Int.
<ul style="list-style-type: none"> A \$65 non-refundable registration fee due upon registration. 	
<ul style="list-style-type: none"> An up-to-date physical, immunization record, deposit and registration packet are required for acceptance. 	
<ul style="list-style-type: none"> After we receive a full packet for registration a confirmation letter will be provided. 	
<ul style="list-style-type: none"> If the child needs to take prescription medication while in attendance with PCC, we must have an authorization form signed by your child's physician listing the medication, dose, frequency and other instruction before the child attends. 	
<ul style="list-style-type: none"> Over the counter medications will only be dispensed with written authorization from the parent/ guardian. Additionally, the medication must be in its original container and will only be administered in accordance with manufacturer's printed instructions. 	
<ul style="list-style-type: none"> Payment is due the FRIDAY BEFORE the week of service. A fee will be charged for late payments. TWO weeks of non-payment may result in immediate termination from the program. The full weekly tuition is payable regardless of the number of days your child attends. All checks should be made payable to the Penacook Community Center, Inc. (PCC) and print your child's name in the "memo" portion of your check. 	
<ul style="list-style-type: none"> A two-week written notice to the School Age Director and/or Main Office is required for withdrawal from the program or tuition will be due in full for these two weeks. If you are past due with your tuition payment, you are responsible for paying the total tuition prior to your child's last day of attendance. 	
<ul style="list-style-type: none"> All forms of payment are accepted. An additional \$40 fee will be assessed for returned checks along with a \$25 late payment fee. 	
<ul style="list-style-type: none"> The Penacook Community Center, Inc. Programs are open 7am to 5:30pm. Late pickups will be charged \$1 per minute. Late fees will be required upon payment. 	
<ul style="list-style-type: none"> If a parenting plan or any court documents are in place prohibiting a parent/guardian or other contact listed on the application, from picking up a member, a copy of any documents must be provided to the Main Office. If there are no court documents in place, a letter written by the primary parent/guardian must be provided to the Main Office stating your reason why this person or persons are prohibited from picking up the member. If, at any time there are any changes made, the Main Office must be notified. 	
<ul style="list-style-type: none"> Parent/Guardian contact information, along with emergency contact information must always be current. I/we will provide PCC with phone numbers that are always in proper working order. If changes occur, I will notify Penacook Community Center, Inc., immediately. 	
<ul style="list-style-type: none"> Children under the age of six years old, are not permitted to wear necklaces. 	
<ul style="list-style-type: none"> I will provide my child with spare clothing daily. 	