

**2018-2019
Busy Bees
Registration**



Office Use Only

Today's Date _____ CK# _____
Initials _____

Member Information

Child's Name: _____ Gender: Male Female DOB: _____ Age: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Home Phone # _____ Date of Enrollment: _____

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: _____
Special Instructions for reaching parent/guardian: _____

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: _____
Can Child Swim? No Yes
Does your child require use of a car seat? 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: _____
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 and must be updated annually. Over the counter medication will be dispensed with parent/guardian written authorization.**



Choose Your Program

- | | | |
|--|--------------------------|------------------------|
| <input type="radio"/> Precious Pandas (6 weeks-Toddler) | \$234.00 per week | (7:00am-5:30pm) |
| <input type="radio"/> Magnificent Monkeys (2-3 years old) | \$205.00 per week | (7:00am-5:30pm) |
| <input type="radio"/> Terrific Tigers (3 years old) | \$195.00 per week | (7:00am-5:30pm) |
| <input type="radio"/> Busy Bees (4-5 years old) | \$195.00 per week | (7:00am-5:30pm) |

Financial Assistance

1. 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 Administration to complete the State Form 2530

Questions related to programming contact: Carol Allen, Child Care Director, 603-753-9700 or email

callen@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 Child Care Program

License Number: CCCB-01290

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

Release and Authorization for Minors:

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

Parent/Guardian Signature: _____ Date: _____

Waiver of Liability

I/We agree to hold harmless the Penacook Community Center, Inc., its employees, its 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’s premises.

Parent/Guardian Signature: _____ Date: _____

Transportation Authorization:

The Penacook Community Center may transport my child 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 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 staff permission to use a sunscreen, provided by the Penacook Community Center, 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 Transportation:

I give permission to Penacook Community Center to call 911 and for my child to receive emergency medical transportation and treatment if I cannot be reached immediately.

Parent/Guardian Signature: _____ Date: _____

Photo Authorization:

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

Parent/Guardian Signature: _____ Date: _____

Classroom Use Only:

I, parent or legal guardian, give/grant Penacook Community Center permission to use any films, photographs, audio or videos, taken for classroom use only.

Parent/Guardian Signature: _____ Date: _____

Daily Walking Permission:

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

Parent/Guardian Signature: _____ Date: _____

| Other Information | Parent Int. |
|--|--------------------|
| <ul style="list-style-type: none"> A \$65 non-refundable registration fee is 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"> If the child needs to take prescription medication while in attendance with PCC, we must have an authorization from 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 (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 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 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. | |