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

REGISTRATION AND EMERGENCY INFORMATION FORM FOR DAY CARE FACILITIES

Child's Name:_____ Date of birth: _____

Street:_____ Apartment:_____

City:_____ State:_____ Zip:_____

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

1)Name:_____   2)Name:_____

Telephone:_____   Telephone:_____

Cell Phone:_____   Cell Phone:_____

E-Mail:_____   Email:_____

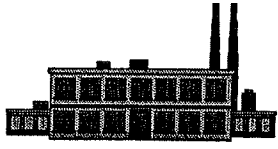Street:_____   Street:_____

City:_____   City:_____

State:_____Zip:_____   State:_____Zip:_____

While child is in care, I can be contacted at:

Location:_____   Location:_____

Occupation:_____   Occupation;_____

Hours:_____   Hours:_____

Telephone:_____   Telephone:_____

Special Instructions:_____   Special Instructions:_____

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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:_____

Address:_____   Telephone:_____

ALTERNATE PICK-UP PERSONS:

1)Name:_____   2)Name:_____

Telephone:_____   Telephone:_____

Street:_____   Street:_____

City:_____   City:_____

State:_____ Zip:_____   State:_____ Zip:_____
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The licensing authority for this child care agency is the Bureau of Child Care Standards and Licensing. Information regarding recent licensing and monitoring visits for this child care agency is available by calling the Bureau at 271-4624 or 1-800-852-3345, extension 4624.
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During licensing, monitoring, and complaint investigation visits to licensed child care agencies, the department shall interview children regarding the care they receive at the child care agency, if in the judgment of the licensing specialist the children's response would be valuable in determining the quality and level of care provided. If you do not want your child interviewed, or if you wish to be informed prior to your child being interviewed you shall provide a signed dated statement to the agency director indicating your preference. This statement shall be updated annually.
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MEDICAL EMERGENCY STATEMENT:

I hereby give permission for Noah's Ark Child Care Center 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 ambulance/rescue squad attendants 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 address: _____

Physician's telephone: _____

_____   _____
Parent or guardian's signature   Date

To the Parent or Guardian: This form must be updated whenever the above information changes by either completing a new form or by correcting, if necessary, and redating and initialing this one at least yearly.

Update: _____   Initials: _____
Update: _____   Initials: _____
Update: _____   Initials: _____