

Enrollment Packet for Early Beginnings for Young Learners

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 and/or yearly

Start Date: _____

Child's legal full name: _____ Date of birth: _____

Physical Address: _____

Mailing Address (if different): _____

Phone number (s): Cell: _____ Work: _____

Allergies/ Chronic Health Issues: _____

Daily medications: _____ School medications: _____

IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD

Indicate where parent/guardian above can be reached while child is in care. Include name, address, and phone number of business if applicable. Include any special instructions, e.g., pager, cell phone, etc.

First Contact Name: _____ Home phone: _____

Physical Address: _____

Mailing Address (if different): _____

First Contact Business Name: _____ Number: _____

Hours at work: _____ to _____ Email: _____

Special Instructions for reaching parent/guardian: _____

Second Contact Name: _____ Home phone: _____

Address: _____

Mailing Address (if different): _____

Second Contact Business Name: _____ Number: _____

Hours at work: _____ to _____ Email: _____

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 and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Emergency Contact Name: _____ Number: _____

Relationship: _____ Address: _____

Emergency Contact Name: _____ Number: _____

Relationship: _____ Address: _____

(Parent/Guardian Signature) _____ **authorize the following individual(s) to pick up my child from the program on a non-emergency basis.**

Non-Emergency Contact Name: _____ Number: _____

Relationship: _____ Address: _____

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

NOTE TO PARENT/S or GUARDIAN/S: The licensing authority for this program is the bureau of licensing and certification, childcare licensing unit. Childcare 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 <https://nhlicenses.nh.gov/verification/Search.aspx?facility='Y> or by calling the unit at 603-271-9025 or 1-800-852- 3345, extension 9025.

During visits to programs licensing staff speak with children regarding the care they receive at the program if in the judgment 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 a licensing coordinator.

If licensing staff believes your child may have specific information regarding an alleged event at the childcare 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 childcare licensing staff to interview my child at the childcare program separate from their class or group.

I wish to be notified prior to childcare licensing staff interviewing my child at the childcare program separate from their class or group.

I do not give permission for childcare licensing staff to interview my child at the childcare program separate from their class or group.

For more information about Child Care Licensing please visit our website at:
<http://www.dhhs.state.nh.us/oos/cclu/index.htm>

MEDICAL INFORMATION

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

Child's Usual Physician: _____ Phone number: _____
Physician's Address: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of _____ to provide simple first aid treatment to my child, _____ when necessary. 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.

Parent/Guardian Signature: _____ Date: _____

ANNUAL UPDATE: Make necessary changes & initial & date below to verify that the information is current.

Parent Permissions (initial all that apply)

First aid/ Emergencies

_____: I give permission to the staff of Early Beginning for Young Learners to perform CPR and First Aid to my child.

_____: I give permission for my child to be transported to the closed hospital should my child suffer from a serious injury.

Emergency Evacuation Information

Early Beginnings for Young Learners will bring children to 30 Daniel Webster Highway, Merrimack NH 03054, located at 32 Daniel Webster Highway, Merrimack, NH 03054 if we must relocate due to an emergency. You will be notified via phone call and Brightwheels alert.

In the event of a fire drill students will be brought to the back parking lot.

If your child needs to be brought to a hospital, we will use the closest hospital and available one according with EMS and Paramedic recommendation. You will be notified by phone and via Brightwheels

Emergency Contact\ Owners for EBYL:

Kay Amrock (kay@ebylnh.com), Kristen McCormick (kristen@ebylnh.com), Kristina McCarthy (kristina@ebylnh.com)

Release and Assumption of Risk

I am aware that my child is participating in activities of a normal childcare center. These activities are always supervised. However, as children are learning they sometimes do get hurt. When children are hurt, we will provide you with an accident. If the injury is above the neck, we will contact you via phone and/or Brightwheels

_____: I release and agree to hold harmless McCormick and Amrock Inc. DBA Early Beginnings for Young Learners their agents, their employees and contractors from any liability or damage which my child may suffer or insure arising out of his/her participation.

Termination of care

_____: At any time, McCormick and Amrock Inc. has the right to ask a family to leave our program. Some reasons for termination may be aggressive behavior, failure to pay, failure to follow the rules and regulation set forth in our parent handbook and failure to follow state regulations.

_____: This page acknowledges that I have reviewed the expulsion policy, that I understand it and that any question I have, have been answered

Handbooks

_____: I have read and understand all the parts of the parent handbook (found on www.earlybeginningsforyounglearners.com under forms).

_____: I have read and understand the medical handbook

_____: I have read and understand the emergency handbook

Registration and Tuition Agreement

Child's name _____ Person filling out form: _____

Please initial next to each item

I understand that I will have to pay a weekly tuition that is reflected in my tuition contract.

I understand that I must pay tuition Fridays before the upcoming week, via Brightwheels

Should my child not attend due to school closing, illness, or other, I am still required to pay:

I understand that failure to pay may and/or will result in a pause in care, late fees, or termination

I understand that my child is unable to attend for more than 10 hours per day

I understand that I am to have my child attend care during their scheduled hours

I understand that my child MUST be picked up no later than 6:00pm. Should my child not be picked up by 6:00pm, I understand that I will be charged \$5.00 per minute. After 7:00pm, my child will be placed with the Merrimack police department should we be unable to get a hold of anyone.

I understand that I must give a 2-weeks' notice of withdrawing from the program

I agree to follow all the rules and regulations of EBYL and the state of NH

I understand that enrollment forms, immunizations, physical and school clearance forms are due yearly

Other

I am aware that per state regulations my child's classroom (ages 24 months – 5 years) may reduce the teacher to student ratio during nap time. One staff member will always be in the classroom at this time.

I give EBYL permission to apply parent provided sunscreen when the UVA/UVB is 30 or higher
((Lotion based sunscreen ONLY))

I give EBYL permission to apply parent provided bug repellent to my child. Pump bug spray only

I give EBYL permission to apply parent provided diaper rash cream to my child should they need it

I give EBYL permission to take photos of my child and use them for:

Facebook: Website Marketing In the building only Brightwheels only

I give permission to take photos of my child for their Brightwheels page

I give permission for my child to take walks in a stroller around Harris Pond Plaza

I give permission for my child to be brought to the lawn area around EBYL

I give permission for my child to watch a short educational video when age appropriate

I give permission for my child to watch a movie occasionally when age appropriate

Parent signature: _____ Date: _____

Family Questionnaire

To help us better understand you and your family, we ask that you take some time to answer the following questions. This will allow our teachers to become familiar with your family.

Child's Name: _____ Nickname: _____

Who lives at home where the child resides: _____

Language spoken at home: _____

Has your child attended Pre-School or childcare before? If so, what kind? (Ex. Full Day, Half Day, Pre-School, in home or center): _____

What are your child's interests and at-home play activities?: _____

What type of personality does your child have?: _____

Any fears we should know about? _____

Eating and feeding habits: _____

Allergies: _____

Daily medication/ Vitamins: _____

Any other information:

Parent Sign: _____ Date: _____