



# Registration Form

License # 0643

September 2023-May 2024

## Tiny Tots Preschool

4 Wilson's Crossing Road, PO Box 158, Auburn, NH 03032  
(603) 483-0200 ~ Email: TinyTotsAuburnNH@gmail.com

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian #1 Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer Name & Address \_\_\_\_\_ Hours \_\_\_\_\_

Occupation \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer Name & Address \_\_\_\_\_ Hours \_\_\_\_\_

Occupation \_\_\_\_\_ Home Email address \_\_\_\_\_

Special instructions for reaching parent during school hours \_\_\_\_\_

Siblings and Birth Dates \_\_\_\_\_

Please list any other people living with your child and their relationship to your child \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Physician's Address \_\_\_\_\_

Chronic conditions, allergies, or medications that could be important in case of sudden illness or injury \_\_\_\_\_

**Emergency Medical Treatment Authorization** ~ I hereby give permission for the staff of Tiny Tots Preschool 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 Tiny Tots staff as soon as possible regarding any emergency involving my child.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Registration Information Update \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Contact Person(s)

You (the 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 Tiny Tots. Examples: if your child were sick or injured and you were not accessible, or if you experienced sudden illness or were injured between work and picking up your child.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

## Alternate Pick-Up Person(s)

I authorize the following individual(s) to pick up my child from Tiny Tots on a non-emergency basis

Name #1 \_\_\_\_\_ Address \_\_\_\_\_

Phone(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Name #2 \_\_\_\_\_ Address \_\_\_\_\_

Phone(s) \_\_\_\_\_ Relationship \_\_\_\_\_

## History

Has your child ever received services from Easter Seals, your school district, or a private practitioner? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Current Status or Release Date \_\_\_\_\_

## General Authorization

Authorize Not Authorize

I authorized the following by initialing each statement:

\_\_\_\_\_ 1) Allow my child's picture to be used to document activities within Tiny Tots to be utilized within the school environment.

\_\_\_\_\_ 2) Allow my child's picture to be used on the Tiny Tots Facebook page to report school activities.

\_\_\_\_\_ 3) Allow my child's picture to be used on the Tiny Tots Website to show school activities.

\_\_\_\_\_ 4) Allow my address, phone number, and email address to be provided to the families within my child's class for internal purposes only.

## **Note to Parents/Guardians from the Bureau of Child Care Licensing**

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 available for the 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 ext. 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 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 Tiny Tots Preschool separate from their class or group.

\_\_\_\_\_ I wish to be notified prior to child care licensing staff interviewing my child at Tiny Tots Preschool separate from their class or group.

\_\_\_\_\_ I do not give permission for child care licensing staff to interview my child at Tiny Tots Preschool separate from their class or group.

Parent/Guardian Signature: \_\_\_\_\_

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