



Registration Form

License # 0643

September 2020-May 2021

Tiny Tots Preschool

4 Wilson's Crossing Road, PO Box 158, Auburn, NH 03032
(603) 483-0200 ~ Email: TinyTotsAuburn@hotmail.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 _____ Email Address: _____

Parent/Guardian #2 Name _____ Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer Name & Address _____ Hours _____

Occupation _____ 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.