New Contract____ Returning Family____ [Page 1, permissions on 2, 3 (if anything changed) , 4 and 5]

Parent/Guardian Name(s):_____

Address:_____

Town/State/Zip:_____

Telephone: H_____C_____W_____

E-mail: H_____W_____

Parent/Guardian Name(s):_____

Address:_____

Town/State/Zip:_____

Telephone: H_____C_____W_____

E-mail: H_____W_____

Check One: _____I prefer electronic billing at the H / W (select one) email above via brightwheel

_____I prefer to pick up a paper bill (emails will still be sent via brightwheel)

I hereby contract with School Kids In Peterborough to provide childcare for the listed children on a monthly basis for the remainder of the 26/27 school year session.

Child's Name:_____Age:_____Date of birth:_____

Grade:_____Teacher:_____My child has an I.E.P. or 504 plan:_____

On non-SKIP days my child will get home by: Bus____Pickup____Walk____Combo____

Registration Fee $50 Drop-in Only:_____Contract Start Date:_____

	Monday	Tuesday	Wednesday	Thursday	Friday	Cost
Before School						
After School						

Child's Name:_____Age:_____Date of birth:_____

Grade:_____Teacher:_____My child has an I.E.P. or 504 plan:_____

On non-SKIP days my child will get home by: Bus____Pickup____Walk____Combo____

Registration Fee $45 Drop-in Only:_____Contract Start Date:_____

	Monday	Tuesday	Wednesday	Thursday	Friday	Cost
Before School						
After School						

By signing this form I claim financial responsibility to pay the weekly total per child on a monthly basis according to the terms and policies (outlined in the 26/27 school year handbook) as contracted above. Please read our financial policies carefully as late fees/termination may apply if payment is not made prior to service.

Signature:_____Date:_____

Signature:_____Date:_____

School Kids In Peterborough

Additional Children

I hereby contract with School Kids In Peterborough to provide childcare for the listed children on a monthly basis for the remainder of the 26/27 school year session.

Child's Name:_____Age:_____Date of birth:_____

Grade:_____Teacher:_____My child has an I.E.P. or 504 plan:_____

On non-SKIP days my child will get home by: Bus____Pickup____Walk____Combo_____

Registration Fee $45 Drop-in Only:_____Contract Start Date:_____

	Monday	Tuesday	Wednesday	Thursday	Friday	Cost
Before School						
After School						

Child's Name:_____Age:_____Date of birth:_____

Grade:_____Teacher:_____My child has an I.E.P. or 504 plan:_____

On non-SKIP days my child will get home by: Bus____Pickup____Walk____Combo_____

Registration Fee $45 Drop-in Only:_____Contract Start Date:_____

	Monday	Tuesday	Wednesday	Thursday	Friday	Cost
Before School						
After School						

By signing this form I claim financial responsibility to pay the weekly total per child on a monthly basis according to the terms and policies (outlined in the 26/27 school year handbook) as contracted above. Please read our financial policies carefully as late fees/termination may apply if payment is not made prior to service.

Signature:_____Date:_____

Signature:_____Date:_____

Permissions:

_____I allow ConVal staff and SKIP to share their knowledge and information regarding the behavioral or educational needs of my child(ren).

_____I allow transfer of my child's health information and forms between the ConVal school district and SKIP site director.

I, _____(parent's name) give the following permission to School Kids In Peterborough to use photos of my child(ren),_____
For the possible purpose of promoting our program, encouraging volunteers, creating promotional materials, or for use in posts on our website, social media, or in local newspapers. (We never use last names)

- ☐ I allow my child's first name to be used. (rarely use any names)
- ☐ I allow unnamed photos of my child to be used.
- ☐ I do not want photos of my child used in any way.

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

School Kids In Peterborough — 04702

NAME OF CHILD CARE PROGRAM — **LICENSE NUMBER**

* **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.

DATE OF CHILD'S ENROLLMENT _____

Child's name:	Date of birth:
Address:	Phone number:

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

Name:	Name:
Address:	Address
Home phone number:	Home phone number:
Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable.	
Business Name:	Business Name:
Address:	Address
Phone number: Hours:	Phone number: Hours:
Email:	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 was sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

NON-EMERGENCY ALTERNATE PICK-UP PERSON/S: I, _____
(Parent/Guardian Signature)
authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

The licensing authority for this program is the child care licensing unit (CCLU) within the bureau of licensing and certification in the department of health and human services. Child care programs are required to post a copy of the most recent statement of findings (SOF) and the corresponding corrective action plan (CAP) in a location which is accessible to parents, and programs must maintain copies of the most recent SOF with CAP and make them available for parents to review upon request. SOFs and CAPs are also available on-line at: https://new-hampshire.my.site.com/nhccis/NH_ChildCareSearch or by contacting the unit at cclunit@dhhs.nh.gov or 603-271-9025.

WHAT WE DO: The CCLU regulates and oversees child day care programs for compliance with licensing rules. A licensing coordinator conducts a yearly, unannounced monitoring visit at every program, as well as an unannounced visit prior to the expiration of a license every three years. CCLU also investigates allegations of non-compliance with licensing rules. Information about CCLU can be found on our website: https://www.dhhs.nh.gov/programs-services/childcare-parenting-childbirth/child-care-licensing.

CONVERSATIONS WITH CHILDREN – MONITORING VISITS: During routine monitoring visits, the Licensing Coordinator (LC) informally speaks with children to ask general questions about their day-to-day experiences in the child care program, using developmentally appropriate speech and language. The conversations and interactions take place while children are engaged in their daily routine with their class or group. At no time will a child be forced to speak with a LC.

CONVERSATIONS WITH CHILDREN – COMPLAINT INVESTIGATIONS: During visits to investigate a complaint, if the LC believes your child may have relevant information, and that it would be best to interview your child separately, away from their class or group, the LC will ask the classroom staff which children they may interview, based upon your choice below. If you wish to be notified prior to an LC speaking with your child, the LC will contact you for permission to speak with your child either at the program but away from the group, or arrange a date, time, and location with you to speak with the child. If you approve the on-site conversation with your child, the LC will ask staff to recommend a place in the program. The LC will introduce themselves, ask your child their name, and explain that their job is to make sure child care programs are safe. The LC will ask your child if they want to talk to the LC about their child care. The LC will ask open-ended, non-leading questions, and at no time will your child be forced to speak with the LC.

The LC will ask children questions such as: routines for snacks/lunch, handwashing, outdoor play, the rules, what happens when a child breaks a rule, rest/nap, fire drills, and what they like/dislike about child care.

Based upon the information above, please indicate your preference:

*

- ☐ I give permission for child care licensing staff to speak with my child while with their class or group.
- ☐ 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 my permission for child care licensing staff to speak with my child while with their class or group.

Child Name: _____

Parent/Guardian Name: _____ Date: _____

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

* 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 School Kids In Peterborough 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 child care program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature **Date**

Please fill out this section for OTC meds only.
We have a separate form if the need for prescription medication arises. We do ask that you avoid the need for daily prescription meds to be administered at SKIP when at all possible. If your child needs an inhalers or epipen please notify us so we can get you the correct forms.

* AUTHORIZATION TO ADMINISTER NON PRESCRIPTION MEDICATION

INACCORDANCEWITHHE C4002.18, THIS FORMMUSTBECOMPLETEDPRIORTOTHEADMINISTRATIONOFANYPRESCRIPTION OR NON- PRESCRIPTION MEDICATION.
NON-PRESCRIPTION MEDICATION MUST BE IN ORIGINAL CONTAINER, AND WILL BE ADMINISTERED IN ACCORDANCE WITH THE MANUFACTURER'S PRINTED INSTRUCTIONS. IF THERE ARE NO MANUFACTURER'S PRINTED INSTRUCTIONS FOR THE AGE OF THE CHILD, THE PROGRAM MAY ADMINISTER THE NON-PRESCRIPTION MEDICATION IN ACCORDANCE WITH THE WRITTEN, DATED AND SIGNED INSTRUCTIONS FROM THE CHILD'S PARENT, INCLUDING A STATEMENT THAT THE INSTRUCTIONS HAVE BEEN REVIEWED/APPROVED BY THE CHILD'S LICENSED HEALTH PRACTITIONER, OR WITH SIGNED, DATED WRITTEN INSTRUCTIONS FROM CHILD'S LICENSED HEALTH PRACTITIONER.

☐ I do not authorize administration of any medications to my child while at SKIP

PARENT'S AUTHORIZATION

I AUTHORIZE CHILD CARE PERSONNEL AT School_Kids_In_Peterborough TO ADMINISTER THE
NAME OF CHILD CARE PROGRAM

FOLLOWING MEDICATION TO MY CHILD:

_____ _____ _____
CHILD'SNAME DATE OF BIRTH

NAME OF MEDICATION	DOSAGE or weight of child
Tylenol (or generic)_____	_____
_Ibuprophen_____	_____
Benadryl(or generic) _____	_____ ****only for allergic emergencies**

_____ _____
PARENT/GUARDIAN'S SIGNATURE DATE SIGNED

SPECIAL INSTRUCTIONS FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION:

☐ Call me first at_____(phone number)

Health Information: Please note each child

Physical, Social, Emotional, or Sensory needs:

Activity limitations or special conditions to be aware of:

Operations / Serious injuries:

Chronic or recurring illness:

Dietary restrictions:

Learning / Behavioral needs:
If your child has an I.E.P. or 504 plan, please include a copy for us.

Tell us about your Skipper(s):
Any information that you can share with us to make your child more comfortable at SKIP is greatly appreciated and valued. It's our goal to make every child's stay at SKIP as positive an experience as possible.

What 3 things does your child want us to know about them?:

What 3 things do you want us to know about your child?:

What things does your child not like?:

Things I expect from SKIP:

Please list any concerns you may have:

Any other info you'd like to share with us: