



Program Director:
Teneil Rineer

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(603) 745-8958
COMMUNITYCENTER@LINCOLNNH.ORG

Recreation Director:
Tara Tower
745-8673

AFTER-SCHOOL PROGRAM REGISTRATION & EMERGENCY INFORMATION:

PARENT/GUARDIAN: This form must be completed for each child enrolled in the program and must be updated whenever information changes.

DATE OF ENROLLMENT: _____

Participant's Name: _____ Date of Birth: _____ Age: _____ Sex: M() F()
 Current Grade: _____ Email Address: _____ How often do you check email?: _____
 Physical Address: _____ Town: _____ Zip Code: _____
 Mailing Address: _____ Town: _____ Zip Code: _____
 Mother's Name: _____ Home Phone: _____ Cell Phone: _____
 Place of Work: _____ Work Phone: _____
 Father's Name: _____ Home Phone: _____ Cell Phone: _____
 Place of Work: _____ Work Phone: _____

SPECIAL INSTRUCTIONS FOR REACHING PARENT/GUARDIAN: 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. which number to call first.

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.

Name: _____ Relationship: _____ Phone #: _____
 Name: _____ Relationship: _____ Phone #: _____

NON-EMERGENCY ALTERNATE PICK-UP PERSONS:

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

Name: _____ Relationship: _____ Phone #: _____
 Name: _____ Relationship: _____ Phone #: _____
 Name: _____ Relationship: _____ Phone #: _____
 Name: _____ Relationship: _____ Phone #: _____

MEDICAL INFORMATION:

Any medical conditions or allergies that may influence participation **Yes () No ()**

Please specify: _____

Is your child currently on any medication: **Yes () No ()**

Type of Medication: _____ Time it Needs to be taken: _____

Child's Physician: _____ Phone Number: _____ Address: _____

Insurance Company: _____ Policy Number: _____

PLEASE COMPLETE REVERSE SIDE

GENERAL AUTHORIZATIONS:

I give permission for my child to travel off property for field trips or other related recreational purposes:
Yes () No ()

The Lincoln–Woodstock Recreation Department has permission to use photos in which my child appears:
Yes () No ()

EMERGENCY MEDICAL TREATMENT AUTHORIZATION:

I hereby pledge for myself, my heirs, executors or administrators to waive and release all rights and claims for damages I may have against the agency. I also release the organization’s agents, assigns or officials for any and all injuries suffered by my child. I hereby give permission for the staff and volunteers of the Lincoln-Woodstock Recreation Department to provide simple first aid treatment to my child

(Print Participant’s Name)

Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician and staff to treat my child for anesthesia, medical, x-ray, and surgical procedures as may be deemed necessary or advisable. I understand that I will be contacted by program personnel as soon as possible regarding an emergency involving my child.

Parent/Guardian Signature:

Date:

If you are interested in **VOLUNTEERING** for this program, please indicate when you are available:

PARENTS/GUARDIANS PLEASE NOTE: The licensing agency 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 them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at <http://childcaresearch.dhhs.nh.gov> or by calling the unit at 1-800-852-3345 ext. 4624 or 603-271-4624.

During licensing, monitoring, and complaint investigation visits to licensed programs the department shall speak with children regarding the care they receive at the program, if in the judgment of the licensing coordinator the children’s response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to interview in a manner that is respectful and non-leading. However, if you do not want your child interviewed, or if you wish to be informed prior to your child being interviewed you must give the site director a signed dated statement indicating your preference.

For more information about Child Care Licensing please visit our website at:
[Www.dhhs.state.nh.us/DHHS/BCCL/default.htm](http://www.dhhs.state.nh.us/DHHS/BCCL/default.htm)