



Gage Farm Schoolhouse Registration & Emergency Information

Gage Farm Schoolhouse ~ 215 Wallace Road, Goffstown NH 030145
License Number: CCCB-06999

To the Parent or Guardian: This form must be completed for each of your children who will be enrolled in Gage Farm Schoolhouse, and must be updated whenever information changes.

DATE OF CHILD'S ENROLLMENT: _____

Child's Name:	Date of Birth:
Address:	Phone Number(s):

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

Name:	Name:
Address:	Address:
Phone Number:	Phone Number:

IDENTIFICATE WHERE PARENT/GUARDIAN ABOVE CAN BE REACHED WHILE CHILD IS IN CARE. INCLUDE NAME, ADDRESS, PHONE NUMBER OF BUSINESS IF APPLICABLE. INCLUDE ANY SPECIAL INSTRUCTIONS.

Business Name:	Business Name:
Address:	Address:
Phone Number:	Phone Number:
Email:	Email:

Special Instructions for reaching parent/guardian:

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EMERGENCY CONTACT PERSON:

You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child with, 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 Gage Farm Schoolhouse. Example: if your child were sick and you were not accessible, or if you experienced a sudden illness between leaving work and picking up your child.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone Number:	Phone Number:

NON-EMERGENCY ALTERNATIVE PICK-UP PERSON(S):

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

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone Number:	Phone Number:

MEDICAL INFORMATION:

Medication Taken at Home: _____	
Allergies: _____	
Any chronic conditions or medical history that could be important in case of sudden illness or injury:	
Child's Physician:	Phone Number:
Physician's Address:	

EMERGENCY MEDICAL TREATMENT AUTHORIZATION:

I hereby give permission for the staff of Gage Farm Schoolhouse 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 Gage Farm Schoolhouse personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature: _____ Date: _____

Photo & Video Release:

Does Gage Farm Schoolhouse have permission to feature photos and/or videos of this student (never using full last name without additional permission) on our school bulletin boards, website, Facebook page, Instagram page, newspapers, news channels and/or promotional items?

☐ Yes

☐ Please contact me to discuss

☐ No

Parent/Guardian Signature: _____ Date: _____

Transportation:

Does Gage Farm Schoolhouse have permission to transport your child in their marked Gage Farm Schoolhouse van and/or town owned/rented school bus for any type of transportation needs? ie: field trip, transportation to Glen Lake School or Maple Avenue School, etc

☐ Yes

☐ Please contact me to discuss

☐ No

Parent/Guardian Signature: _____ Date: _____

GAGE FARM SCHOOLHOUSE LICENSING CONSENT:

Gage Farm Schoolhouse, LLC is a licensed child care center through the NH Department of Health and Human Services (DHHS). Our license number is: CCCB-06999

Our Licensing Coordinator: Kristen Daley ~ (603) 931-0945 ~ Kristen.F.Daley@dhhs.nh.gov

NOTE TO PARENT/S or GUARDIAN/S: 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 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. Please indicate whether licensing staff may speak with your child while they are with their class or group:

Student's Name: _____

☐ I give permission for child care licensing staff to speak with my child while with 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.

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 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 permission for child care licensing staff to interview my child at the child care program separate from their class or group.

For more information about Child Care Licensing please visit our website at:
<http://www.dhhs.nh.gov/programs-services/childcare-parenting-childbirth/child-care-licensing>

Parent/Guardian Signature: _____ Date: _____

Sunscreen Consent:

Statement: As children play regularly outside, it is important that they are protected from the sun. It is important that through the Spring/Summer months all children have an application of sun cream applied to them before playing out in the sun. It is the policy of Gage Farm Schoolhouse and the State of New Hampshire for all child care centers to gain parent/carer permission before applying sunscreen to a child.

Sunscreen Consent: (check all that apply)

- ☐ I give permission for staff of Gage Farm Schoolhouse staff to apply sunscreen, which I have provided for my child as necessary during their day. I agree to provide this labeled with my child's name on it.
- ☐ If sunscreen has not been provided by myself, I give permission for the staff of Gage Farm Schoolhouse staff to apply sunscreen that you provide.
- ☐ In the case of my child becoming sunburnt, I give permission for Gage Farm Schoolhouse staff to provide any necessary first aid treatment and the application of after sun lotion to the affected areas.
- ☐ I understand that I will need to provide suitable clothing for my child to wear in the summer months; e.g. sun hats, longer sleeved t-shirts and longer shorts.

Parent/Guardian's Signature: Date

Bug Spray Consent

Statement: As the parent or guardian, I give permission for the staff at Gage Farm Schoolhouse to apply the bug spray that I have listed below, between the daily times of 8am and 5:30pm and during the months of June, July and August. I understand that bug spray may be applied to exposed skin. I have checked all applicable information regarding the type and use of bug spray for my child:

Consent:

- ☐ I agree with the statement above and I give the staff of Gage Farm Schoolhouse permission to apply Bug Spray to my child whose name is listed above
- ☐ I **DO NOT** agree with the statement above and I **DO NOT** give the staff of Gage Farm Schoolhouse permission to apply Bug Spray to my child whose name is listed above

Answer Below if you DO GIVE PERMISSION:

- ☐ I do not know of any allergies my child has to bug spray
- ☐ I have provided the following brand/type of bug spray for use on my child: _____ labeled with my child's name on it.
- ☐ For medical or other reasons, please do not apply bug spray to the following areas of my child's body: _____

Parent/Guardian's Signature: Date

On-Site Adventure Consent

Statement: As the parent or guardian, I give permission for the staff at Gage Farm Schoolhouse to take my child outside of the designated fenced in area of Gage Farm Schoolhouse when exploring nature, nature walks and/or additional on-site adventures.

Consent:

☐ I agree with the statement above and I give the staff of Gage Farm Schoolhouse permission to take my child outside the designated fenced in area of Gage Farm Schoolhouse when exploring nature, nature walks and/or additional on-site adventures.

☐ I DO NOT agree with the statement above and I DO NOT give the staff of Gage Farm Schoolhouse permission to take my child outside the designated fenced in area of Gage Farm Schoolhouse when exploring nature, nature walks and/or additional on-site adventures. My child will remain inside the fenced in area at all times when under the care of Gage Farm Schoolhouse, besides in the parking lot during drop off/pick up.

Parent/Guardian's Signature: Date

Brook/Water Consent

Statement: As the parent or guardian, I give permission for the staff at Gage Farm Schoolhouse to take my child outside of the designated fenced in area of Gage Farm Schoolhouse and walk through with footwear and explore in the running brook that stretches across the back end of the Gage Farm Schoolhouse property.

Consent:

☐ I agree with the statement above and I give the staff of Gage Farm Schoolhouse permission to take my child outside the designated fenced in area of Gage Farm Schoolhouse and walk through with footwear and explore in the running brook that stretches across the back end of the Gage Farm Schoolhouse property.

☐ I DO NOT agree with the statement above and I DO NOT give the staff of Gage Farm Schoolhouse permission to take my child outside the designated fenced in area of Gage Farm Schoolhouse and walk through with footwear and explore in the running brook that stretches across the back end of the Gage Farm Schoolhouse property.

Parent/Guardian's Signature: Date

ANNUAL UPDATE:

Make necessary changes, initial and date below to verify that the information is current.

Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date:
Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date: