

2 Airport Rd
Gilford NH 03249



58 Rt 129 Building #3
Loudon NH 03307

Child Registration Packet (School Age 5-12 years)

Child’s Name: _____

Date of Birth: _____

Date Registered: _____

Start Date: _____

Group/Room: _____

Days Attending:

M	T	W	TH	F	Full	Half

Registration Fee

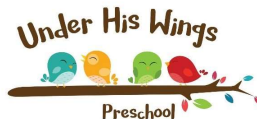
\$30.00	Paid On
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Required Forms:

- Emergency Information
- Parent/Center Contract
- Parent Handbook
- Sick Policy
- Photo Release Form

Allergies to Food or Milk? Yes or No? (Circle one)

Please Bring In:
Extra Change of Cloths



Sickness Policy

Dear Parents,

It is our goal to provide your child with the safest and healthiest environment. Under His Wings Preschool has taken positive steps towards this goal. We have enhanced our health policies to include comprehensive hygiene and universal precaution practices which will help to reduce the spread of illnesses.

We believe that Under His Wings Preschool and universal precaution practices can make a difference in creating a healthier environment. We will be monitoring our progress toward the reduction of illness among children and staff. In order to obtain this goal, we will need your help as follows:

- ❖ If your child does not feel well enough to attend the center, please call the center on your child's first day of absence.
- ❖ If your child is not feeling well, but is not ill enough to see a doctor, give us a description of your child's symptoms (stomachache, vomiting, fever, runny nose, diarrhea, etc.) when you call.
- ❖ If you have seen a doctor, please tell the director the physician's diagnosis when you call.
- ❖ When your child returns to the center, please update us on his or her condition.

Children will be excluded from the center, or you will be called to come pick them up for the following reasons:

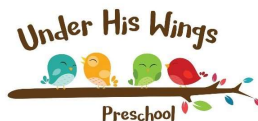
- ❖ FEVER: the child may not return until the fever is gone for 24 hours without medicine
- ❖ DIARRHEA: more than one loose, watery stool
- ❖ VOMITING: may not return until vomiting has stopped for 24 hours
- ❖ PINK EYE/EYE INFECTION: may return after using the drops for 24 hours
- ❖ RASHES: especially with a fever or itching
- ❖ SORE THROAT: especially with a fever or swollen glands
- ❖ CHICKEN POX: may return after all sores have scabs (usually 5-7 days)
- ❖ Too sick to participate, unusually tired, pale, lack of appetite, confused or cranky

Sick children will not be accepted at school, and we will strictly enforce these policies. Under His Wings Preschool policies for health and hygiene are the most comprehensive and progressive in the field of childcare, and we sincerely believe that, as a result, our children and staff members will experience fewer absence days due to illness.

We appreciate your cooperation and understanding.

Parent Signature

Date



Social Media Permission Slip

Here at Under His Wings Preschool we love to take pictures and videos throughout our days of all the fun we have. We like to post these on our social media accounts and website.

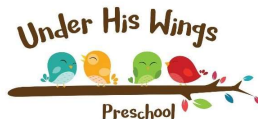
I _____ give Under His Wings Preschool permission to post pictures and videos of my child _____ on all social accounts checked below.

- ☐ Private Facebook Page (This page is only for UHW parents currently enrolled in the program)
- ☐ Public Facebook Page
- ☐ Instagram
- ☐ Tic Tok
- ☐ Youtube
- ☐ UHW Website

Signature: _____

Date: _____

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Under His Wings Preschool

LICENSE NUMBER 6728

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. Include any special instructions, e.g. pager, cell phone, etc.	
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 were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

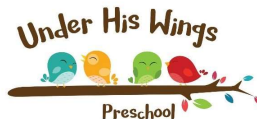
Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

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:

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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.

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.state.nh.us/oos/cclu/index.htm>

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 _____ 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** _____

ANNUAL UPDATE: Make necessary changes & initial & 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:

Under His Wings Preschool Contract

Preschool/Child Care

- *Tuition will be paid on a weekly basis (every Monday) through ACH processing.
- *You will not receive a bill. You will see the ACH withdrawal each Monday.
- *In the event that Monday is a holiday, you will see the ACH withdrawal on Tuesday.
- *Parent/Guardian is responsible for payments from September 1, 2020-August 31, 2021
- *Parent/Guardian is responsible for payment of holidays, snow days, and absences. Holidays include any days that UHW is closed during the school program
- *Late payments will be subject to the fee schedule listed below.
- *There will be a \$3.00 per minute charge for late pick-ups past 5:30 closing time.

____ (initial) I (we), the undersigned, do hereby contract with Under His Wings Preschool, LLC to enroll in their program for the period beginning September 1, 2020 and ending August 31, 2021.

____ (initial) I (we) understand that a minimum of two weeks notice in writing is to be given to the office should this contract need to be terminated. No exceptions! It will be a one-time fee for the two weeks.

____ (initial) I (we) agree that any termination of the contract by the undersigned will not release us from the responsibility of any balance due.

____ (initial) I (we) agree to bring _____ to the center after _____ am and pick him/her up no later than _____ on _____

____ (initial) I (we) agree to pay a late fee of \$3.00 per minute beyond 5:30pm

____ (initial) I (we) agree that we are responsible for payment for all absences, sick days and days that Under His Wings Preschool is closed.

____ (initial) I (we) agree to the ACH withdrawal amount of \$ _____ to be pulled from my bank account every Monday from September 1, 2020 - August 31, 2021 or until my child's last day of childcare

____ (initial) I (we) agree to the late payment fee schedule

____ (initial) I (we) agree to pay 50% weekly payments if UHW closes due to unforeseen circumstances (ie. natural disaster, act of God)

_____ (initial) I (we) agree to pay 100% tuition for 51 weeks regardless of UHW school closures

_____ (initial) I (we) agree/understand that I/we are entitled to one week of **FREE** tuition during the course of the year and that I must give 2 weeks notice prior to taking that week to the Center Director.

Under His Wings Preschool reserves the right to dismiss a child, if it is in the best interest of the child and/or the school, such as aggressive behavior, physical or emotional harm to self or others.

_____ (Initial)

****A registration fee in the amount of 30.00 (non refundable) for ALL STUDENTS, and a detailed certificate of immunizations/physical records are due prior to the first week of preschool.**

\$25.00 charge for Returned ACH

Parent/Guardian Signature: _____ Date: _____
Management Signature: _____ Date: _____

Late Fee Charge Schedule

****Payments over 60 days late may be subject to collections**

7-14 Days Late	15% Late Charge
15-30 Days Late	25% Late Charge/Child not welcome back until the bill is paid in full.

