



### Youth Participant Registration and Emergency Information

<b>Name of Program</b>	<b>License Number</b>
Pemi Youth Center	CCCB- 06368

This form is to be completed for each youth participant who will be enrolled in the Pemi Youth Center Program, and must be updated whenever information changes. You must also either complete a new form annually, or update this form annually.

**Date of youth's enrollment:** \_\_\_\_\_ **Date of youth's anticipated start date:** \_\_\_\_\_

<b>Youth Participant's Full Name</b>	<b>Date of Birth</b>	<b>Grade</b>
<b>Primary Address</b>	<b>Phone Number</b>	

<b>Primary Caregiver Name</b>	<b>Secondary Caregiver Name</b>
<b>Address</b>	<b>Address</b>
<b>Email</b>	<b>Email</b>
<b>Cell Phone #</b>	<b>Cell Phone #</b>
<b>Work Phone</b>	<b>Work Phone</b>

<b>Preferred Contact &amp; Special instructions for contacting caregiver</b>	<b>Preferred Contact &amp; Special instructions for contacting caregiver</b>

<b>Emergency Contact Person/Alternate Pick-up</b> Please indicate below at least one individual that can be contacted in the case that the Pemi Youth Center cannot reach the caregiver listed above.	
<b>Name</b>	<b>Name</b>
<b>Relationship</b>	<b>Relationship</b>
<b>Phone Number</b>	<b>Phone Number</b>

<b>PLEASE SUBMIT A COPY OF THE YOUTH PARTICIPANT'S IMMUNIZATION RECORDS WITH THIS REGISTRATION FORM</b>	
<b>Medical Information</b> Please list any chronic conditions, allergies, or medication that could be important in case of sudden illness or injury.	
<b>Youth's Primary Care Physician</b>	<b>Phone number</b>
<b>Address</b>	

**Emergency Medical Treatment Authorization** I hereby give permission to the staff of the Pemi Youth Center to provide simple first aid treatment to my youth participant when necessary. In the event of a more serious illness or injury, I hereby give permission for my youth participant to be transported to a hospital or other emergency medical facility to receive necessary 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 youth participant if warranted. I understand that I will be contacted by the Pemi Youth Center as soon as possible regarding any emergency involving my youth participant.

Caregiver's Signature	Date

**Youth Agreement** (Please look over and discuss this section with your youth participant prior to their start date.)

I promise to honor and respect the facilities of the Pemi Youth Center at all times and be supportive and respectful of others. I understand that the Pemi Youth Center does not tolerate any reckless behavior, including the use, possession, and/or association of tobacco, alcohol, or drugs at any time. I understand that if I fail to comply with these guidelines, the Pemi Youth Center will not hesitate to contact parents and/or law enforcement if necessary. I understand that the Pemi Youth Center does not discriminate nor condone any prejudice or harassment towards others at any time. The management and staff of the Pemi Youth Center reserves the right to refuse entrance or ask anyone to leave who we feel may be detrimental or harmful to others and/or our mission.

I will be kind, respectful, and aware while attending the Pemi Youth Center. I understand the Pemi Youth Center is a safe space for all, including youth participants, staff, volunteers, & community members. I will be kind to all who step into Pemi Youth Center with my words and my actions. I will respect all who step into Pemi Youth Center with my words and actions. I will be aware of myself and my surroundings to keep all who enter Pemi Youth Center safe.

Youth Participant Signature: \_\_\_\_\_

Caregiver's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Pemi Youth Center Guiding Principles and Policies

The Pemi Youth Center has four guiding principles: 1) honor life, 2) respect yourself, 3) respect others, and 4) respect this space. We have developed a few policies to keep everyone safe:

- Drugs, tobacco, and alcohol are prohibited from the premises. If a youth participant is in possession of these items, caregivers and/or law enforcement will be contacted immediately, and the youth participant will be asked to get picked up immediately.
- Weapons, including but not limited to guns, knives, tasers, pepper spray etc., are prohibited from the premises. If a youth participant is in possession of any items considered a weapon or attempts to use programming materials as a weapon, parents/guardians and law enforcement will be contacted immediately and that youth participant will be asked to be picked up immediately. Noncompliance could result in termination of registration.
- In the case of a physical altercation between two or more youth participants, once the situation has been de-escalated by staff, and an incident report has been filed, all parents/guardians will be contacted and asked to pick up their youth participant as soon as possible. Before youth can return to PYC daily programming, a support meeting must be held with PYC admin, and a support plan must be made.
- All cell phones must be kept in backpacks or cubbies unless a youth participant is attempting to contact a parent or guardian. If a youth participant is using their cell phone for other purposes, it will be kept in the executive director's office until pick up. The youth participant may still use their cell phone to make calls to caregivers if needed.
- Laptops are allowed for homework and programming purposes only. Outside of homework time and STEAM-related programming, laptops are not permitted to be out of the cubby area. The screen must remain in sight of a staff member for monitoring. If a youth member uses their laptop to access social media platforms or other inappropriate content, this option will be taken away to ensure the safety of the member within PYC programming.
- All possessions brought to the Pemi Youth Center are the youth member's responsibility to care for. The Pemi Youth Center is not responsible for any youth participant's property that has been stolen, damaged, or lost.

Youth Participant Signature: \_\_\_\_\_

Care-giver's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Transportation Permission

By signing this permission form, I give the Pemi Youth Center permission to transport my youth participant to and from Pemi Youth Center events/field trips. I understand that the Pemi Youth Center staff will supervise and care for my youth participant. I give the Pemi Youth Center permission to administer first aid care to my youth participant if needed. In the case of an emergency, I authorize the Pemi Youth Center to call for professional help, and understand that I will be contacted immediately. I waive and release all rights and claims for damages that I may have against the Pemi Youth Center, organizing agents, staff, and or officials for any and all injuries suffered by my youth participant at a Pemi Youth Center activity or event.

## Squam Lakes Natural Science Center

The Pemi Youth Center is fortunate to have a strong partnership with the Squam Lakes Natural Science Center (SLNSC). PYC staff and participants travel to the center, as well as to other local recreational sites, and the SLNSC staff come to PYC on an ongoing basis for programming. You will be notified of an SLNSC field trip via our monthly programming calendar, which is located on our front door as well as posted on our social media. On SLNSC programming days, your youth participant must be dressed appropriately for outdoor activities, as well as commit to a pickup after 5 pm. If you feel comfortable with your youth participating in the program collaboratively at the SLNSC and local Recreational sites on a monthly basis, please sign below.

<b>Off Site Locations</b>	
<p>The Pemi Youth Center is fortunate to have a strong partnership with Plymouth State University, whereby PYC staff and participants are permitted to utilize campus for a variety of recreational, arts and service learning activities and projects. Frequently PYC staff will take youth participants to PSU property to participate in enriching educational and/or recreational activities. PYC often utilizes the town common, amphitheater, and other public locations for programming. If you feel comfortable with your youth participating in off site activities on a regular basis, please sign below.</p>	
<b>Photo and Video Release</b>	
<p>I give permission to the Pemi Youth Center to photograph/videotape my youth participant while they are present at the Pemi Youth Center, or attending a Pemi Youth Center sponsored event. I understand that such a photo/video may be used for advertising purposes to illustrate positive participation, and or could be featured in a local newspaper, other media or on the Pemi Youth Center website. I also understand that in no way would a photograph/video of my youth participant be used in a harmful manner and that the Pemi Youth Center will use all photos/videos with the utmost care.</p>	
<b>Parent/Guardian Signature</b>	<b>Date</b>

<b>Annual Update</b>			
<p>Caregiver/s must review this information annually.          Make necessary changes, initial, and date below to verify that the information is current.</p> <p><b>Please note: Every five years, a new registration form must be completed to ensure accuracy</b></p>			
<b>Caregiver's Initials</b>	<b>Date</b>	<b>Caregiver's Initials</b>	<b>Date</b>



**Pemi Youth Center Youth Identification Card  
In Case of Emergency**

Youth Name:	DOB:	Cell Phone #:
Home Address:		
<b>Distinguishing Marks/Features: (birthmarks, scars, etc.)</b>		
Caregiver Name:	Caregiver DOB:	Phone(s):
1.		
2.		
Alternate Pick Up Name:	Phone:	<b>Contact Outside of Area (name):</b>
1.		
2.		<b>Contact Phone:</b>
3.		
Physician Name and Phone:	<b>Medical Conditions:</b>	
	<b>Allergies:</b>	
	<b>Medication(s):</b>	
Program Name: <b>Pemi Youth Center</b>	Program Contact Person: <b>Director, Abby Olds (2026)</b>	

Completed:

(DD/MM/YY)

## 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](https://new-hampshire.my.site.com/nhccis/NH_ChildCareSearch) or by contacting the unit at [cclunit@dhhs.nh.gov](mailto: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: