

# CHILD CARE PERSONNEL INFORMATION SHEET

NAME OF EMPLOYEE \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE #: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_

START DATE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

NAME

RELATIONSHIP

PHONE #

RECORD KEEPING:

APPLICATION

NOTARIZED CRIMINAL RECORD RELEASE AUTHORIZATION FORM **(MUST SUBMIT TO NH STATE POLICE WITHIN 24 HOURS OF START DATE)**

DATE SENT TO STATE OF NH – CRIMINAL RECORDS UNIT: \_\_\_\_\_  COPY IN FILE

CHILD CARE PERSONNEL HEALTH FORM

**(PHYSICAL EXAMINATION RECORD MUST BE ONE FILE WITHIN 60 DAYS AND MUST BE UPDATED EVERY 3 YEARS)**

DATE RECEIVED: \_\_\_\_\_

WILL EXPIRE ON: \_\_\_\_\_

UPDATE RECEIVED: \_\_\_\_\_

WILL EXPIRE ON: \_\_\_\_\_

POSITION TITLE: \_\_\_\_\_

QUALIFICATIONS: (EDUCATION/EXPERIENCE): \_\_\_\_\_  
\_\_\_\_\_

DOCUMENTATION OF EDUCATION & EXPERIENCE ON FILE

TRANSCRIPTS: \_\_\_\_\_ RESUME: \_\_\_\_\_ CREDENTIAL: \_\_\_\_\_ OTHER: \_\_\_\_\_

YES NO

CURRENTLY CERTIFIED IN CPR

EXPIRATION DATE: \_\_\_\_\_

COPY OF CPR CERTIFICATION ON FILE

DATE RECEIVED: \_\_\_\_\_

CPR RECERTIFICATION ON FILE

DATE RECEIVED: \_\_\_\_\_

YES NO

CURRENTLY CERTIFIED IN FIRST AID

EXPIRATION DATE: \_\_\_\_\_

COPY OF FIRST AID CERTIFICATION ON FILE

DATE RECEIVED: \_\_\_\_\_

FIRST AID RECERTIFICATION ON FILE

DATE RECEIVED: \_\_\_\_\_