



Central Massachusetts

**PROGRAM**

\_\_\_ Roosevelt After School 2:15-5:30

\_\_\_ Wawecus After School 2:15-5:30

**DAYS** (Please circle)

M T W Th F

# School Age Child Care Enrollment Form

## CHILD INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age at Admission: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

## ADDITIONAL INFORMATION

Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies/Special Diets? \_\_\_\_\_

Individual Health Plan for child with a chronic health condition? If yes, please attach. \_\_\_\_\_

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach. \_\_\_\_\_

Special limitations or concerns? \_\_\_\_\_

## SCHOOL INFORMATION

Current School: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. **Parent/Guardian initials:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



Central Massachusetts

# School Age Child Care Contact Information / Authorized to Release

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## PARENT / GUARDIAN CONTACT INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Reachable Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_ Hours at Work: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Reachable Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_ Hours at Work: \_\_\_\_\_

## EMERGENCY CONTACTS (In order to be contacted)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature

Date



Central Massachusetts

## School Age Child Care

# First Aid and Emergency Medical Care Consent

102 CMR 7.09(3)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

Child's Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

Health Insurance Coverage \_\_\_\_\_ Policy \_\_\_\_\_

## Transportation Plan and Authorization

MY CHILD WILL ARRIVE AT THE PROGRAM:

- Supervised Walk
- Unsupervised Walk
- Public/Private/Van
- Precious Cargo Transportation
- Contract/Van
- Private Trans. Arranged By Parent
- Other

MY CHILD WILL DEPART FROM THE PROGRAM:

- Supervised Walk
- Unsupervised Walk
- Public/Private/Van
- Precious Cargo Transportation
- Contract/Van
- Private Trans. Arranged By Parent
- Other

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (Valid for one year)