



School Age Child Care Enrollment Form

GENERAL INFORMATION

Check the site where you would like to enroll your child:

- * **Roger Clap** ASP * **Ellis** BSP ASP * **Hale** ASP * **Russell** ASP *
- * **Higginson-Lewis** BSP ASP * **J. F. Kennedy** BSP ASP *
- Chittick** ASP * **Bird St.** ASP * **Vacation Only** *

FOR OFFICE USE ONLY:		
<input type="checkbox"/> VOUCHER FEE _____	<input type="checkbox"/> EEC SLOT FEE _____	<input type="checkbox"/> FULL FEE _____
<input type="checkbox"/> Parent Handbook	<input type="checkbox"/> Promotional release	<input type="checkbox"/> Allergies/meds _____
<input type="checkbox"/> DEPOSIT PAID _____	DATE OF ADMISSION: _____	

CHILD'S NAME: _____

Gender _____ Date of Birth _____ Age at Admission: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Apt. #: _____ Telephone #: _____

Parent / Guardian 1:

Name _____
 Address _____
 City, zip _____
 Phone # _____
 Relationship _____
 Occupation _____
 Work Hours _____ to _____
 Business Name _____
 Address _____
 City _____ Ph # _____

Parent / Guardian 2:

Name _____
 Address _____
 City, zip _____
 Phone # _____
 Relationship _____
 Occupation _____
 Work Hours _____ to _____
 Business Name _____
 Address _____
 City _____ Ph # _____

Child's Identifying Information:

Sex: _____ Weight: _____ Height: _____
 Skin color: _____ Hair color: _____ Eye color: _____
 Identifying marks: _____

School Information:

School _____ Grade: _____
 Address: _____ Zip: _____
 Teacher's Name: _____ Guidance Counselor: _____
 Does SACC have permission to speak with your child's teacher: ___yes___ no ___call me first___

Parent/Guardian signature **Date** _____



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EMERGENCY INFORMATION

A copy of this form must be kept with first aid kit and taken on field trips.

Is there documentation of a physical exam, immunization record, and lead screening on file at your child's school? Yes: _____ No: _____

Child's Physician's Name _____ phone _____

* Health Insurance Carrier _____ policy # _____

Child's Dentist's Name _____

Address _____ city _____ state _____

Emergency Contacts other than a parent/guardian:

Name: _____ Relationship to my child: _____

Street Address: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship to my child: _____

Street Address: _____

Home Phone: _____ Work Phone: _____

ALLERGIES/MEDS: Is your child allergic to anything or on medication? _____ No _____ Yes

Allergy/Medication: _____

Reaction/Reason: _____

Treatment/Side Effects: _____

Allergy/Medication: _____

Reaction/Reason: _____

Treatment/Side Effects: _____

RESTRICTIONS: Does your child have any food restrictions? _____ No _____ Yes

What Kind? _____

Authorization and Consent Form

I understand the staff at the Community Center is trained in the basics of first aid and I authorize them to give my child first aid as needed. 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 community center staff on duty to transport my child to the nearest medical care facility and secure medical treatment necessary including, but not limited to; hospitalization, injections, anesthesia, or surgery.

_____ Date

_____ Parent/Guardian signature



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CONSENT TO RELEASE CHILD

I give my consent to Bird Street Community Center to release my child to the following persons, in addition to me, the parent / guardian. The following are authorized to take my child from the program.

Name: _____ Relationship to my child: _____

Street Address: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship to my child: _____

Street Address: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship to my child: _____

Street Address: _____

Home Phone: _____ Work Phone: _____

TRANSPORTATION & PICK UP AUTHORIZATION:

I understand Bird Street Community Center's SACC program does not provide transportation to or from program. If there is a change in the transportation authorization, including people designated to pick up my child, I will notify the agency in writing. **PLEASE CHECK:**

DROP OFF: _____ Unsupervised Walk from Classroom _____ Guardian DROP Off
_____ BPS Bus w/unsupervised walk (estimated arrival time: _____)
_____ Other: Describe: _____
PICK UP: _____ Unsupervised Walk _____ Guardian PICK UP
_____ Other: Describe: _____

I give my child permission to leave at her/his own choice _____yes____no

_____ Date _____

Parent/Guardian signature

OFF-SITE CONSENT FORM

If the children participate in field trips, they will use public transportation, bus companies, walk or the agency van. I give my permission for my child to participate in all of the regularly scheduled on-going activities at the following off-site facilities: Neighborhood parks (within 1 mile distance), libraries, and pools.

This program will provide in writing a list of scheduled activities. I understand that any other destination within the program will require my written permission in advance. I understand that the staff has the right to rescind/restrict the above privileges if my child's behavior warrants it or if she/he does not honor the code of discipline.

_____ Date _____

Parent/Guardian signature



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ADDITIONAL INFORMATION

Are you willing to volunteer your talents or time? Yes No

Photo consent:

I hereby give permission for SACC to photograph my child for advertisement, local newspaper articles, brochures, fund raising activities for the program, etc: _____yes_____no_____call me first

Payments & Policies:

I understand that the weekly fee is due each week in advance, unless other arrangements have been made with the Program Administrator. I understand that the fee for School Age Child Care is tuition based and I may not deduct in the event of my child's absence-for sickness, vacations, or suspension. When full day programs are offered in the event of school vacations, I understand that my fee will increase on those days, but not for snow emergencies or severe weather conditions. I have received a Parent Manual and reviewed the policies and understand them to the best of my ability.

CODE OF CONDUCT

I have discussed with my child the following rules and consequences for non compliance, while attending the SACC program at Bird Street Community Center:

- Will not cause physical injury to another person, action was not necessary to protect oneself.
- Will not commit assault and battery on an employee leading to injury.
- Will not harm or attempt to harm another person with a weapon.
- Will not possess any firearm, knife, razor blade, club, explosive, mace or tear gas or other dangerous object.
- Will not possess, sell, distribute, or use any non-prescribed controlled substance, drug or alcoholic beverage.
- Will not endanger the physical safety of another by the use of force or threat of force.
- Can not attempt or threaten to steal private property.
- Can not steal private property.
- Can not engage in acts of harassment, physical contact or offensive insults or comments.
- Can not use profanity, racial slurs or obscene language in a persistent and abusive manner.
- Can not substantially disrupt activities in a repeated, aggravated, or flagrant manner.
- Can not pull or report a false fire alarm or 911 call.
- Can not falsely identify self.
- Can not be in a part of the building or grounds off limits.
- Can not excessively leave the activity without permission.
- Can not be found to be using tobacco products.

Parent/Guardian Signature _____ **Date** _____

New Policy: Children age seven or older may with written parental consent, use the bathrooms (**not available to the public**) without constant visual supervision as long as they have a buddy. Children that are ages 5 & 6 must be supervised in the bathroom at all times. By signing below you are giving your child permission to use the bathroom with a buddy.

Parent/Guardian Signature _____ **Date** _____



School Age Child Care Enrollment Form

PARENT INFORMATION & INCOME VERIFICATION

LAST NAME	FIRST NAME	MI	GENDER Male Female
STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	SOCIAL SECURITY OPTIONAL	AGE	DATE OF BIRTH

<i>FAMILY SIZE</i>		<i>FAMILY INCOME</i>	
Household size including you	Very-Low Income	Low-Income	Low-Moderate Income
1. PERSON	\$15,600	\$25,950	\$40,800
2. PERSONS	\$17,800	\$29,700	\$46,650
3. PERSONS	\$20,050	\$33,400	\$52,500
4. PERSONS	\$22,250	\$37,100	\$58,300
5. PERSONS	\$24,050	\$40,050	\$63,000
6. PERSONS	\$25,800	\$43,050	\$67,650
7. PERSONS	\$27,600	\$46,000	\$72,300
8. PERSONS	\$49,400	\$48,950	\$77,000

<i>SOURCE OF INCOME</i>			
Check all that apply			
AFDC	SSI/SSDI	FOOD STAMPS	REFUGEE ASSISTANCE
BPS FR. LNCH PROGRAM	CHILD SUPPORT	ALIMONY	GEN. ASSISTANCE
UNEMPLOYMENT	PUBLIC HOUSING	EMPLOYMENT	BPS FREE LUNCH

<i>NEIGHBORHOOD</i>			
Check area you live			
ALLSTON/BRIGHTON	CHARLSTOWN	BACKBAY	CHINATOWN
DOWNTOWN	EAST BOSTON	FENWAY	HYDE PARK
JAMAICA PLAIN	MATTAPAN	NORTH END	ROSLINDALE
ROXBURY	S. BOSTON	DORCHESTER	W. ROXBURY

<i>ETHNICITY/RACE</i>			
OTHER	WHITE non Latino	BLACK non Latino	LATINO
AMERICAN INDIAN	ALASKIN NATIVE	AFRICAN	PACIFIC ISLANDER
HAITIAN	CAPE VERDEAN	AFR. AMERICAN	ASIAN

<i>CHARACTERISTICS</i>			
Check all that apply			
OTHER	TAFDC RECIPIENT	VETERAN STATUS	HANDICAPPED
REFUGEE	FEM. HEADED HOUSEHOLD	PUBLIC HOUSING	Male HEADED HOUSEHOLD

I hereby confirm that the information that I have provided on this form is true and accurate to the best of my knowledge.

Parent/Guardian Signature

Date



School Age Child Care Enrollment Form

CHILDS PROFILE

Child's Name _____ Gender _____ Age _____

The information provided on these pages will assist our staff in providing a positive experience for your child. APPLICATIONS CANNOT BE PROCESSED UNLESS THE CHILD'S PROFILE IS COMPLETELY FILED OUT.

1. At home my child usually plays:
 - a. With a large group of friends
 - b. With a small group of friends
 - c. Alone
 - d. With older children
 - e. With younger children

2. My child is interested in:
 - a. Sports
 - b. Music
 - c. Board Games
 - d. Video games
 - e. Arts & Crafts
 - f. Reading
 - g. Journaling
 - h. Other: _____

3. My child is:
 - a. Happy to be in the After School Program
 - b. A little apprehensive about the After School Program
 - c. Has been to the ASP before
 - d. Has never been to any ASP

4. When my child gets angry he/she:
 - a. Sulks
 - b. Fights
 - c. Throws things
 - d. Runs off
 - e. Soils his/her clothes
 - f. Bites
 - g. Spits
 - h. Other: _____

5. Please indicate with a check your child's current general disposition and behaviors that most frequently occur:

- | | |
|---|---|
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Affectionate |
| <input type="checkbox"/> Active | <input type="checkbox"/> Easily frustrated |
| <input type="checkbox"/> Irritable | <input type="checkbox"/> Frequently cries |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Seeks constant attention |
| <input type="checkbox"/> Curious | <input type="checkbox"/> Tantrums |
| <input type="checkbox"/> Withdrawn | |
| <input type="checkbox"/> Has difficulty with siblings | |
| <input type="checkbox"/> Makes friends easily | |

Other: _____

6. I usually discipline my child by: _____

7. One specific goal I would like my child to accomplish this year is: _____

8. Is your child on an Individual Educational Plan (IEP)? : _____
If so, do we have permission to view this information to provide additional support?: _____

9. Does your child have a disability we need to know about to better accommodate his/her services in our program: _____ Explain: _____



School Age Child Care Enrollment Form

GROUP CHILD CARE AND SCHOOL AGE CHILD CARE FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM 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 to give my child first aid 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: _____

Physicians Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts *(In the event you can not be reached)*

1. Name:	Address:	
Relationship to Child:	Phone #:	
Do you give permission for child to be released to this person?	Yes	No
2. Name:	Address:	
Relationship to Child:	Phone #:	
Do you give permission for child to be released to this person? Yes No		
3. Name:	Address:	
Relationship to Child:	Phone #:	
Do you give permission for child to be released to this person? Yes No		

Health Insurance Coverage:	Policy #:	
Parent(s) Name:	Phone(w)	Phone (h)
Parent(s) Name:	Phone(w)	Phone (h)

Parent/Guardian Signature

Date



School Age Child Care Enrollment Form

MEDICATION CONSENT FORM 102 CMR 7.05(2)(c)

Name of child: _____

Name of medication: _____

Prescription: _____ **Non-Prescription:** _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Name and phone number of prescribing physician:

Directions for storage: _____

**I, _____ (parent or guardian), give permission
to authorized staff member(s) to administer medication to my child as indicated above.**

Parent/Guardian Signature

Date

Doctor's Signature _____
(for non-prescription medication)