

Arlington Recreation Department
Kid Care Afterschool
A School Aged Child Care Program

Information Sheet

Child's Name: _____

School Attending: _____

Grade: _____ Teacher: _____

Allergies: _____

Medications: _____

Administered at Program? _____

Office Use Only

Date Received: _____

Days Registered:

Monday

Tuesday

Thursday

Friday

The Commonwealth of Massachusetts
Department of Early Education and Care

Child's 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: _____

Parent/Guardian Information

Parent/Guardian Name: _____
Relationship to Child: _____
Home Address: _____
Reachable Phone Number: _____
Email Address: _____
Business Name: _____
Business Address: _____
Business Phone Number: _____
Hours at Work: _____

Parent/Guardian Name: _____
Relationship to Child: _____
Home Address: _____

Reachable Phone Number: _____
Email Address: _____
Business Name: _____
Business Address: _____
Business Phone Number: _____
Hours at Work: _____

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 Age Only

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

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

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: _____

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 _____

Health Insurance Coverage _____	Policy # _____
Parent/Guardian Name: _____	Phone _____ Cell _____
Parent/Guardian Name: _____	Phone _____ Cell _____

Parent /Guardian Signature

Date (valid for one year)

Commonwealth of Massachusetts
Department of Early Education and Care

MEDICATION CONSENT FORM 606 CMR 7.11(2)(b)

Name of child: _____

Name of medication: _____

Please ✓ one of the following: Prescription: _____ Oral/Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms _____

Topical Non-Prescription (applied to open wound/ broken skin) _____

My child has previously taken this medication _____

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner:

Child's Health Care Practitioner Signature _____ **Date** _____

I, _____, (parent or guardian) gives permission
(print name)

to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature _____ **Date** _____
For topical, non-prescription **NOT** applied to open wound / broken skin (parent signature only)

**KID CARE AFTERSCHOOL
DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION**

Child's Name: _____ Date of Birth: _____

DEVELOPMENTAL HISTORY

Any Speech Difficulties? _____

Language Spoken at Home: _____

EATING HABITS

Special Characteristics or Difficulties: _____

Favorite Foods: _____

Foods Refused: _____

TOILET HABITS

Is Your Child Ever Reluctant to Use The Bathroom? _____

Does Your Child Have Accidents? _____

SOCIAL RELATIONSHIPS

How Would You Describe Your Child?

Previous Experience with Other Afterschool Programs:

Favorite Toys/Activities: _____

Fears (the dark, animals, etc.): _____

How Do You Comfort Your Child? _____

What is the Method of Behavior Management/Discipline at Home?

What Would You Like Your Child to Gain From This Experience?

Parent/Guardian Signature

Date

The Arlington Recreation Department
Kid Care After School Program
A School Aged child Care Program

Dear Parents,

From time to time photographs are taken of the children during Kid Care activities. These photographs are occasionally displayed here, at the program site, on-line, in recreation brochures or advertisements, and in the local news paper. Often when photographs are displayed or published, the children are identified by name in the caption.

Please return this form to let us know if you would like your child photographed or not.

Please check the appropriate response and sign:

_____ hereby allow for my
child/children _____ to be photographed.

_____ hereby deny permission for my
child/children _____ to be photographed.

Parent/Guardian Signature _____

Date _____

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small and Large Group Transportation Plan and Authorization

Child's Name _____ Grade _____

My Child Will Arrive at The Program

- Parent Drop Off
- Supervised Walk
- Unsupervised Walk
- Public/Private Van
- Private Transportation Arranged By Parent
- Contracted Bus
 - Arranged By The Arlington Recreation
 - Kid Care After School Program
- Other

My Child Will Depart From The Program

- Parent Pick Up
- Supervised Walk
- Unsupervised Walk (with consent form)
- Public/Private Van
- Private Transportation Arranged By Parent
- Other

Parent/Guardian Signature _____ Date _____

REFER TO FIRST AID AND MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION

PROGRAM RESPONSIBILITIES

Providing Information To EEC The program must make available any information requested by the EEC to determine compliance with any EEC regulations governing the program, by providing access to its facilities, records, staff and references.

Reporting Abuse or Neglect All center staff members are mandated reporters. They are required by law to report suspected abuse and neglect to either the EEC or to the Licensee's program administrator. The licensee must have written policies and procedures for reporting and must provide the written policy to you upon enrollment.

Notification of Injury The licensee must notify you immediately of any injury that requires emergency care. The licensee must also notify you, in writing, within 24 hours, if any first aid is administered to your child.

Availability of EEC Regulations The program must maintain a copy of the regulations, 102CMR 7.00: Standards for the Licensure or approval of Group Day Care and School Age Child Care Programs, on the premises of the center and must make them available to any person upon request. If you have a question about any of the regulations, please request The Arlington Recreation Kids Care Director to show them to you.

I have read and understand the policies of The Arlington Recreation Kid Care as stated in this handbook.

Parent/Guardian Signature.

Date