Arlington Kid Care After-School

Enrollment Packet

This packet must be dropped off (Mon-Fri 8am-4pm) or mailed to:

Arlington Recreation

422 Summer St.

Arlington, MA 02474

Please complete one packet per child

Deadline to submit enrollment packet:

Monday, August 20th

Questions filling out the packet?

Call the Recreation Office: 781-316-3880

Arlington Recreation Department
Kid Care After-School Program
A School Aged Child Care Program

Information Sheet
2018-2019 School Year

Child's Name:_____

School Attending:_____

Grade:_____ **Teacher:**_____

Allergies:_____

Medications:_____

Administered at Kid Care? _____

Office Use Only

Date Received:_____

Days Registered:

Mon Tues Wed Thurs Fri

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)

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