

GROUP CHILD CARE AND SCHOOL AGE CHILD CARE CHILD'S ENROLLMENT FORM

Program – Baker School Extended Day	Group Child Care: Pre-K <input type="checkbox"/>	School Age Care: K-6 <input type="checkbox"/>
Child's Name:	Eye Color:	Skin Color:
Home Address:	Hair Color:	Height:
Telephone:	Sex:	Weight:
Date Of Admission:	Age At Admission:	
Date Of Birth:	Primary Language:	
Identifying Marks:		
Allergies/ Special Diets:		

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:	Parent/Guardian Name:
Relationship to child:	Relationship to child:
Home Address:	Home Address:
Home Telephone #:	Home Telephone #:
Bus. Name:	Bus. Name:
Bus. Address:	Bus. Address:
Bus. Telephone #:	Bus. Telephone #:
Hours at Work:	Hours at Work:
Cell #:	Cell #:

EMAIL (If you wish to be on the BSED EMAIL LIST please print your email address below.)

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ADDITIONAL INFORMATION:

Child's Physician/Clinic:	
Address:	Phone:
Chronic Health Conditions:	
Special Limitations/Concerns: Are there any special accommodations our program needs to put in place to make your child's stay with us successful?	

SCHOOL AGE ONLY

Current School: _____ School Address: _____
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

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: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contact (other than Parent/Guardians)

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):

***Children's Hospital**

**** Name of someone that does not live in the immediate area**

Parent/Guardian Signature

Date

TRANSPORTATION PLAN AND AUTHORIZATION
[7.09(3) AND 7.12(1)]

Child's Name: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

- ___ UNSUPERVISED WALK
- ___ SUPERVISED WALK (WHO _____)
- ___ SCHOOL BUS DROP OFF
- ___ PROGRAM BUS
- ___ PROGRAM VAN
- ___ PARENT DROP OFF
- ___ OTHER (DESCRIBE _____)

MY CHILD WILL DEPART FROM THE PROGRAM BY:

- ___ PARENT PICK UP
- ___ UNSUPERVISED WALK (Only for grades 3-6)
- ___ SUPERVISED WALK (WHO _____)
- ___ PROGRAM BUS
- ___ PROGRAM VAN
- ___ OTHER (DESCRIBE _____)

I give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. (If no one is authorized, please indicate below by writing "NO ONE")

1. Name _____ Relationship _____

Address _____ Phone _____

2. Name _____ Relationship _____

Address _____ Phone _____

3. Name _____ Relationship _____

Address _____ Phone _____

ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILDS FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNITURE.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

ACKNOWLEDGEMENT FORM

I/We acknowledge that we have read and agree to abide by the Baker School Extended Day Program's Parent Handbook of policies and procedures.

Parent/Guardian Signature

I/We acknowledge that we are aware that the Baker School Extended Day program is a private, non-profit, childcare program that carries liability insurance for negligence on the part of the staff or program, but cannot be held responsible for medical costs or property costs in the case of an accident or loss of property.

Parent/Guardian Signature

***** We recommend buying the school insurance, offered every September, if your medical plan does not include dental or optical replacement provisions.**

I/We acknowledge that it may be necessary for the Extended Day Director to speak with my child's teacher or school counselor if a problem arises during the school day that needs addressing after school hours. Any conversations with a teacher/counselor will be reported to the parent/guardian upon their arrival at the program to pick up their child.

Parent/Guardian Signature