



THE KIDS COMMUNITY @ 284

Admission Packet:

- Enrollment Form
- 3 Emergency Contacts Form
- Transportation Plan Form
- Medication Consent Form
- Consent for child to leave the program (must be age 9 or older) Parent Authorization Form
- Consent for child to leave the program (must be age 9 or older) Child's Authorization Form
- Annual non-refundable registration fee \$35 (On Community House website)

Tuition Payments:

- First weekly tuition due June 1, 2019
- First and Last Weekly Tuition due by August 1, 2019
- Tuition Payment Credit Card information (for weekly automatic payments)

From Child's Physician:

- Documentation of physical examination and immunizations

If Applicable:

- Individual Health Care Plans/Medication/Epi Pen/Allergy Protocols
- Copy of IEP
- Medication Consent Form
- Custody Agreement Paperwork



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Enrollment Form

Child's Name _____ Date of Birth ___/___/___

Date of Admission ___/___/___ Age at Admission _____

Grade Level _____ School _____

Child's Home Address _____

Home Phone Number _____

Primary Language of Child and Parents _____

Physical Description of Child:

Hair color _____ Eye color _____ Skin color _____

Sex _____ Height _____ Weight _____

Photo Attached

Schedule:

- Before School Care
- After School Care
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Parent/Guardian 1:

Name _____

Relationship to Child _____

Home Address _____

Cell Phone _____ Home _____ Work _____

Email Address _____

Place of Work and Address _____

Parent/Guardian 2:

Name _____

Relationship to Child _____

Home Address _____

Cell Phone _____ Home _____ Work _____

Email Address _____

Place of Work and Address _____

Additional Information: Child's Physician

Name _____ Address _____ Phone _____

Allergies/Special Diets? _____

Health conditions _____

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

IEP? _____ If yes, please attach.

Medications _____ side effects _____

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

Special limitations or concerns? -



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Emergency Contacts

Child's Name _____

Emergency Contact 1:

Name _____

Cell Phone _____ Home _____ Work _____

Address _____

Emergency Contact 2:

Name _____

Cell Phone _____ Home _____ Work _____

Address _____

Emergency Contact 3:

Name _____

Cell Phone _____ Home _____ Work _____

Address _____



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Transportation Plan and Authorization

Child's Name _____

My Child will **arrive** at the program for BEFORE school care:

___ Supervised walk

___ Parent Drop off

___ Public/Private Van

___ School bus # ___ /Stop location _____

_____ Other

My Child will **arrive** at the program for AFTER school care:

___ Supervised walk from Winthrop Elementary School

My Child will **depart** from the program:

___ Parent pick up

___ Private transportation arranged by parent, picked up by: _____

___ Other _____

Parent/ Guardian Signature: _____ Date: _____

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**)

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

**CONSENT FOR CHILD TO LEAVE THE PROGRAM
(MUST BE AGE 9 OR OLDER)**

Program Name: _____

Address: _____

I, _____ authorize my child, _____
(Parent/Guardian's Name) (Child's name)

to leave the program. This permission is in effect from _____ to _____.
(Date) (Date)

Activity/Location	Method of Transportation	Leave/Return Time	Restrictions

I understand that the program has the right to rescind the above privilege if my child's behavior warrants the limitation.

I recognize that my child will not be supervised by staff while s/he is away from the program.

I understand I am responsible for my child once s/he leaves the program.

(Parent/Guardian Signature) (Date)

(Program Staff Signature) (Date)

Program Name: _____

Address: _____

I _____, understand that the permission I have received
(Child's Name)

to leave the program is a privilege granted to me. This privilege is based on my parent(s)/guardian(s) and the staff's expectations of my ability to be responsible for my safety and well-being while I am away from the program.

By signing this contract I agree to the following:

I will always check in with a staff person when arriving and before departing from the program.

I will go only to the destinations agreed to by my parent(s)/guardian(s) and will inform staff of my destination each time I leave the program.

I will act in a safe and courteous manner while I am away from the program.

I will return to the program at or before the time designated by my parent(s)/guardians(s) or by the staff. If I am going to be returning late, I will call the program to inform them of when I will be returning and why I am late.

I will abide by all restrictions listed by my parent(s)/guardians(s) on the authorization and consent form.

Further, I will understand that if I do not abide by the agreements made above, both my parent(s)/guardian(s) and /or the program, as a consequence for my actions may take away my privilege to leave the program for a time period deemed appropriate by them.

(Child's Signature) (Date)

As _____ parent/guardian, I agree with this contract.
(Child's Name)

(Parent/Guardian Signature) (Date)

(Program Staff Signature) (Date)