

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

Program:	Group Child Care:	School Age Care:
<b>Child's Name:</b>	Eye Color:	Skin Color:
Home Address:	Hair Color:	Height:
Telephone:	Sex:	Weight:
<b>Date of Admission:</b>	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 #:
Cell #:	Cell# :
Hours at Work:	Hours at Work:

**ADDITIONAL INFORMATION:**

Child's Physician/Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Chronic health conditions: \_\_\_\_\_

Special limitations or concerns: \_\_\_\_\_

**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 Contacts (*In order to be contacted*)**

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 Name :	Phone (h)
	Phone (w)
	Phone (c)
Parent Name :	Phone (h)
	Phone (w)
	Phone (c)

\_\_\_\_\_  
**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:**

	Mornings	Before Kindergarten	After Kindergarten	After School	Non-School Day
PARENT/AUTHORIZED DROP OFF					
SCHOOL BUS DROP OFF					
UNSUPERVISED WALK					
SUPERVISED WALK (indicate by whom)					
Other:					

**MY CHILD WILL DEPART FROM THE PROGRAM BY:**

	Mornings	Before Kindergarten	After Kindergarten	After School	Non-School Day
SCHOOL BUS PICK UP					
PARENT/AUTHORIZED PICK UP					
UNSUPERVISED WALK *					
SUPERVISED WALK (indicate by whom)					
Other:					

\* Complete "Consent for Child to Leave the School Age Child Care Program 102 CMR 7.09(3)(b)" form.

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 \_\_\_\_\_

**THIS PERMISSION IS VALID FOR ONE PROGRAM YEAR FROM THE DATE OF SIGNATURE.  
ANY OTHER TRANSPORTATION REQUESTS MUST BE STATED IN WRITING.**

**Long term permission will be maintained in the child's file. One time permissions will be maintained in the child's file or with that day's attendance record.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_