



Enrollment Form

Please place photo of child here.

CHILD'S INFORMATION:

Child's Name: _____ Eye Color: _____ Skin Color: _____
Home Address: _____ Hair Color: _____ Height: _____
Telephone: _____ Sex: _____ Weight: _____
Date of Birth: _____ Primary Language: _____
Date of Admission: _____ Age at Admission: _____ Upcoming Grade: _____
School: _____ School Address: _____
Identifying Marks: _____
Allergies/special diet: _____
Important Information (i.e. adoption, foster placement): _____

PARENT/GUARDIAN INFORMATION: Please fill out completely.

Parent/Guardian Name: _____ Parent/Guardian Name: _____
Relationship to Child: _____ Relationship to Child: _____
Home Address: _____ Home Address: _____
Home Telephone #: _____ Home Telephone #: _____
Business Name: _____ Business Name: _____
Business Address: _____ Business Address: _____
Work Telephone #: _____ Work Telephone #: _____
Hours at Work: _____ Hours at Work: _____
Primary Email Address: _____ Primary Email Address: _____
Cell phone #: _____ Cell phone #: _____

MEDICAL INFORMATION:

Child's Physician/Clinic: _____
Medical Conditions: _____
Special limitations or concerns: _____

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.

Parents/Guardian Signature

Date

First Aid and Emergency Medical Care Consent Form

Child's Name: _____ Date of Birth: _____

I authorize staff in the school age childcare 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 and Reaction: _____

Medical Conditions: _____

Medications: _____

Emergency Contacts (in order to be contacted):

Name: _____ Address: _____

Relationship to Child: _____ Phone #: _____

Do you give permission for child to be released to this person? YES _____ NO _____

Name: _____ Address: _____

Relationship to Child: _____ Phone #: _____

Do you give permission for child to be released to this person? YES _____ NO _____

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 (c): _____

Phone (h): _____

Parent(s) Name: _____ Phone (w): _____

Phone (c): _____

Phone (h): _____

Parent/Guardian Signature

Date

Transportation Plan and Authorization

Child's Name: _____

My child will arrive at the program by: (must check off)

_____ SCHOOL BUS DROP OFF

My child will depart from the program by: (check all that apply)

_____ UNSUPERVISED WALK (5th and 6th Graders Only)

_____ SUPERVISED WALK with _____

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 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 #: _____

4. Name: _____

Relationship: _____

Address: _____

Phone #: _____

5. Name: _____

Relationship: _____

Address: _____

Phone #: _____

6. Name: _____

Relationship: _____

Address: _____

Phone #: _____

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of Signature.

Parent/Guardian Signature

Date

Off Site Activities, Media & Special Services Consent Form

Child's Name: _____

OFF SITE ACTIVITIES PERMISSION:

I _____, give permission for my child to participate in all of the regularly scheduled on-going activities located at the following off site facilities:

- Ginn Field
- Lincoln School
- Downtown Winchester
- Grounds of Mystic School
- Neighborhood Surrounding Mystic School
- Grounds of McCall Middle School
- Winchester Public Library
- Post Office
- Wedge Pond
- Stop and Shop Supermarket

Parent/Guardian Signature

Date

MEDIA RELEASE INFORMATION:

I give permission for Kids' Corner After School Program to use images and/or written articles that mention my child _____ for the following purposes (Mark an "X" for all that apply):

- _____ In-House (e.g. Halloween Shorts, Rock Videos, End of the Year Video, classroom collages, newsletters)
- _____ Marketing material (e.g. Brochures & Kids' Corner website) - photo and name
- _____ Marketing material - photo only
- _____ Newspaper - photo and name
- _____ Newspaper - photo only
- _____ All of the above
- _____ None of the above (**Note: your child will NOT be allowed to take part in ANY in-house media if you choose this option**)

Parent/Guardian Signature

Date

SPECIAL SERVICES:

Does your child receive special services? YES _____ NO _____

If yes, explain what services. _____

I give permission for the Kids' Corner After School Staff to participate in the development and review of my child's education plan in cooperation with the Early Intervention Program, Winchester Public Schools and/or other health and service providers.

Parent/Guardian Signature

Date