



**Department of
Early Education and Care**

The Commonwealth of Massachusetts

**PHOTO OF CHILD
or
PHYSICAL
DESCRIPTION**

Eye Color _____
Hair Color _____ Sex: M / F
Height _____ Weight _____
Skin Color: _____
Identifying marks: _____
Other: _____

Group and School Age Child Enrollment Packet

Please fill out these forms completely. If a question does not apply to your child, write N/A. The forms must be returned to the program on or before the first day your child begins care. Please notify the Administrator if any of the information changes. You will be asked to review this packet and update it annually.

CHILD INFORMATION:

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____

Allergies, special diets or chronic health conditions? _____

Special limitations or concerns? _____

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:

- Are there any custody agreements, court orders, and restraining orders pertaining to this child?

YES / NO

(If yes, please attach. **The program can not legally restrict either parents involvement, information sharing or pick up without a copy of any relevant legal documentation.**)

SCHOOL INFORMATION:

- Current School: _____
 School Address: _____ School Phone Number: _____

TRANSPORTATION:

MY CHILD WILL ARRIVE AT THE PROGRAM BY	AM	PM	MY CHILD WILL DEPART FROM PROGRAM BY	AM	PM
Parent / Guardian Drop off			Parent / Guardian Pick up		
Supervised Walk			Supervised Walk		
Unsupervised Walk			Unsupervised Walk		
Public or private van			Public or private van		
Program bus or van			Program bus or van		
Contracted bus or van			Contracted bus or van		
Private Transportation			Private Transportation		
Other:			Other:		

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT:

- 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: _____
Address: _____ Phone Number: _____
- Allergies/Special Diets? _____
- Chronic health condition? (If yes, please attach **Individual Health Care Plan**) _____

- Regular Medication: _____

EMERGENCY CONTACTS: *(In addition to parents/guardians listed on page 1 and 2, the following can be contacted in the event of an emergency)*

- 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 # _____
Subscriber Name: _____	Phone _____ Cell _____

By signing this form I acknowledge that:

AGREE	DIS- AGREE	N/A	
			I have completed the Group and School Age Enrollment Packet.
			I have received a copy of the Program Handbook.
			I am aware that I can visit the program unannounced anytime while my child is in care.
			For School Age children only: I certify that documentation of my child's physical examination, immunizations and lead poisoning screening, in accordance with public health requirements, are on file at my child's school.
			I certify that I have provided any custody agreements, court orders, and restraining orders pertaining to the child. (If applicable)
			I have provided an Individual Health Care Plan, signed by my child's physician, for any chronic medical condition. (If applicable)
			I have provided any medication that my child may require while at the program and have signed a Medication Consent form for any medication provided. (If applicable)

Parent/Guardian Signature

Date

Children's Records must be maintained for at least five (5) years after a child has left the program