



# Agassiz Baldwin Children's Programs

20 Sacramento Street Cambridge MA 02138

Phone: 617-349-6287 Fax: 617-497-4388

www.agassiz.org

## Agassiz Afterschool Program

Application Received: Deposit Received: Filemaker: QuickBooks: Grade: Start Date:

2009-2010 Registration & Emergency Form

**Child's First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ 2nd Language (if relevant): \_\_\_\_\_

School: \_\_\_\_\_ Grade in Fall (circle one): K1 K2 1 2 3 4 5

Age at Admission: \_\_\_\_\_ Month of Admission: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Parent/Guardian #1 Name:** \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Days/Hours: \_\_\_\_\_

Home Address & Phone if different from child's: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Parent/Guardian #2 Name:** \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Days/Hours: \_\_\_\_\_

Home Address & Phone if different from child's: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_ Cell #: \_\_\_\_\_

Please register my child for **one day** @ \$85 per month, **two days** @ \$170 per month, **three days** @ \$255 per month, or **full time** @ \$452 per month. Check one below.

\_\_\_\_\_ **Full Time** (Monday to Friday)

\_\_\_\_\_ **Part Time** (one, two or three days per week) on the following days (circle one):

Monday      Tuesday      Wednesday      Thursday      Friday

### Registration Requirements:

- Registration cannot be accepted without the following:
  - All information on this form is completed.
  - Non-refundable deposit equal to one month's tuition.
- Please remit completed form and non-refundable deposit to Agassiz Baldwin Community, 20 Sacramento Street, Cambridge, MA 02138.

### Registration Questions

- Contact Micah Eglinton-Woods, Administrative Assistant, at (617) 349-6287 x19 or mwoods@agassiz.org.

### Program questions and scholarship information

- Contact Jacy Edelman, Program Director, at (617) 349-6287 x11 or jedelman@agassiz.org.

## EMERGENCY CARD INFORMATION FORM

PLEASE NOTE: This sheet is for the Agassiz Baldwin Afterschool first aid kit, which will accompany your child when leaving the premises. This is required by Mass. Department of Early Education and Care.

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

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

### INSTRUCTIONS TO REACH PARENT OR GUARDIAN:

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work:** \_\_\_\_\_ **Home:** \_\_\_\_\_

### EMERGENCY CONTACT PERSONS

**Name:** \_\_\_\_\_ **Relation to child:** \_\_\_\_\_

**Work:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation to child:** \_\_\_\_\_

**Work:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relation to child:** \_\_\_\_\_

**Work:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Home:** \_\_\_\_\_

### IDENTIFYING INFORMATION

EEC requires that we collect the following identifying information about your child (you may also submit a current photo.)

**Sex:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Eye color:** \_\_\_\_\_ **Hair color:** \_\_\_\_\_ **Other** \_\_\_\_\_

**Identifying marks:** \_\_\_\_\_

### HEALTH & ALLERGIES

**Child's physician and/or clinic:** \_\_\_\_\_

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

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

As required by Massachusetts law, documentation for my child's immunizations, physical exams, and lead screening (children ages seven and under) is on file at my child's school. **SCHOOL:** \_\_\_\_\_

If my child does not attend a Cambridge Public School, I have supplied copies of my child's immunizations, physical exams, and lead screening forms to Agassiz Afterschool. **DATE SUPPLIED:** \_\_\_\_\_

Does your child have any allergies (including food allergies)? Please check off reaction and if medical treatment is necessary.

### Allergic Reaction/Symptom

Allergy	Severe	Moderate Please Describe	Minor	Medical treatment necessary

#### Emergency Medical Treatment

I hereby give Agassiz Afterschool permission to administer first aid and /or CPR to my child, \_\_\_\_\_ and/or take abovementioned child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

My preference for hospital if possible is \_\_\_\_\_.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### SCHOOL/AFTERSCHOOL COMMUNICATIONS PERMISSION

I give the Agassiz Afterschool School Age Director permission to speak with my child's classroom teacher to allow Agassiz Afterschool and my child's homeroom teacher to work together for the betterment of my child.

School: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Does your child have an Independent Education Plan (IEP): **NO YES**  
 If yes, are you willing to share this information with the School Age Director? **NO YES**

#### YOUR CHILD IN PHOTOS PERMISSION

We love to capture our memories on film! Photos are an important way for kids to track their years and remember the fun times they've had. On occasion ABC might use these photos for marketing purposes (newsletters or brochures). We kindly ask your permission to take photos of your child.

\_\_\_\_\_ Yes, I authorize Agassiz Baldwin Community to take photos of my child for nostalgia and/or marketing purposes.

\_\_\_\_\_ No, I **DO NOT** authorize Agassiz Baldwin Community to take photos of my child for nostalgia and/or marketing purposes.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## AUTHORIZATION FOR CHILD PICK-UP

The following individuals are **permitted to pick up your child at the end of program day**. Understand that other transportation requests must be stated in writing (ABC will maintain this information in your child's file). **If no one is authorized to pick up your child, please indicate this on line #4.**

1.) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

2.) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

3.) Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

4.) \_\_\_\_\_ **Other than parent/guardian, no one is authorized to pick up my child.**

## ARRIVAL/DEPARTURE OPTIONS

Please check relevant arrival options:

My child will arrive at Agassiz Afterschool by:

- \_\_\_\_\_ School bus drop off
- \_\_\_\_\_ Parent/guardian drop off
- \_\_\_\_\_ Unsupervised walk
- \_\_\_\_\_ Supervised walk with: \_\_\_\_\_
- \_\_\_\_\_ Other (describe): \_\_\_\_\_
- \_\_\_\_\_

Please check relevant departure options:

My child will depart Agassiz Afterschool by:

- \_\_\_\_\_ Parent/guardian pick up
- \_\_\_\_\_ Other adult pick up
- \_\_\_\_\_ Unsupervised walk (**requires an additional form & School Age Director approval**)
- \_\_\_\_\_ Other (**requires an additional form & School Age Director approval**)

## PLEASE INITIAL EACH STATEMENT AND SIGN BELOW

\_\_\_\_\_ If my child will be absent, I will call the Afterschool to notify them. I understand that if I have not notified the program of my child's absence, ABC will call the emergency contacts. If no one can be reached, we will then have to notify the police.

\_\_\_\_\_ I understand that pick-up time is 5:30 PM. A late fee will be assessed after 5:45 PM.

\_\_\_\_\_ I give Agassiz Afterschool staff permission to take my child on short trips to Alden Tot Lot, Baldwin School, 20 Sacramento Street, Sacramento Field, Harvard University, Lesley University, Norton's Woods, and the Mass. Ave and Oxford Street areas between Cambridge Common and Porter Square.

\_\_\_\_\_ On the first of each month during the school year, I agree to pay the monthly tuition for the number of days for which my child is registered.

\_\_\_\_\_ I understand that the non-refundable deposit may be applied to the June 2010 tuition. If my child withdraws from the program prior to that time, the deposit is non-refundable.

Parent/Caregiver Signature: \_\_\_\_\_

Date: \_\_\_\_\_