



CHILD'S ENROLLMENT FORM

Child Information

Child's Name: _____ Date of Birth: _____ Age at Admission: _____

Child's Home Address: _____ Date of Admission: _____

Home Phone Number: _____ Cell Phone Number: _____

Sex: _____ Identifying Marks: _____ Eye Color: _____ Height: _____ Weight: _____

Hair Color: _____ Skin Color: _____ Primary Language: _____

Parent/Guardian Information

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relationship to Child: _____ Relationship to Child: _____

Home Address: _____ Home Address: _____

Home Phone Number: _____ Home Phone Number: _____

Cell Phone Number: _____ Cell Phone Number: _____

Email Address: _____ Email Address: _____

Business Name: _____ Business Name: _____

Business Address: _____ Business Address: _____

Business Phone Number: _____ Business Phone Number: _____

Hours at Work: _____ Hours at Work: _____

Additional Information

Child's Physician: _____ Address: _____

Phone Number: _____ Allergies/Special Diets? _____

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

Copies of any custody agreements, court orders, restraining orders pertaining to the child? If Yes please attach: _____

Special limitations or concerns? _____

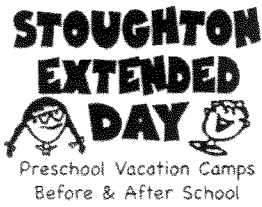
School Age Only

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: _____



THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

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 Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

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 _____

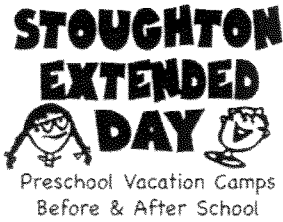
Health Insurance Coverage _____ Policy # _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent /Guardian Signature

Date (valid for one year)



P.O. Box 257, 137 Walnut Street, Stoughton, MA 02072-0257 781-344-5512 Fax 781-341-0885

Child(ren)'s Name: _____

Photo Permission

I do / do not (circle one) give permission for the above stated child(ren) to be photographed as part of the Stoughton Extended Day program which may be used for promotional material, web page displays, and any other materials associated with Stoughton Extended Day Program, Inc.

Parent / Guardian Signature: _____ **Date:** _____

Swimming Permission

I do / do not (circle one) give permission for the above stated child(ren) to go swimming with any Stoughton Extended Day programs.

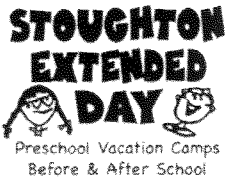
Parent / Guardian Signature: _____ **Date:** _____

Sunscreen and Bug Repellent Release

I do / do not (circle one) give permission for the above stated child(ren) to have sunscreen and/or bug repellent applied by SED staff. You, the parent or guardian, must supply the sunscreen/bug repellent in the original container(s) labeled with you child's name. SED will make every effort to apply the sunscreen and /or bug repellent as directed. However, SED has no control over which products or brands are provided and their effectiveness. You must understand that if your child does get burned or bitten, neither SED nor its staff may be held responsible. You should also apply the sunscreen/bug repellent to your child before arriving at camp.

Parent / Guardian Signature: _____ **Date:** _____

***We also need a copy of your child(ren)'s immunizations from your child's Physician. Please include that in your registration packet.**



THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

- ___ SUPERVISED WALK
- ___ UNSUPERVISED WALK
- ___ PUBLIC/PRIVATE/VAN
- ___ PROGRAM BUS/VAN
- ___ CONTRACT/VAN
- ___ PRIVATE TRANS. ARRANGED BY PARENT
- ___ PARENT DROP OFF
- ___ OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

- ___ SUPERVISED WALK
- ___ UNSUPERVISED WALK
- ___ PUBLIC/PRIVATE/VAN
- ___ PROGRAM BUS/VAN
- ___ CONTRACT/VAN
- ___ PRIVATE TRANS. ARRANGED BY PARENT
- ___ PARENT PICK UP
- ___ OTHER

I give permission for my child to be released from the program at the end of the program 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 other than the parent/legal guardian please indicate below "NO ONE".)

***IF A CHILD IS PROTECTED BY A RESTRAINING ORDER PLEASE SUBMIT ORDER TO THE PROVIDER.**

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____ CELL _____

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____ CELL _____

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____ CELL _____

NAME _____ RELATIONSHIP _____

ADDRESS _____

PHONE _____ CELL _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____