

MAPLEWOOD ENRICHMENT CENTER ENROLLMENT FORM

Fit'N'Fun Classes / Vacation Camp

Child Information:

Child's Name _____ Date of Birth: _____
Date of Admission: _____ Age at Admission: _____ Grade at Admission _____
Home Address _____ City _____ Zip Code _____
Home Phone _____ Primary language _____
Hair Color _____ Eye Color _____ Skin Color _____ Identifying marks _____
Gender _____ Height _____ Weight _____

Parent / Guardian Information:

Parent / Guardian Name	_____	Parent / Guardian Name	_____
Relationship to child	_____	Relationship to child	_____
Home address	_____	Home address	_____
Home Telephone #	_____	Home Telephone #	_____
Reachable Phone #	_____	Reachable Phone #	_____
Business Name	_____	Business Name	_____
Business Address	_____	Business Address	_____
Business Phone #	_____	Business Phone #	_____
Hours at work	_____	Hours at work	_____

Primary Email Address: _____

Additional information:

Do you have custody agreements, court orders, and restraining orders pertaining to the child?

If yes, please attach _____

Special limitations or concerns _____

Current School _____ I certify that documentation of physical examination and immunization 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.

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

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 to my child.

Child's Physician Name _____ Phone number: _____

Address _____ City _____

Child's Allergies _____

Chronic Health Conditions _____

(if none please indicate none)

Emergency Contacts (in order to be contacted)

Name: _____ Address: _____

Relationship to Child: _____ Reachable Phone # _____ Cell Phone # _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name: _____ Address: _____

Relationship to Child: _____ Reachable Phone # _____ Cell Phone # _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name: _____ Address: _____

Relationship to Child: _____ Reachable Phone # _____ Cell Phone # _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____ Policy # _____

Parent(s) Name _____ Reachable Phone # _____ Cell # _____

Parent(s) Name _____ Reachable Phone # _____ Cell # _____

Parent /Guardian Signature

Date (valid for one year)

Medication Consent Form - Consent Form 606 CMR 7.11(2)(b)

Name of child: _____

Name of medication: _____

Please ✓ one of the following: Prescription: _____ Oral/Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms _____

Topical Non-Prescription (**applied to open wound/ broken skin**) _____

My child has previously taken this medication _____

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner:

Child's Health Care Practitioner Signature _____ **Date** _____

I, _____, (parent or guardian) gives permission
(print name)

to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature _____ **Date** _____

For topical, non-prescription **NOT** applied to open wound / broken skin (**parent signature only**)

See reverse side of form for Medication Policies

Medication Policies

Prescription and Non-Prescription Medication:

- Requires specific written instructions signed by the physician and authorization by a parent or guardian for administration by the director or person designated to give medication at Maplewood Enrichment Center.
- 105 CMR 430 160(A) – Medication prescribed for children shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statement, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medication for children shall be kept in the original container, containing the original label, which shall include the directions for use.
- If a liquid medication is to be administered at the Maplewood Enrichment Center, the parent must provide the administration device with clear marked measurements (medicine sip-vial, medicine cup, dropper or syringe)
- 105 CMR 430 160(C) – Medication shall only be administered by the health supervisor* or by a licensed health care professional authorized to administer prescription medications. If the health care professional authorized to administer prescription medications, the administration of medication shall be under the professional oversight of the health care consultant. Medication prescribed for children brought from home shall only be administered from its original container; there is written permission from the parent/guardian and the health care consultant approved in writing the administration of the medication.
- Non-prescription ointment, topical lotion requires only a note signed by a parent, specifying time and dosage (not to exceed 3 months). It must be in original container with legible label and child's name.
- 105 CMR 430 160(D) – When no longer needed, medications shall be returned to a parent or guardian whenever possible the medication cannot be returned, it shall be destroyed.

* Health supervisor - A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

Individual Health Care Plan Form

plan must be renewed annually or when child's condition changes

Check all that apply:

Plan was created by:

- Parent
- Doctor or Licensed Practitioner
- Program's Health Care Consultant
- Older school age child (9+yrs. of age)
- Other: _____

Plan is maintained by:

- Director
- Assistant
- Director Child's
- Educator
- Other: _____

Name of Child:	Date:
Any change to this child's Health Care Plan? YES (Indicate changes below) NO (updated physician / parent or guardian signature required)	
Name of chronic health care condition:	
Description of chronic health care condition:	
Symptoms:	
Medical treatment necessary while at program:	
Potential side effects of treatment:	
Potential consequences if treatment is not administered:	
Names of educator that received training addressing the medical condition:	
Person who trained the educator (child's Health Care Practitioner, child's parent, programs Health Care Consultant)	

Name of Licensed Health Care Practitioner (please print): _____

Licensed Health Care Practitioner authorization: _____ Date: _____

Parental/Guardian consent: _____ Date: _____

For older children (9+yrs. of age)

With written parental consent and authorization of a licensed health care practitioner, this Individual Health Care Plan permits older school age children to carry their own inhaler and/or epinephrine auto-injector and use them as needed without the direct supervision of an educator.

The educator is aware of the contents and requirements of the child's Individual Health Care Plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by other children in the program. Whenever an Individual Health Care Plan provides for a child to carry his or her own medication, the licensee must maintain on-site a back-up supply of the medication for use as needed.

Age of child: _____ Date of Birth: _____ Back up medication received? Yes No

Parental/Guardian signature: _____ Date: _____

Administrator's signature: _____ Date: _____

Transportation Plan and Authorization

7.09(3) AND 7.12(1)

Child's Name: _____

My Child will arrive at the program by:

- Unsupervised Walk
- Supervised Walk
- School Bus Drop Off
- Program Bus
- Program Van
- Parent Drop Off
- Other (Describe _____)

My Child will depart from the program by

- Parent Pick up
- Unsupervised Walk
- Supervised Walk (Who _____)
- School Bus Drop Off
- Program Bus
- Program Van
- Other (Describe _____)

I give my 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 _____

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 year from the date of signature.

Parent/Guardian Signature _____ **Date** _____

According to our Child Care License through Massachusetts Early Education of Children parents/guardians must give expressed permission for the following activities:

CHILD'S NAME: _____

- 1. POOL/SWIMMING:** I understand that there may be occasions when the Maplewood **Afterschool** Program will use the pool ("club pool") for recreational swim.

I give my child permission to use the pool located on the grounds of Maplewood. **Yes** **No**

- 2. POND/BOATING:** I understand that there may be times when the programs at Maplewood use the pond for boating purposes

I give my child permission to use the pond/boating located on the grounds of Maplewood. **Yes** **No**

3. SUNSCREEN:

I give my permission to have "No AD" sunscreen applied to my child when participating in outdoor activities at Maplewood. **Yes** **No**

I prefer that sunscreen (provided by me) for application when participating in outdoor activities

4. BUG REPELLENT:

I give my permission to have "Off" bug repellent applied to my child when participating in outdoor activities at Maplewood. **Yes** **No**

I prefer that bug repellent (provided by me) for application when participating in outdoor activities

- 5. HAND SANITIZER:** Although each program encourages proper hand washing procedures throughout the day- there may be occasions when supervised use of hand sanitizer will be used (with children 5 yrs. and older) to help stop the spread of germs.

I give my permission to use, with supervision, use of hand sanitizer. **Yes** **No**

Parent/legal guardian Signature

Date

MAPLEWOOD POLICIES AND RELEASE

PHOTOGRAPH AUTHORIZATION RELEASE:

I authorize Maplewood Enrichment Center, Inc. to have, use, publish and reproduce photographs, slides, moving pictures or television video tape of the child (without using names) as may be necessary for its records or public relations programs, including the Internet. **Check one:** **Yes** **No**

Academic Program: We offer primary support for the completion of daily homework assignments. We provide a quiet place to work; small staff-to-student ratios; in a relaxed environment. Homework Help includes clarification of directions; individual assistance with specific assignments, as needed; and confirmation that assignments have been completed appropriately.

Please indicate whether or not you would like your child to participate in our Academic Program

YES **NO**

Items not allowed at Maplewood: cell phones, cameras, iPods, Kindles, laptops, electronic games, or personal toys from home.

Cell Phone Policy: Use of cell phones will not be permitted at Maplewood Enrichment Center. If you as a parent feel the need for your child to bring a cell phone with them –they will be required to follow the guidelines listed below:

1. The phone **MUST** remain in their bags at Maplewood as well as the bus ride to Maplewood.
2. They cannot make calls, check phone messages, text or take pictures.
3. They cannot allow any other person to use their phone for any reason.
4. Violation of this policy: the phone will be turned into the office and the parent will be required to pick it up at the end of the day.

Please understand, children are always allowed access to the phone in the office. If there is an emergency/problem Maplewood Staff will make the necessary call and allow the children to speak with an adult as needed.

We would ask for the parent's full cooperation in helping us to adhere to this policy.

I have read and understood the above stated policies and agree to be bound by its terms.

Parent Signature

Date