



Please complete all information, print, sign and date the bottom of each page and return to
MEDI, PO Box 94, Medway, MA 02053

MEDI MUST HAVE THESE COMPLETED FORMS PRIOR TO ATTENDANCE IN THE PROGRAM

Child's Name _____ Date of Birth _____ Age _____
Home Address _____ Primary Language _____ Grade _____
Telephone _____ School Attending _____
Eye Color _____ Hair Color _____ Sex _____ Height _____ Weight _____
Skin Color _____ Identifying marks _____
Sibling's Names & Ages _____

PARENT /GUARDIAN INFORMATION: (please put the person we should call first as #1 & indicate if parent #2 is authorized to pick up)

#1 Parent/Guardian Name _____ #2 Parent/ Guardian Name _____
Authorized to pick up? _____
Relationship to Child _____ Relationship to Child _____
Home Address _____ Home Address _____
Home Phone _____ Home Phone _____
Bus. Name _____ Bus. Name _____
Occupation: _____ Occupation _____
Phone Number _____ Phone Number _____
Hours at Work _____ Hours at Work _____
Cell Number _____ Cell Number _____
Preferred E-Mail _____ Preferred E-Mail _____
Alternate E-Mail _____ Alternate E-Mail _____
Who does your child live with? _____

AUTHORIZATION TO RELEASE

I authorize MEDI staff to release my child to the following individuals. I will notify MEDI in writing, via e-mail or by phone when the persons listed below are allowed to pick up my child. I am aware the MEDI staff will ask those unfamiliar to them for identification before releasing my child to them. I understand that these precautions are taken for the safety of my child. If no one is authorized other than the parent/legal guardian above, please indicate below by writing "NO ONE".

Name _____ Address _____ Relationship _____
Home Phone _____ Work Phone _____ Cell Phone _____
Name _____ Address _____ Relationship _____
Home Phone _____ Work Phone _____ Cell Phone _____
Name _____ Address _____ Relationship _____
Home Phone _____ Work Phone _____ Cell Phone _____

Parent/Guardian Signature _____ Date _____



EMERGENCIES

I understand that no emergency treatment will be given without parental consent except in a life-threatening situation. Every effort will be made to contact the parent/guardian in the event of an emergency. I authorize MEDI staff that are trained in First Aid and CPR to administer care when appropriate. In the event that MEDI is unable to reach the parent/guardian, I authorize MEDI to contact and release my child to the persons below and to transport the child via ambulance to secure medical treatment at the nearest facility when necessary. Please list in the order to be contacted. If they are the same persons listed in the previous section, please write SAME as Authorized to Release.

Home Phone _____ Work Phone _____ Cell Phone _____

Name: _____ Address: _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name: _____ Address: _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

MEDICAL - HEALTH - SAFETY

Child's Physician _____ Phone: _____

Clinic/Office Address _____

Health Insurance & Policy number: _____

Special Limitations or concerns (developmental, behavioral, speech, physical, dietary restrictions, etc.)
Health Concerns (allergies, chronic health conditions, etc.) If your child may/will require medication to be administered at MEDI, please complete a medication consent form. If your child has a serious health condition that may require emergency medication (such as an EPI Pen or Inhaler), please make sure to also complete an Individual Health Plan (Severe Allergy Action Plan) and bring it to MEDI along with the necessary medications. For more information, please see MEDI's Health Care Policy in the Parent Handbook

Blank lines for additional medical information.

Remember that it is important to keep us informed of any issues that occur during the school year (recent move, mom/dad traveling, separation/divorce, etc .••). Please do not hesitate to speak to the Program Director, Assistant Director or Lead Teacher if any issues arise.

I certify that documentation of physical examination, current immunizations, and lead poisoning screening in accordance with public school and public health requirements are on file at my child's school.

Parent/Guardian Signature _____ Date _____



EDUCATION/EXPERIENCE

Please share any information that will help us to better understand your child: _____

Is there anything we can do to assist in this Plan? _____

Child's previous experience in child care (please check all that apply)

Nanny _____ preschool _____ daycare _____ Afterschool _____

Early intervention or special services, etc. _____

SUNSCREEN - BUGSPRAY

With your permission, MEDI will apply sunscreen or bug spray to your child at times when they are at risk for sunburn or bites. Please send in the brand or your choice to MEDI with your child's name on it.

Please initial: I authorize MEDI to apply: _____ sunscreen and/or bug spray that I will provide.

BRUSHING TEETH @ MEDI: MEDI provides an opportunity for children to brush their teeth, with parental/guardian permission, whenever they are in our care for more than four hours or consume a meal while in our care. Families may indicate their choice on their child's MEDI Child Information Form. This applies for children attending MEDI and eating lunch on half-days, non- school days and over the vacation weeks. MEDI asks that families:

- Provide your child with a toothbrush, labeled with your child's name (we suggest using a sharpie marker and painting over the name with clear nail polish).
• Keep your child's toothbrush in a disposable plastic zip bag in their lunch box.
• Each evening families should remove the tooth brush from the bag and allow it to air dry overnight before putting it back in their lunch box.

Please initial: I authorize my child to brush his/her teeth at MEDI _____

I do not want my child to brush his/her teeth at MEDI _____

PICTURES

I give permission for MEDI to use my child's photo, film and/or video for education, outreach training or promotional purposes on/in the program's:

Newsletters, e-mail communications and website: _____ YES _____ NO

Please initial one: () please show me the picture first or () I do not need to see the picture first.

MEDI INFORMATION & COMMUNICATION

MEDI utilizes a "bulk e-mail program" as a means for communicating important updates and information to our families. We will use the email addresses you provided on the first page of this form. If you have additional emails that you would like us to notify you with, please email medwayextday@yahoo.com.

Parent/Guardian Signature: _____ Date: _____



TRANSPORTATION PLAN

Parents **MUST** notify their child's teacher of their attendance to MEDI.

For the children that attend the McGovern School:

In the morning all children will arrive at MEDI via a parent drop off. All children must be signed into the program. When it is time to go to the McGovern School, the children will be walked by two staff members to the front of the Memorial School where a public school bus will pick them up and take them to the McGovern School.

At the end of the school day children at the McGovern school will take a public school bus as a group to MEDI. A MEDI teacher will greet all children and attendance will be taken.

At the end of the MEDI day all children will leave the program via a parent pick up. All children must be signed out of the program.

For the children that attend the Memorial School:

In the morning all children will arrive to MEDI via parent drop off. All children must be signed into the program. When it is time to go to the Memorial School, the children will be walked to the Memorial School by two staff members who will stay with them until the children are allowed to enter the classrooms.

At the end of the school day children at the Memorial School will walk to the hallway that connects the Burke and Memorial schools. A teacher will greet each child there and take attendance. Children will then be escorted down to the MEDI classroom.

At the end of the MEDI day all children will leave the program via a parent pick up. All children must be signed out of the program.

For children that attend the Middle School:

There is no morning care for Middle School students.

At the end of the school day children at the Middle school will report directly to the MEDI classrooms located on the second floor of the middle school.

At the end of the MEDI day all children will leave the program via a parent pick up. All children must be signed out of the program.

Please note: If you plan to have your child arrive at the program in any other fashion (after recreation programs, intramurals, after school help, etc.) your request must be stated in writing. Please see your classroom teachers for more details.

Leaving the program: The parent/guardian is responsible for picking up their child (ren). Families must notify MEDI if anyone else will be picking up his or her child (ren).

Field Trips: MEDI transports children by hired school bus only. Permission slips must be signed in advance by the parent/guardian in order for children to attend. Walking trips around the local area are taken occasionally, including trips to the tennis courts, soccer fields and nature walks around the school, etc.

The parent/guardian is responsible for notifying the MEDI program if their child (ren) will not be attending MEDI. If notification is not provided to the staff a fee of \$15 per occurrence will be charged.

Parent/Guardian Signature _____ Date _____

For office use only:

Date of admission to MEDI



School Information

Name of Child: _____ Date: _____

Child's Grade in 2018-19: _____

Name of Child's Teacher for 2018-19 _____

Room Number: _____

Child's Designated Bus Number: _____

If your child attends MEDI full time please list your neighborhood bus number.

It is important for the staff to know which bus your child is assigned to in case of a mix up at the end of the day. If your child gets on the bus accidentally we can call the bus company and they will notify the bus driver to return him/her to extended day. If you child comes to extended day every day please check the newspaper for the number of the bus for your neighborhood.



CODE OF CONDUCT

1. We all have a right to a peaceful and orderly environment
 - A. We do not pester, stalk or dare other students.
 - B. We do not use bad language or indecent gestures.
 - C. We do not “hover” continuously in someone else’s space or jump into an activity without asking first.
 - D. We do not cut in line, play out of turn or take more than our share.
 - E. While indoors, we do not shout, scream or run except in the gym.
 - F. We DO use phrases like, “Please”, “May I”, “Excuse me”, and “Thank you” and wait our turn for all activities.
2. We should respect everyone’s right to feel good about themselves.
 - A. We do not call anyone by negative names.
 - B. We do not make fun of people.
 - C. We do not intentionally insult people.
 - D. We do not intentionally cause someone else to be uncomfortable.
 - E. We do not make insulting remarks or gestures about a persons race, religion, ethnic origin, size or sexuality.
 - F. We ARE kind to others and try to mention their better qualities.
3. We should respect everyone’s right to feel safe from harm or harassment.
 - A. We do not hit, punch, kick, bite, push or prod anyone for any reason (retaliation is not acceptable.)
 - B. We do not imply violence or threaten violence. (That means we do not bully or scare people on purpose.)
 - C. We do not touch anyone who does not want to be touched.
 - D. We DO try to manage conflicts peaceably or ask a staff member to help with any difficult situation.
4. We should respect other people’s property.
 - A. We do not take or “borrow” property without permission.
 - B. We do not break or damage any school property on purpose.
 - C. We do not damage or break someone else’s property on purpose.
 - D. We do not tamper with the school’s computer or other equipment.
 - E. We DO take care of our MEDI equipment, games, and supplies and help to keep our program and school clean and neat.

Children will be expected to abide by this code.

Infractions, depending on their severity or intention, could result in a warning, time-out, a parent call or pick up, a write up, suspension or removal from the program. Tuition paid will not be refunded if a child is asked to leave for disciplinary reasons.

_____ I have read or my parents have told me about the rules listed above. I understand that while I am at MEDI I must treat the staff members and my classmates with respect. I will not use offensive language, and I will not hurt anyone on purpose. I also expect to be treated with respect and when someone violates my rights, I expect the staff to listen to my concerns and take action.

Child’s signature

_____ I have read the code of rights and responsibilities listed above. I have reviewed them with my child and I am willing to work with the staff if and when a violation occurs. I am also aware that repeated violation of the rules may result in removal from the program.

Parent’s signature



HOMEWORK FORM

Dear Parents:

MEDI offers children in grades 3-6 quiet time in a separate space to work on homework during their hours at the program. The staff will assist the children when needed but this is not meant to be a tutoring time. Homework time is a choice time and is only made mandatory by the parents. Staff will not force a child to go to homework. Homework is designed to be completed at home but the MEDI staff wish to support the working parents by offering this time for children to complete at least a portion of their homework. We expect parents to oversee to completion of homework at home and to review work that is completed during the MEDI homework time.

Please fill out the form below and return it to the staff as soon as possible. Thank you for your cooperation in making homework time a positive experience.

HOMEWORK CLUB FORM

The usual pick up time for my child is _____pm.

____My child needs to do his/her homework at the homework club on a daily basis. I would like this to be mandatory. (Parent's choice).

____My child may participate in the homework club if they feel they want to.
(Child's choice).

I understand that I am still responsible for reviewing my child's homework and that only a portion of the homework assigned might be completed. My signature below indicates that I have discussed this with my child and would like him/her to participate as indicated above and that I recognize that I am still the one ultimately responsible for seeing that my child gets their homework done properly.

Parent's Signature _____ Date _____



ENROLLMENT AND TUITION CONTRACT

I/We agree to enroll _____ (Student's Name) in the Medway Extended Day, Inc. program, during the 2018-2019 academic year.

I/We understand:

1. and agree with the Program's daily hours, holidays, rules and regulations as set forth in the Parent Handbook and other materials made available to us by the Director.
2. current features of the program are subject to change by the Program's Director and/or Board of Directors.
3. and agree to pay the monthly tuition to MEDWAY EXTENDED DAY, INC.. and the annual registration fee of \$50.00 per family. Vacation weeks are billed individually.
4. monthly tuition payments are due on last day of the month for the next month and that failure to pay the monthly tuition will result in termination of childcare services. It is understood that a late fee of \$15 will be charged for the first five days that tuition goes unpaid, after the 5th day an additional fee of \$35 will be charged.
5. the Director/Board of Directors reserves the right to terminate this contract if it is determined that continued enrollment is not beneficial to the child and/or the Program. In the event that this contract is terminated by the Director or Board of Directors there shall remain no further financial obligation to the Program by the parent or guardian.
6. I/We must provide one (1) month's written notice before discontinuing or changing enrollment. Tuition payment is required for that time period regardless of attendance. Failure to provide one month's notice will result in the parent or guardian's financial responsibility in paying an additional month's tuition.
7. in order for this contract to become effective and binding it must be signed by at least one parent or legal guardian of the child to be enrolled, accompanied by the registration fee if still unpaid, accepted in writing by Medway Extended Day, Inc..
8. I/we agree to pay the late pick up fee of \$20 for the first ten minutes and \$1.00 per minute after that in the event that we arrive to pick our child up after the 6:00 pm closing time.
9. I/we understand that the Director may have to at times communicate with the Medway Public School personnel regarding issues that arise at MEDI that could adversely affect the learning environment or the safety of the children. The Director will make every effort to inform parents about these communications and will maintain confidentiality to the best of his/her ability.

Contracted Schedule: Please circle the days that your child will attend:

____ Morning Schedule: Mon. Tues. Wed. Thur. Fri.

____ Afternoon Schedule Mon. Tues. Wed. Thur. Fri.

Regardless of illness, vacations, and other absences, you are obligated to pay for these contracted days.

Monthly Tuition Calculation

of AM's per week Monthly Payment

of PM's per week Monthly Payment

I/we have read and understand this contract and accept its terms.

Parent/Legal Guardian _____ Date: _____

This contract is accepted for Medway Extended Day, Inc. by

Director _____ Date: _____



EMERGENCY CARD INFORMATION

Child's Name: _____ Child's Bus Number: _____

Date of Birth: _____ Child's Teacher: _____

Child's Home Address: _____

Phone: _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN

1. _____

(Name, Address, Work Phone #, Cell Phone #)

2. _____

(Name, Address, Work Phone #, Cell Phone #)

PEDIATRICIAN OR SOURCE OF HEALTH CARE

1. _____

(Doctor's Name, Address, Phone#)

EMERGENCY CONTACT PERSON(S)

1. _____

(Name, Address, Phone #)

2. _____

(Name, Address, Phone #)

MEDICAL EMERGENCY TREATMENT

I hereby give _____
(Name of program)

permission to administer basic first aid and/or CPR to my child _____
(Name)

and/or take my child _____, to a hospital for medical treatment when I cannot be

reached or when delay would be dangerous to my child's health.

Parent Signature Date

INSURANCE INFORMATION (OPTIONAL)

Company Name: _____ Policy # _____

Participating Hospital: _____

Special Instructions: _____



RECEIPT OF PARENT HANDBOOK

I hereby acknowledge that I have read the Parent Handbook for The Medway Extended Day, Inc. program.

Furthermore, I have read and understand the Medway Extended Day, Inc.'s program daily hours, holidays, rules and regulations as set forth in the Parent Handbook and other materials made available to us. Finally, I agree to follow the policies, rules and regulations published in these materials.

Date: _____ Full Name: _____
Signature in Ink

Full Name: _____
Printed Name