



INVITES YOU TO A



WHO: MORNING JUMP START OR AM KINDERGARTENERS
(CHILDREN AGES 4 & 5) (COME TO AFTERNOON MAP)

Has your child been asking for something fun to do? Want a little more time in your day? Now is the perfect time to experience all the great things that are happening at MAP!

WHAT: Making holiday crafts to give as gifts

WHEN: AM JUMP START on 4 Fridays
11/20 (*MAP is closed on 11/27) 12/4, 12/11 & 12/18 from 8:30 a.m. to 12:15 p.m.

Children may be dropped off at MAP (160 North St. behind the Memorial School) at 8:30 a.m. for a fun filled day of making holiday gifts! While at MAP children will have time to play and socialize, have a snack, play outside, make some gifts, have lunch they brought from home, a story, and a little time to play before families pick them up at 12:15 p.m.

WHEN: Afternoon MAP on 4 Thursdays
11/12 (*no MAP on 11/19 & 11/26) 12/3, 12/10 & 12/17 from 11:10 a.m. to 3:00 p.m.

Families must notify the school of their attendance at MAP on these days. Children will be picked up at school dismissal and walked over to MAP. While at MAP children will have a lunch brought from home, a story, play and socialize, make some gifts, play outside, have a snack, and a story, before families pick them up at 3:00 p.m.

HOW: To register, please complete the attached registration form and return it to MAP along with your payment of \$140.00 by **Monday, November 9, 2015**. *Space is limited, so please sign up soon to reserve your spot.* For more information about MAP, please visit our web page:
www.medfielddafterschoolprogram.com

If you have any questions, please email or call Annette
annette.map@comcast.net or (508) 359-2165



2015-2016 REGISTRATION & CHILD INFORMATION FORM
MEDFIELD AFTERSCHOOL PROGRAM, Inc.
PO Box 18, Medfield, MA 02052.

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

I am enrolling my child, _____ For **MAP's Handmade Holiday Workshop**

AM JUMP START on 4 Fridays: 11/20 (*No MAP on 11/27) 12/4, 12/11 & 12/18, 8:30 a.m.-12:15 p.m.

Afternoon MAP on 4 Thursdays: 11/12 (*no MAP on 11/19 & 11/26) 12/3, 12/10 & 12/17, 11:10 a.m.-3:00 p.m.

Cost \$140.00 Please return this form along with your payment to MAP by:
Monday, November 9, 2015

Home Address: _____ Date of Birth: _____ Age _____
 Telephone: _____ Primary Language _____ Grade _____
 Eye Color: _____ Hair Color: _____ Sex: _____ Height: _____ Weight: _____ Skin Color: _____

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: _____
Relationship to Child: _____	<i>Authorized to pick up?</i> _____ Relationship to Child: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____
Work Phone Number: _____	Work Phone Number: _____
Cell Number: _____	Cell Number: _____
Preferred E-Mail: _____	Preferred E-Mail: _____

EMERGENCIES & AUTHORIZATION TO RELEASE

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 MAP staff that are trained in First Aid and CPR to administer care when appropriate. In the event that MAP is unable to reach the parent/guardian, I authorize MAP 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. I authorize MAP staff to release my child to the following individuals. I will notify MAP in writing, via e-mail or by phone when the persons listed below are allowed to pick up my child. I am aware the MAP 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.

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

MAP must have copies of any custody agreements, court orders, and/or restraining orders that pertain to your child.

MEDICAL - HEALTH - SAFETY

Child's Physician: _____ Phone: _____

Clinic/Office Address: _____

Health Insurance & Policy number: _____

Health Issues, Special Limitations or Concerns (developmental, behavioral, speech, physical, medical, dietary, etc.):

*Please note: If your child may/will require medication to be administered at MAP, please contact your child's program director to set up a time to meet so we may discuss health concerns, medication administration, and drop off your child's medication. Forms can be found @ www.medfieldafterschoolprogram.com & MAP's Health Care Policy is in our Family Handbook. **Severe Allergy Action Plan** (antihistamine, EPI Pen), **Individual Health Care Plan** (for any chronic condition, other than severe allergies, which require medical treatment such as asthma, ADHD (if medication is given at MAP), diabetes and/or non-severe allergies, or a **Medication Consent form** (for both prescription and non-prescription medications that are NOT necessary for a severe allergy or chronic condition (ibuprofen, antibiotics, etc.). If you have any questions, please contact your child's program director.

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 us as 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. I also understand that the nurse at my child's school may contact, inform or consult the MAP staff about any concerns, injuries, or medication administered to my child during the school day.

TOOTHBRUSHING: MAP will provide the opportunity for children to brush their teeth whenever they are in our care for four or more hours and/or consume a meal. You, the parent/guardian must provide the toothbrush (we suggest you put it in your child's lunch box). For kindergarten families, this will be part of our daily routine. *For more information on tooth brushing please see our website.* **Please initial:** *I authorize my child to brush their teeth at MAP:* _____
I do not want my child to brush their teeth at MAP: _____

TRANSPORTATION PLAN: Jump Start Families drop the children off to the program at 8:30 am and are responsible for picking them up at 12:15 pm.. For children in Kindergarten, a MAP teacher will take attendance in the school at dismissal (11:05 a.m.) and children will be walked to the MAP modular classroom. Families must notify the school and their child's teacher of their attendance at MAP. Families are responsible for picking their child up at 2:30 pm.

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

Please return this form along with your payment to MAP by **Monday, November 9, 2015**

Questions? Please contact Annette at Annette.map@comcast.net or (508) 359-2165
www.medfieldafterschoolprogram.com