



2015-2016 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

Please complete, sign electronically and send to gayeshannon@verizon.net or complete, print, and sign and mail to our address above.

Child's Name: _____ Date of Birth: _____ Age: _____
Home Address: _____ Primary Language: _____ Grade: _____
Telephone: _____ School Attending: _____
Eye Color: _____ Hair Color: _____ Sex: _____ Height: _____ Weight: _____ Skin Color: _____
(please provide current picture of child if possible) Identifying marks: _____
Sibling's Names & Ages: _____
(Please let us know if they attend MAP and what program they go to)

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: _____
	<i>Authorized to pick up?</i> _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____
Business Name: _____	Business 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? _____	

Other persons authorized to pick up your child from MAP on a long term/regular basis (grandparent, nanny, sitter, other)

Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____

Please let us know if there is anyone who is NEVER authorized to pick up

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

In the event someone other than the persons listed above will be picking up, families must notify their child's program via email or phone, our voice mail is always on. If sending email, please make sure you receive confirmation that we received the information. All those picking up children from MAP should have proof of identification, as we will check it prior to releasing your child.

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 the MAP staff that are trained in First Aid & 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.

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: _____

MEDICAL - HEALTH - SAFETY

Child's Physician: _____ Phone: _____

Clinic/Office Address: _____

Health Insurance & Policy number: _____

Special Limitations, Health Concerns, & information MAP should be aware of: (developmental, behavioral, speech, physical, dietary, allergies, illness, 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.

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.

Parent /Guardian Signature: _____ Date: _____

EDUCATION/EXPERIENCE: Please share any information that will help us to better understand your child:

Is your child on an Individualized Education Plan? _____

MAP desires to partner with you to assure your child's success in our after school program. Please remember to keep us informed of any issues that occur that may impact your child (a recent move, parent/guardian traveling, injuries, illness, losses, separation/divorce, etc.) Additionally, because your child spends part of their day in school, we request your permission for open communication and information sharing between MAP staff and the Medfield Public School personnel (including but not limited to the principal, teachers, school psychologist, nurse, aides, specialists, etc.). Shared information and plans (IEP, behavior plans, social stories, medications, illness, injuries, etc.) will assist MAP in providing your children with quality care, consistency, and support for both you and them during their time at MAP.

***Please initial:** I authorize MAP staff and the Medfield Public School to communicate and share information in regards to my child: _____*

SUNSCREEN: With your permission, MAP will provide Rocky Mountain Kids Broad Spectrum SPF 30 (fragrance free) sunscreen to your child at times when they are at risk for sunburn. In the event of allergy/sensitivities to sunscreen, please send in your own brand, in the original container, accompanied by a doctor's note.

***Please initial:** I authorize MAP to apply: their sunscreen: _____
I will apply sunscreen as deemed necessary at home: _____
I will provide MAP with sunscreen and a doctor's note _____*

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 Jump Start and AM/PM kindergarten families, this will be part of our daily routine. For children in FDK-8, this will only apply on half days, non-school days, and vacation days. *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: _____*

FUNDRAISING: On occasion, the MAP children may participate in fundraising for either the program or for other charities (making pins to sell for Cradles to Crayons or selling lemonade/baked goods for a charitable cause).

***Please initial:** I understand that my child may participate in fundraising activities: _____*

Photo Policy:

MAP uses pictures of MAP events on our website, facebook page, program newsletters/emails, and in the newspaper that may contain your child's photo. In those instances, identifying information does not accompany the photo. If you do not consent to having your child's photograph appear in the above mentioned, please notify your child's program director in writing by September.

MAP INFORMATION & COMMUNICATION

I am aware that MAP's Family Handbook, Calendar, Sign up Forms, Newsletters, and other important information are available on the MAP web page, www.medfieldafterschoolprogram.com. It is the responsibility of the parent/guardian's to notify MAP if they do not have access to the internet. MAP will then know to provide such families with paper copies.

Parent/Guardian Signature: _____ Date: _____

TRANSPORTATION PLAN

Families MUST notify their child's teacher as well as the Superintendent's office of their attendance to MAP.

For the children that attend the Blake Middle School: The children will either ride the school bus from their classrooms at dismissal or with parent/guardian permission walk to the Memorial, Wheelock, or MAP @ the Pfaff . A MAP teacher at each location will greet all children and attendance will be taken upon arrival.

For the children that attend the Dale St. School: The children will meet in the MAP line at the Dale St. School. A MAP teacher will greet the children and attendance will be taken. They will then walk to the MAP space at the Pfaff Center.

For the children that attend the Wheelock School: The children will meet in the Cafeteria at the Wheelock School. A MAP teacher will greet the children and attendance will be taken. They will then walk to the MAP space.

For the children that attend the Memorial School: There is no public school bus transportation for children attending MAP. Children attending AM MAP/PM K (8:30 a.m.) are dropped off by the parent/guardian and must be signed in at MAP. Children attending AM K and PM MAP will be picked up from school (11:05) and have attendance taken prior to returning to MAP. For children in PM K, Full Day K or First grade, a MAP teacher will take attendance in the school at dismissal (2:40 p.m.) and children will be walked to MAP. Children are picked up and signed out at the end of the day by their parent/guardian or authorized pick up person.

For the children attending Jump Start MAP:

Children attending Morning Jump Start (8:30-12:15) are dropped off by the parent/guardian and must be signed in. Children attending the Integrated Preschool at Memorial will be walked over to the school at 12:15 p.m., and children leaving the program at 12:15 will be picked up and signed out by their parent/guardian or authorized pick up person.

If your child will be attending the Integrated Preschool at Memorial at 12:15 after Morning Jump Start, please indicate the days that you will want us to walk him or her over: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Children in Afternoon Jump Start (11:15 a.m. -2:30 p.m.) may be dropped off by the parent/guardian and signed in or if attending the Integrated Preschool, a MAP teacher will go to the school, take attendance and walk them to MAP.

If your child is attending the Integrated Preschool at Memorial in the morning and you wish for the MAP staff to pick up your child, please indicate the days that you will want us to pick them up: Monday ____ Tuesday____ Wednesday____ Thursday____ Friday ____

Full day Jump Start children will be dropped off and picked up, signed in and out, by their parent/guardian or authorized pick up person.

Please note: If you plan to have your child arrive at the program in any other fashion (after fun and fitness, intramurals, etc.) your request must be stated in writing. Please contact your program director for more details.

Leaving the program: The parent/guardian is responsible for picking up their child (ren). Families must notify MAP if anyone else will be picking up his or her child (ren) or if their child has permission to leave the program in a different fashion (i.e. walking, riding their bike, etc. Please see your child's program director or lead teacher for more details.

Field Trips: MAP 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 library, Metacomet Park, nature walks around the school, etc.

The parent/guardian is responsible for notifying the MAP program if their child (ren) will not be attending MAP.

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

For office use only:

Date of admission to MAP _____