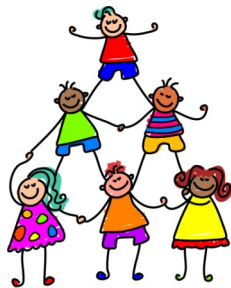
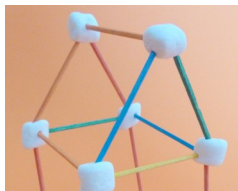
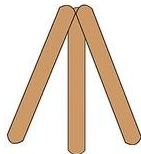
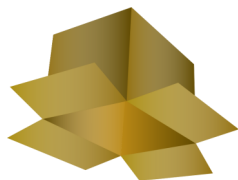


Building Club @



PLAY
WORK
BUILD
Learn



Who: Half day Kindergartners & children age 4-5 (Jump Start)

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: 4 weeks of fun exploring, creating, observing, predicting outcomes, and finding solutions to a variety of building challenges using a variety of materials in a play based way.

When: Morning MAP on 4 Mondays
3/6, 3/13, 3/20 & 3/27

8:30 to 12:05 (pm K) or 12:15 (JumpStart)

Children may be dropped off at MAP (160 North St. behind the Memorial School) at 8:30 a.m. While at MAP children will have time to play and socialize, have a snack, play outside, have lunch (brought from home), participate in BUILDING CLUB, listen to stories, and play before they go to school or families pick them up at MAP.

When: Afternoon MAP on 4 Mondays
3/6, 3/13, 3/20 & 3/27

from 11:15 a.m. to 2:30 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, or JumpStart families can drop off at 11:15. While at MAP children will have time to play and socialize, have a snack, play outside, have lunch (brought from home), participate in BUILDING CLUB, listen to stories, and play before they go to school or families pick them up at MAP.

How: To register, please complete the attached registration form and return it to MAP along with your payment of \$130 by **Thursday, March 2, 2017**. *Space is limited, so please sign up soon to reserve your spot.* For more information about MAP, please visit our web page: www.medfieldafterschoolprogram.com

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

2016-2017 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 Building Club.**

☐ **MORNING MAP on 4 Mondays:** 3/6, 3/13, 3/20 & 3/27 from 8:30 -12:05 (if enrolled in pm k) **OR**
8:30-12:15 (children ages 4-5—JUMP START)

☐ **AFTERNOON MAP on 4 Mondays:** 3/6, 3/13, 3/20 & 3/27 from 11:15—2:30.

Cost \$130.00 Please return this form along with your payment to MAP by:
Thursday, March 2, 2017

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: _____
	<i>Authorized to pick up?</i> _____
Relationship to Child: _____	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. **JUMP START FAMILIES MUST PROVIDE A COPY OF THEIR CHILD'S MOST RECENT PHYSICAL.** 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 jump start & 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: Children in the **MORNING MAP CLUB** are drop off at the program by their families at 8:30am. Children in PM K will be walked to school at 12:05 pm for the start of school and Jump Start Children will need to be picked up by their families at 12:15 pm. Children in the **AFTERNOON MAP CLUB** in Kindergarten will be picked up at the school at dismissal, walked to MAP for their club, and picked up by their families at 2:30. Jump Starters are dropped off at the program by their families and picked up at 2:30 pm.

:

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

Please return this form along with your payment to MAP by **Thursday, March 2, 2017**

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

www.medfieldafterschoolprogram.com