



2023-2024 CHILD INFORMATION FORM
MEDFIELD AFTERSCHOOL PROGRAM, Inc.
P.O. Box 18, Medfield, MA 02052.

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

Please complete, sign, save & send to your child's program director: JS-K-1: meghan.map@comcast.net
2-3: alex.23map@gmail.com 4-6: kurt14.map@gmail.com **OR PRINT & MAIL to MAP @ above address**
Questions, please contact Annette Gallagher, Executive Director annette.map@comcast.net (508) 359-0003

Child's Name: _____ Date of Birth: _____ Age: _____
Home Address: _____ Primary Language: _____ Grade: _____
Telephone: _____ School Attending: _____
Eye Color: _____ Hair Color: _____ Skin Color: _____ Sex: _____ Height: _____ Weight: _____
(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 attend)

PARENT/GUARDIAN INFORMATION: Please put the person we should call/contact first as #1. Please indicate if parent #2 is authorized to pick up. ***Please be sure to provide multiple ways for MAP to reach you.***

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

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

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

Families must notify their child's program via email or phone, if there is a pick-up change. If emailing, please make sure you receive confirmation that we received the information. **All those picking up children from MAP should have proof of identification (we will check it prior to releasing your child) and be free from COVID-19 symptoms.**

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.

Parent /Guardian Signature: _____ Date: _____

EMERGENCIES

Child's Name: _____

I understand that no emergency treatment will be given without parent/guardian 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 (MAP will call them first), 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: _____

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.). If your child has a severe allergy, a chronic health condition or health issue that may require specialized care or medication to be administered at MAP, home or school, please contact your child's program director to set up a time to meet.

MAP's Health Care Policy & required forms are available at www.medfieldafterschoolprogram.com

Individual Health Care Plan (For any chronic medical or health condition which has been diagnosed by a doctor or licensed health care practitioner, including but not limited to serious allergies, anaphylaxis, asthma, ADD/ADHD, celiac disease, diabetes, epilepsy, physical disabilities, etc. which may or may not require medical treatment and or medication).

Medication Consent form (for both prescription and non-prescription medications that are NOT for a severe allergy or chronic condition ~ibuprofen, antibiotics, etc.). If you have any questions, please contact your child's program director.

PLEASE INITIAL: MAP will encourage hand washing whenever possible. MAP will use hand sanitizer for children & staff when soap and water are not available. _____

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. ****Jump Start families must provide MAP with a copy of their child's most recent physical & a developmental history*** (available at www.medfieldafterschoolprogram.com)

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

Child's Name: _____

RELEASE STATEMENT

I acknowledge that my child's participation in MAP is voluntary. In consideration thereof, I hereby release the Medfield Afterschool Program, Inc. and their employees from any and all claims which I or my child _____ may have as a result of suffering personal injury or infection from COVID-19 or other contagious disease in any way arising from or related to participation in the above-described activity, resulting from any act or omission of the Medfield Afterschool Program, Inc. and/or their employee(s).

I have read, understand, and agree to the above statement

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? _____ If so, please provide MAP with a copy in order for us to best support your child.

INFORMATION & COMMUNICATION:

MAP's Family Handbook, Calendar, Tuition Policy, Special 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 to notify MAP if they do not have access to the internet.

MAP desires to partner with you to assure your child's success in our after school program. ***PLEASE INITIAL: I will keep MAP informed of any issues that occur that may affect my child (a recent move, parent/guardian traveling, injuries, illness, exposure to and/or a positive case of COVID-19, losses, separation/divorce, etc.)*** _____

Additionally, because your child spends part of their day in school, open communication and information sharing between MAP staff and the Medfield Public School personnel will assist MAP in providing your children with quality care, consistency, and support for both you and them during their time at MAP. (including but not limited to the principal, teachers, aides, nurse, aides, etc.) ***PLEASE INITIAL: I authorize MAP staff and the Medfield Public School to communicate and share information in regards to my child:*** _____

FUNDRAISING: On occasion, the MAP children may participate in fundraising for either the program or for other charities (selling handmade crafts, lemonade, baked goods for a charitable cause, etc.).

PHOTO POLICY:

MAP uses pictures on our website, 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.

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____

TRANSPORTATION PLAN: Families MUST notify their child's school & teacher of their attendance at MAP. We recommend that you email the secretary at your child's school.

For the children that attend the Blake Middle School: Bus transportation will be provided from school to MAP. Bussing may be delayed at the start of the school year, due to space availability on the bus. More information will be provided as we get closer to the start of the school year. Upon arrival to MAP @ the Pfaff, attendance will be taken.

For the children that attend the Dale St. School: At dismissal, children will be met by the MAP teachers, attendance will be taken, and they will walk to the MAP space in the Pfaff Center.

For the children that attend the Wheelock School: At dismissal, children will be met by the MAP teachers, attendance will be taken, and they will walk to the MAP building.

For the children that attend the Memorial School: Children attending AM MAP/PM K 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 at dismissal time and have attendance taken prior to returning to MAP. For children in PM K, Full Day K or First grade, children will be met by the MAP teachers at dismissal, attendance will be taken, and they will walk to the MAP building.

For the children attending Jump Start MAP: Children attending the Morning, Afternoon or Full Day session of Jump Start MAP are dropped off/picked up from MAP by the parent/guardian/authorized person and must be signed in/out.

If your child will be attending the Memorial School Integrated Preschool, a MAP teacher will walk them over after AM Jumpstart and release them to the Memorial School/or take attendance at Memorial and bring them back to PM Jump Start MAP. *If your child attends the Memorial School Integrated Preschool, please indicate the days that you will want us to walk him or her over or pick them up:* Monday Tuesday Wednesday Thursday Friday

Arriving & Departing MAP: The parent/guardian is responsible for notifying the MAP program if their child(ren) will not be attending MAP or will be arriving late to MAP prior to their dismissal from school. 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 speak with 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 participate. Walking trips around the local area are taken during the year. These may include walks up town, to the fire/police station, to the library, to Vine Lake Cemetery, to the Hinkley Playground/Pond, nature walks, and around the school, etc.

Parent/Guardian Signature: _____ Date: _____

Once completed, please sign, save & send to your child's program director:
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OR PRINT & MAIL to MAP PO BOX 18 Medfield, MA 02052

For office use only: Date of admission to MAP _____