



**2021-2022 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](mailto:meghan.map@comcast.net)**

**2-3: [alex.23map@gmail.com](mailto:alex.23map@gmail.com) MAP@Pfaff 4-6: [kurt14.map@gmail.com](mailto:kurt14.map@gmail.com) OR PRINT & MAIL to MAP @ above address**

*Questions, please contact Annette Gallagher, Executive Director [annette.map@comcast.net](mailto: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: _____
	<i>Authorized to pick up?</i> _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____
Cell Number: _____	Cell Number: _____
Business Name: _____	Business Name: _____
Occupation: _____	Occupation: _____
Phone Number: _____	Phone Number: _____
Hours at Work: _____	Hours at Work: _____
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: \_\_\_\_\_ 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](http://www.medfieldafterschoolprogram.com)  
**Severe Allergy Action Plan** (for severe allergies requiring emergency medications such as antihistamine or epinephrine). **Individual Health Care Plan** (for a chronic medical condition diagnosed by a licensed health care provider, even if there is no medication or the medication associated with the plan doesn't need to be administered at the program such as asthma, ADHD, diabetes, and/or non-severe allergies). **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](http://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](http://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 the school to MAP. More information will be available 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:**

JS-K-1: [meghan.map@comcast.net](mailto:meghan.map@comcast.net) 2-3: [alex.23map@gmail.com](mailto:alex.23map@gmail.com) MAP@Pfaff 4-6: [kurt14.map@gmail.com](mailto:kurt14.map@gmail.com) OR  
**PRINT & MAIL** to MAP PO BOX 18 Medfield, MA 02052

**For office use only:** Date of admission to MAP \_\_\_\_\_