



School Age Child Care Enrollment Form

GENERAL INFORMATION

CHECK THE SITE WHERE YOU WOULD LIKE TO ENROLL YOUR CHILD:

- * **Bird St.** **ASP** * **Ellis** **BSP** **ASP** * **Emerson** **BSP** **ASP** *
Hale **ASP** * **Mendell** **BSP** **ASP** * **Orchard Gardens** **BSP** **ASP** *
Russell **ASP**

FOR OFFICE USE ONLY:

- VOUCHER FEE** _____ **EEC SLOT FEE** _____ **FULL FEE** _____
 Parent Handbook _____ **Promotional release** _____ **Allergies/meds** _____
 DEPOSIT PAID _____ **DATE OF ADMISSION:** _____

CHILD'S NAME: _____

Gender _____ Date of Birth _____ Age at Admission: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Apt. #: _____ Telephone #: _____

Is this the Mailing Address? ___ Yes ___ No-Mailing Address _____

Parent / Guardian 1:

Name _____
Address _____
City, zip _____
Phone # _____
Relationship _____
Occupation _____
Work Hours _____ to _____
Business Name _____
Address _____
City _____ Ph # _____

Parent / Guardian 2:

Name _____
Address _____
City, zip _____
Phone # _____
Relationship _____
Occupation _____
Work Hours _____ to _____
Business Name _____
Address _____
City _____ Ph # _____

Child's Identifying Information:

Sex: _____ Weight: _____ Height: _____
Skin color: _____ Hair color _____ Eye color: _____
Identifying marks: _____

School Information:

School _____ Grade: _____
Address: _____ Zip: _____
Teacher's Name: _____ Guidance Counselor: _____
Does SACC have permission to speak with your child's teacher: ___yes___ no ___call me first

Date _____

Parent/Guardian signature _____



School Age Child Care Enrollment Form

EMERGENCY INFORMATION

A copy of this form must be kept with first aid kit and taken on field trips.

Is there documentation of a physical exam, immunization record, and lead screening on file at your child's school? Yes: _____ No: _____

Child's Physician's Name _____ phone _____
* Health Insurance Carrier _____ policy # _____

Child's Dentist's Name _____
Address _____ city _____ state _____

Emergency Contacts other than a parent/guardian:

Name: _____ Relationship to my child: _____
Street Address: _____
Home Phone: _____ Work Phone: _____

Name: _____ Relationship to my child: _____
Street Address: _____
Home Phone: _____ Work Phone: _____

ALLERGIES/MEDS: Is your child allergic to anything or on medication? _____ No _____ Yes

Allergy/Medication: _____
Reaction: _____
Treatment: _____

Allergy/Medication: _____
Reaction: _____
Treatment: _____

RESTRICTIONS: Does your child have any food restrictions? _____ No _____ Yes
What Kind? _____

Authorization and Consent Form

I understand the staff at the Community Center is trained in the basics of first aid and I authorize them to give my child first aid as needed. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the community center staff on duty to transport my child to the nearest medical care facility and secure medical treatment necessary including, but not limited to; hospitalization, injections, anesthesia, or surgery.

Parent/Guardian signature **Date** _____



School Age Child Care Enrollment Form

CONSENT TO RELEASE CHILD

I give my consent to Bird Street Community Center to release my child to the following persons, in addition to me, the parent / guardian. The following are authorized to take my child from the program.

Name: _____ Relationship to my child: _____

Street Address: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship to my child: _____

Street Address: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship to my child: _____

Street Address: _____

Home Phone: _____ Work Phone: _____

OFF-SITE CONSENT FORM

If the children participate in field trips, they will use public transportation, bus companies, walk or the agency van. I give my permission for my child to participate in all of the regularly scheduled on-going activities at the following off-site facilities: Neighborhood parks (within 1 mile distance), Dance Studio, St. Kevin's, Mason pool,

This program will provide in writing a list of scheduled activities. I understand that any other destination within the program will require my written permission in advance. I understand that the staff has the right to rescind/restrict the above privileges if my child's behavior warrants it or if she/he does not honor the code of discipline.

TRANSPORTATION & PICK UP AUTHORIZATION:

I understand Bird Street Community Center's SACC program does not provide transportation to or from program. If there is a change in the transportation authorization, including people designated to pick up my child, I will notify the agency in writing. **PLEASE CHECK:**

DROP OFF: _____ Unsupervised Walk from Classroom _____ Guardian DROP Off

_____ BPS Bus w/unsupervised walk (estimated arrival time: _____)

_____ Other: Describe: _____

PICK UP: _____ Unsupervised Walk _____ Guardian PICK UP

_____ Other: Describe: _____

I give my child permission to leave at her/his own choice yes no

Date _____

Parent/Guardian signature



School Age Child Care Enrollment Form

ADDITIONAL INFORMATION

Are you willing to volunteer your talents or time? Yes No

Photo consent:

I hereby give permission for SACC to photograph my child for advertisement, local newspaper articles, brochures, fund raising activities for the program, etc: _____yes _____no _____call me first

Payments & Policies:

I understand that the weekly fee is due each week in advance, unless other arrangements have been made with the Program Administrator. I understand that the fee for School Age Child Care is tuition based and I may not deduct in the event of my child's absence-for sickness, vacations, or suspension. When full day programs are offered in the event of school vacations, I understand that my fee will increase on those days, but not for snow emergencies or severe weather conditions. I have received a Parent Manual and reviewed the policies and understand them to the best of my ability.

CODE OF CONDUCT

I have discussed with my child the following rules and consequences for non compliance, while attending the SACC program at Bird Street Community Center:

- Will not cause physical injury to another person, action was not necessary to protect oneself.
- Will not commit assault and battery on an employee leading to injury.
- Will not harm or attempt to harm another person with a weapon.
- Will not possess any firearm, knife, razor blade, club, explosive, mace or tear gas or other dangerous object.
- Will not possess, sell, distribute, or use any non-prescribed controlled substance, drug or alcoholic beverage.
- Will not endanger the physical safety of another by the use of force or threat of force.
- Can not attempt or threaten to steal private property.
- Can not steal private property.
- Can not engage in acts of harassment, physical contact or offensive insults or comments.
- Can not use profanity, racial slurs or obscene language in a persistent and abusive manner.
- Can not substantially disrupt activities in a repeated, aggravated, or flagrant manner.
- Can not pull or report a false fire alarm or 911 call.
- Can not falsely identify self.
- Can not be in a part of the building or grounds off limits.
- Can not excessively leave the activity without permission.
- Can not be found to be using tobacco products.

Parent/Guardian Signature _____ **Date** _____

Participant's Signature _____ **Date** _____



School Age Child Care Enrollment Form

PARENT INFORMATION & INCOME VERIFICATION

LAST NAME	FIRST NAME	MI	GENDER Male Female
STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	SOCIAL SECURITY NUMBER	AGE	DATE OF BIRTH

<i>FAMILY SIZE</i>		<i>FAMILY INCOME</i>	
Household size including you	Very-Low Income	Low-Income	Low-Moderate Income
1. PERSON	\$15,600	\$25,950	\$40,800
2. PERSONS	\$17,800	\$29,700	\$46,650
3. PERSONS	\$20,050	\$33,400	\$52,500
4. PERSONS	\$22,250	\$37,100	\$58,300
5. PERSONS	\$24,050	\$40,050	\$63,000
6. PERSONS	\$25,800	\$43,050	\$67,650
7. PERSONS	\$27,600	\$46,000	\$72,300
8. PERSONS	\$49,400	\$48,950	\$77,000

<i>SOURCE OF INCOME</i>			
Check all that apply			
AFDC	SSI/SSDI	FOOD STAMPS	REFUGEE ASSISTANCE
BPS FR. LNCH PROGRAM	CHILD SUPPORT	ALIMONY	GEN. ASSISTANCE
UNEMPLOYMENT	PUBLIC HOUSING	EMPLOYMENT	BPS FREE LUNCH

<i>NEIGHBORHOOD</i>			
Check area you live			
ALLSTON/BRIGHTON	CHARLSTOWN	BACKBAY	CHINATOWN
DOWNTOWN	EAST BOSTON	FENWAY	HYDE PARK
JAMAICA PLAIN	MATTAPAN	NORTH END	ROSLINDALE
ROXBURY	S. BOSTON	DORCHESTER	W. ROXBURY

<i>ETHNICITY/RACE</i>			
OTHER	WHITE non Latino	BLACK non Latino	LATINO
AMERICAN INDIAN	ALASKIN NATIVE	AFRICAN	PACIFIC ISLANDER
HAITIAN	CAPE VERDEAN	AFR. AMERICAN	ASIAN

<i>CHARACTERISTICS</i>			
Check all that apply			
OTHER	TAFDC RECIPIENT	VETERAN STATUS	HANDICAPPED
REFUGEE	FEM. HEADED HOUSEHOLD	PUBLIC HOUSING	M. HEADED HOUSEHOLD

I hereby confirm that the information that I have provided on this form is true and accurate to the best of my knowledge.

Parent/Guardian Signature

Date