



Agassiz Baldwin Children's Programs

20 Sacramento Street Cambridge MA 02138

Phone: 617-349-6287 Fax: 617-497-4388

www.agassiz.org

Agassiz Afterschool Program

Application Received: Deposit Received: Filemaker: QuickBooks: Grade: Start Date:

Child's First Name: _____ **Child's Last Name:** _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Date of Birth: _____ **Age:** _____ 2nd Language (if relevant): _____

School: _____ Grade in Fall (circle one): K1 K2 1 2 3 4 5

Age at Admission: _____ Month of Admission: _____ Teacher's name: _____

Parent/Guardian #1 Name: _____ Daytime Phone: _____

Place of Employment: _____ Days/Hours: _____

Home Address & Phone if different from child's: _____

E-mail: _____ Cell phone: _____

Parent/Guardian #2 Name: _____ Daytime Phone: _____

Place of Employment: _____ Days/Hours: _____

Home Address & Phone if different from child's: _____

E-mail: _____ Cell phone: _____

Please register my child for **one day** @ \$100 per month, **two days** @ \$196 per month, **three days** @ \$268 per month, or **full time** @ \$474 per month. Check one below.

_____ **Full Time** (Monday to Friday)

_____ **Part Time** (one, two or three days per week) on the following days (circle one):

Monday Tuesday Wednesday Thursday Friday

Registration Requirements:

- Registration cannot be accepted without the following:
 - All information on this form is completed.
 - Non-refundable deposit equal to one month's tuition.
- Please remit completed form and non-refundable deposit to Agassiz Baldwin Community, 20 Sacramento Street, Cambridge, MA 02138.

Registration Questions

- Contact Micah Eglinton-Woods, Administrative Assistant, at (617) 349-6287 x19 or mwoods@agassiz.org.

Program questions and scholarship information

- Contact Jacy Edelman, Director of Children's Programs, at (617) 349-6287 x11 or jedelman@agassiz.org.

2010-2011 Registration & Emergency Form

EMERGENCY CARD INFORMATION FORM

PLEASE NOTE: This sheet is for the Agassiz Baldwin Afterschool first aid kit, which will accompany your child when leaving the premises. This is required by Mass. Department of Early Education and Care.

Child's Name: _____ **Date of Birth:** _____

Child's Home Address: _____

_____ **Phone:** _____

INSTRUCTIONS TO REACH PARENT OR GUARDIAN:

Name: _____ **Cell Phone:** _____

Work: _____ **Home:** _____

Name: _____ **Cell Phone:** _____

Work: _____ **Home:** _____

EMERGENCY CONTACT PERSONS: OTHER THAN PARENTS OR GUARDIANS

Name: _____ **Relation to child:** _____

Work: _____ **Cell Phone:** _____ **Home:** _____

Name: _____ **Relation to child:** _____

Work: _____ **Cell Phone:** _____ **Home:** _____

Name: _____ **Relation to child:** _____

Work: _____ **Cell Phone:** _____ **Home:** _____

IDENTIFYING INFORMATION

EEC requires that we collect the following identifying information about your child (you may also submit a current photo.)

Sex: _____ **Race:** _____ **Height:** _____ **Weight:** _____ **Eye color:** _____ **Hair color:** _____ **Other** _____

Identifying marks: _____

HEALTH & ALLERGIES

Child's physician and/or clinic: _____

Phone: _____

Address: _____

As required by Massachusetts law, documentation for my child's immunizations, physical exams, and lead screening (children ages seven and under) is on file at my child's school. **SCHOOL:** _____

If my child does not attend a Cambridge Public School, I have supplied copies of my child's immunizations, physical exams, and lead screening forms to Agassiz Afterschool. **DATE SUPPLIED:** _____

Does your child have any allergies (including food allergies)? Please check off reaction and if medical treatment is necessary.

Allergic Reaction/Symptom

Allergy	Severe	Moderate Please Describe	Minor	Medical treatment necessary

Emergency Medical Treatment

I hereby give Agassiz Afterschool permission to administer first aid and /or CPR to my child, _____ and/or take abovementioned child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

My preference for hospital if possible is _____.

Parent/Guardian Signature: _____

Date: _____

SCHOOL/AFTERSCHOOL COMMUNICATIONS PERMISSION

I give the Agassiz Afterschool permission to speak with the following contacts which will allow us to work together for the support and positive development of my child. Please check any relevant contacts:

Classroom teacher
 School psychologist
 Behavior consultant
 Other: _____

Parent/Caregiver Signature: _____

Date: _____

Does your child have an Independent Education Plan (IEP):

NO **YES**

If yes, are you willing to share this information with Agassiz Afterschool?

NO **YES**

YOUR CHILD IN PHOTOS PERMISSION

We love to capture our memories on film! Photos are an important way for kids to track their years and remember the fun times they've had. On occasion ABC might use these photos for marketing purposes (newsletters or brochures). We kindly ask your permission to take photos of your child.

_____ Yes, I authorize Agassiz Baldwin Community to take photos of my child for nostalgia and/or marketing purposes.

_____ No, I **DO NOT** authorize Agassiz Baldwin Community to take photos of my child for nostalgia and/or marketing purposes.

Child's Name: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

AUTHORIZATION FOR CHILD PICK-UP: OTHER THAN PARENTS/GUARDIANS

The following individuals are **permitted to pick up your child at the end of program day**. Understand that other transportation requests must be stated in writing (ABC will maintain this information in your child's file). **If no one is authorized to pick up your child, please indicate this on line #4.**

1.) Name: _____ Relationship to Child: _____

Address: _____ Phone: _____

2.) Name: _____ Relationship to Child: _____

Address: _____ Phone: _____

3.) Name: _____ Relationship to Child: _____

Address: _____ Phone: _____

4.) _____ **Other than parent/guardian, no one is authorized to pick up my child.**

ARRIVAL/DEPARTURE OPTIONS

Please check relevant arrival options:

My child will arrive at Agassiz Afterschool by:

- _____ School bus drop off
- _____ Parent/guardian drop off
- _____ Unsupervised walk
- _____ Supervised walk with: _____
- _____ Other (describe): _____
- _____

Please check relevant departure options:

My child will depart Agassiz Afterschool by:

- _____ Parent/guardian pick up
- _____ Other adult pick up
- _____ Unsupervised walk (**requires an additional form & School Age Director approval**)
- _____ Other (**requires an additional form & School Age Director approval**)

PLEASE INITIAL EACH STATEMENT AND SIGN BELOW

_____ If my child will be absent, I will call the Afterschool to notify them. I understand that if I have not notified the program of my child's absence, ABC will call the emergency contacts. If no one can be reached, we will then have to notify the police by 4:00pm.

_____ I understand that pick-up time is 5:30 PM. A late fee will be assessed after 5:45 PM.

_____ I give Agassiz Afterschool staff permission to take my child on short trips to Alden Tot Lot, Baldwin School, 20 Sacramento Street, Sacramento Field, Harvard University, Lesley University, Norton's Woods, and the Mass. Ave and Oxford Street areas between Cambridge Common and Porter Square.

_____ On the first of each month during the school year, I agree to pay the monthly tuition for the number of days for which my child is registered.

_____ I understand that the non-refundable deposit may be applied to the June 2010 tuition. If my child withdraws from the program prior to that time, the deposit is non-refundable.

Parent/Caregiver Signature: _____

Date: _____