

Project Learn Extended Day

A program offered by the James L. McKeown Boys & Girls Club of Woburn

Child's Information Form

Child's Name _____ Age _____ Sex M / F DOB ____/____/____

Address _____ Entering Grade _____

City _____ State _____ Zip _____ School _____

Is there documentation of a physical exam, immunization record and lead screening on file at your child's school? _____

Child's Identifying Information *(Please, attach a current photo of this child to this document).*

Height _____ Hair Color _____ Eye Color _____ Skin Color _____

Weight _____ Identifying Marks (birthmarks, scars, etc.) _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone 1 _____ Phone 1 _____

Phone 2 _____ Phone 2 _____

Business Name _____ Business Name _____

E-Mail _____ E-Mail _____

Please list any special interests that your child may have:

Is there any other information you would like us to know about your child?

Parent/Guardian Signature

Date

TRANSPORTATION PLAN AND AUTHORIZATION 7.09 (3) & 7.12 (1)

Child's Name _____

My child will arrive at the Program by:

_____ Supervised Walk

_____ Unsupervised Walk

_____ Parent/Guardian Drop Off

My child will depart from the Program by:

_____ Supervised Walk

_____ Unsupervised Walk

_____ Parent/Guardian Drop Off

I give permission for my child to be released from the program at the end of the day as stated above and/or I give permission to the following people to receive my child at the end of the day.

1. Name _____ Phone # _____ Relationship _____

2. Name _____ Phone # _____ Relationship _____

3. Name _____ Phone # _____ Relationship _____

Any other transportation requests must be stated in writing and maintained in the child's file. This permission is valid for one program year from the date of signature.

EMERGENCY CONTACT PERSON(S)

1. Name _____ Phone # _____ Relationship _____

2. Name _____ Phone# _____ Relationship _____

Parent/Guardian Signature _____

Date _____

Emergency Medical Information Card 7.09 (3)

Child's Name _____ Date of Birth _____

Child's Home Address _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN:

Name _____ Cell # _____

Work # _____ Home # _____

Name _____ Cell # _____

Work # _____ Home # _____

EMERGENCY CONTACTS:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

MEDICAL EMERGENCY TREATMENT:

I hereby give the Project Learn Extended Day program permission to administer basic first aid and/or CPR to my child, _____ and/or take my child to a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

I understand that I will assume full responsibility for any accidents incurred thereby releasing the Boys & Girls Club of Woburn/Project Learn Extended Day Program, its' staff and its' directors of all liability.

Allergies, Chronic Health Conditions:

Insurance Information:

Company Name _____ Policy # _____

Parent's Signature _____ Date _____

Project Learn Extended Day

MEDICATION CONSENT FORM (if applicable)

NAME OF CHILD _____

NAME OF MEDICATION _____

PRESCRIPTION _____ **NON-PRESCRIPTION** _____

DOSAGE _____

DATES MEDICATION TO BE GIVEN _____

REASONS FOR MEDICATION _____

POSSIBLE SIDE EFFECTS _____

NAME AND PHONE NUMBER OF PRESCRIBING PHYSICIAN:

DIRECTIONS FOR STORAGE _____

I, _____ (PARENT OR GUARDIAN) GIVE
PERMISSION TO AUTHORIZED STAFF MEMBER(S) TO ADMINISTER
MEDICATION TO MY CHILD AS INDICATED ABOVE.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

DOCTOR'S SIGNATURE _____

Picture Release Form

Dear Parents/Guardians:

From time to time we take photographs and videos of the children in the program for our own newsletters or marketing material and for the local media. What we would appreciate is if you would sign a picture release form. If you would like a copy of the photo, please just let us know.

I DO / I DO NOT (circle one) give permission to have my child, _____ to appear in any photographs, videos, print media coverage, social media coverage, or promotional materials for the Boys & Girls Club, approved by the Project Learn Extended Day Program.

Parent/Guardian Signature _____

Date _____

Project Learn Extended Day Program

Off Site Activities Permission Form

Hurd School
69 Bedford Road
Woburn, MA 01801
(781) 937-8238

Linscott School
5 Elm Street
Woburn, MA 01801
(781) 937-8239

Name of Educator Responsible for Child: Project Learn Staff

I give permission for my child to attend the above identified off-site activity.

Child's Name: _____ DOB: _____

Parent/Guardian's Name: _____

Phone #: _____

I authorize program staff to secure necessary emergency medical treatment.

Name of Child's Physician, Address, Phone Number: _____

Child's Allergies, Health Conditions, or Individual Health Plan: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

DEMOGRAPHIC INFORMATION

The James L. McKeown Boys & Girls Club of Woburn is a 501(c)(3) organization that relies heavily on private donations, grants, government funding and more. It is this fundraising that has allowed us to keep the Project Learn Extended Day Program tuition at the same low rate for many, many years.

The following information that you provided about your child and your family is confidential and only used for the purpose of securing funding to support the program and the curriculum.

Thank you for your participation.

Ethnicity: (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or More Races <input type="checkbox"/> Other _____		Member lives with: (check all that apply) <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardian		Single Parent Household? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status Of Parent/Guardian <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Size of Family: <input type="checkbox"/> 2 Persons <input type="checkbox"/> 3 Persons <input type="checkbox"/> 4 Persons <input type="checkbox"/> 5 Persons <input type="checkbox"/> 6 Persons <input type="checkbox"/> 7 Persons <input type="checkbox"/> 8 Persons
Household Public Benefits: (check all that apply) <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Day Care Voucher <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Assistance <input type="checkbox"/> Veterans Compensation <input type="checkbox"/> None	School Lunch Status: <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Neither	Homeless in last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Annual Income:	Status Offender? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Housing: <input type="checkbox"/> Section 7 <input type="checkbox"/> Section 8 <input type="checkbox"/> Public Housing <input type="checkbox"/> Low Income Housing <input type="checkbox"/> Emergency Housing (shelter, hotel) <input type="checkbox"/> Other (private home, apartment, etc.)	History with Juvenile Justice? <input type="checkbox"/> Yes <input type="checkbox"/> No	Child of Military? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Language Most Used:	Was child adjudicated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Parent/Guardian Consent & Release Information Please initial after each statement:

- *I hereby release, waive, acquit and forever discharge the James L. McKeown Boys & Girls Club of Woburn, their representatives, successors, insurers, assigns or any other person or entity associated with the above organization such as staff, directors, volunteers from all liability, claims, demands, or causes of action for any and all loss, damage, or injury and any claim of damages resulting from use of facilities owned or controlled by the above organization, or participation in activities either at or away from the Club. X _____*
- *My child has permission to be used in public relation materials for the James L. McKeown Boys & Girls Club of Woburn. Examples of these materials include photographs, videos, literature, web pages, and new releases in both traditional and electronic media. X _____*
- *I understand that my child may be asked to complete surveys and/or assessments relative to Club programming. This information is used to improve Club services, and is always kept confidential. I understand that the James L. McKeown Boys & Girls Club of Woburn may share information about my child with Boys & Girls Clubs of America for research purposes and/or to evaluate the program's effectiveness. X _____*
- *I give my permission for my child to participate in mentoring activities as a member of the James L. McKeown Boys & Girls Club of Woburn. X _____*
- *I give my permission to the James L. McKeown Boys & Girls Club of Woburn and _____ School to exchange information regarding my child, _____. The purpose of the exchange is to help both organizations do a better job of helping my child be successful in school, at the Boys & Girls Club and in life. This release is valid for one year and may be revoked at any time by contacting my child's school or the Boys & Girls Club in writing. X _____*
- *I understand that my child will have access to the internet while at the Club and that he/she will be instructed on the proper use of a computer, including appropriate websites. I will not hold the Boys & Girls Club of Woburn, its staff, directors, or volunteers responsible for any of my child's inappropriate access. X _____*
- *I understand that appropriate, safe behavior is expected of my child at all times. I also understand that if my child is unable to allow program staff to maintain a safe, fun, and educational environment, he/she may be suspended or expelled from the program at any time, with no refund of tuition paid. X _____*

Member Signature

Parent/Guardian Signature

Date