

OFFICE USE ONLY

Date of Admission _____

Age at Admission _____

Project Learn Childcare

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

Child's Information Form

Please fill out these forms completely. If a question does not apply to your child, write N/A (not applicable).
The forms must be submitted on or before the first day your child begins care. Please notify us if any of the information changes.

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

Address _____ City _____ State _____ Zip _____

Primary Language of Child _____ Primary Language of Parents _____

Entering Grade _____ 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 _____

Information on allergies, special diets, chronic health conditions, special limitations, concerns including medications child is taking at home and possible side effects:

ALL CHILDREN THAT REQUIRE EMERGENCY MEDICATION WILL NEED ADDITIONAL PAPERWORK FILLED OUT PRIOR TO START DATE

Parent/Guardian Signature: _____ Date: _____

Transportation/Emergency Contact/Authorized Pick-Up Person(s)

EMERGENCY CONTACT PERSON(S)

In the event of an emergency when I may not be reached, Project Learn Childcare may contact the following individuals (in the order given) whom I authorize to take my child from the premises.

1. Name _____ Phone # _____ Relationship _____

2. Name _____ Phone# _____ Relationship _____

AUTHORIZED PICK-UP PERSON(S)

I additionally authorize the following individual to take my child from Project Learn Childcare. (Please let the Childcare Director know at the beginning of the day when your child will be picked up by one of the authorized individuals.)

1. Name _____ Phone # _____ Relationship _____

2. Name _____ Phone # _____ Relationship _____

3. Name _____ Phone # _____ Relationship _____

Copies of any custody agreements, court orders, restraining orders (if applicable please attach).

TRANSPORTATION PLAN

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 (Age 9 and Older)

_____ Parent/Guardian Pick Up

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.

Parent/Guardian Signature _____ **Date** _____

Emergency Medical Information Card

Child's Name _____ Date of Birth _____

Child's Home Address _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN:

Name _____ Cell # _____

Business Name _____ Home # _____

Work # _____

Name _____ Cell # _____

Business Name _____ Home # _____

Work # _____

EMERGENCY CONTACTS:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

MEDICAL EMERGENCY TREATMENT:

I hereby give Project Learn Childcare 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 James L. McKeown Boys & Girls Club of Woburn/ Project Learn Childcare, its' staff and its' directors of all liability.

Child's Physician or Health Care Professional

Name: _____ Address: _____ Telephone: _____

Information on allergies, special diets, chronic health conditions, special limitations, concerns including medications child is taking at home/school and possible side effects:

Medical Insurance Information

Subscriber's Name: _____ Policy #: _____

Company Name _____ Type of Insurance: _____

Parent/Guardian Signature _____ **Date** _____

Permissions

Child's Name _____

Off Site Activities

On occasion, we may take short walks in the neighborhood to explore or participate in other off-site activities. Your signature is required for your child to participate in these types of activities.

Please ✓ an option below:

____ Yes, my child has my permission to go on off-site activities with Project Learn Childcare.

____ No, my child cannot participate in off-site activities.

Parent/Guardian Signature _____ **Date** _____

Sunscreen

During the warmer months, Project Learn Childcare will apply sunscreen to all children in the afternoon before going outside.

Please ✓ an option below:

____ Yes, I authorize Project Learn Childcare to apply sunscreen to my child.

____ Yes, I authorize Project Learn Childcare to apply sunscreen that I have sent in from home to my child.

____ No, I do not want Project Learn Childcare to apply sunscreen to my child.

Parent/Guardian Signature _____ **Date** _____

Toothbrushing

As required by EEC, we are required to offer toothbrushing on early release days or any other day your child may eat lunch with us. Please ✓ an option below:

____ Yes , I would like my child to participate in toothbrushing.

____ No, I do not want my child to participate in toothbrushing.

If you selected yes, please turn in a toothbrush along with a case to hold it in to the Project Learn staff. Both items should be clearly marked with your child's name.

Parent/Guardian Signature _____ **Date** _____

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. We also use these pictures for our monthly parent newsletters. 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 James L. McKeown Boys & Girls Club of Woburn/Project Learn Childcare.

Parent/Guardian Signature _____ **Date** _____

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 may 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

Please list any special interests that your child may have:

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

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 Childcare 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.

DEMOGRAPHIC INFORMATION

This is confidential and used to help the Club secure funding.

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
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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 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.)	Annual Income: <input type="checkbox"/> Below \$15,000 <input type="checkbox"/> \$15,001 - \$20,000 <input type="checkbox"/> \$20,001 - \$25,000 <input type="checkbox"/> \$25,001 - \$30,000 <input type="checkbox"/> \$30,001 - \$35,000 <input type="checkbox"/> \$35,001 - \$40,000 <input type="checkbox"/> \$40,001 - \$45,000 <input type="checkbox"/> \$45,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$55,000 <input type="checkbox"/> \$55,001 - \$60,000 <input type="checkbox"/> \$60,001 - \$65,000 <input type="checkbox"/> Over \$65,000	Homeless in last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Status Offender? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Language Most Used:	History with Juvenile Justice? <input type="checkbox"/> Yes <input type="checkbox"/> No	Child of Military? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Was child adjudicated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	