

# *The Kids' League 2018 Summer Program*

## *Registration Form*

NAME OF CHILD \_\_\_\_\_ AGE \_\_\_\_\_

Please **CIRCLE** which weeks and days your child will be attending.

**WEEKS**

**DAYS**

<b>WEEK 1</b>	June 25-29*	Summer Fun Starts Here!	M T W TH F
<b>WEEK 2</b>	July 2,3,5,6	Celebrate America	M T -- TH F
<b>WEEK 3</b>	July 9-13	Under the Sea	M T W TH F
<b>WEEK 4</b>	July 16-20	The Amazing Race	M T W TH F
<b>WEEK 5</b>	July 23-27	Science Explosion	M T W TH F
<b>WEEK 6</b>	July 30-Aug. 3	Kids' City 2018	M T W TH F
<b>WEEK 7</b>	August 6-10	Kids Get Creative	M T W TH F
<b>WEEK 8</b>	August 13-17	Secret Agent	M T W TH F
<b>WEEK 9</b>	August 20-24	KL Grand Finale!!	M T W TH F

\*dependent on Westford's official last day of school

**Registration Checklist**

- This Registration Form
- Child Information Forms
- Medication Forms (if applicable. Please include a photo of your child)
- Registration Fee of \$35 **per family**
- Full Summer Payment (check or cash)

If enrolling for the first time, how did you find out about the Kids' League? \_\_\_\_\_

**Summer Tuition Policy:** No tuition refunds will be given for absence, illness, change of plans, or vacations. I have read and understand the above information concerning refunds.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**Child's Name** \_\_\_\_\_ Age at Admission \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Home Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_  
 Eye Color \_\_\_\_\_ Skin Color \_\_\_\_\_ Identifying Marks \_\_\_\_\_

<b>Mother's/Guardian's Name</b> _____	<b>Father's/Guardian's Name</b> _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Business Phone _____	Business Phone _____
<u>Best</u> phone to reach parent __Home __Cell __Business	<u>Best</u> phone to reach parent __Home __Cell __Business
E-mail _____	E-mail _____
Business Name _____ City _____	Business Name _____ City _____
Hours at Work _____	Hours at work _____

**HEALTH INFORMATION**

Child's Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Chronic health conditions/special limitations or concerns (if none write "none") \_\_\_\_\_  
 Allergies (if none write "none") \_\_\_\_\_ **Is an EpiPen needed?** \_\_\_\_\_  
 Medications in use **at home** \_\_\_\_\_

**PLEASE NOTE:** If your child needs an **EpiPen, inhaler, etc., at home**, then two **MUST** be supplied to the Kids' League along with the following forms **1)** Medication Consent Form **2)** Individual Health Care Plan Form.

**EMERGENCY CONTACT & PICK-UP CONSENT (Required)**

I hereby authorize the Kids' League to contact or release my child to the following persons (other than parent).

**#1 Name** \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Most reachable phone \_\_Cell \_\_Home

**#2 Name** \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Most reachable phone \_\_Cell \_\_Home

**FIRST AID & EMERGENCY MEDICAL CARE CONSENT**

I authorize staff at the Kids' League to give my child first aid when appropriate. 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 program to transport my child, and to secure necessary medical treatment for my child at:

Emerson Hospital (nearest)  Lowell General Hospital  Other \_\_\_\_\_

**DOCUMENTATION OF PHYSICAL EXAM**

I certify that documentation of a physical exam and immunization in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements, are on file at my child's school.

Child's School \_\_\_\_\_ Parent/Guardian initials \_\_\_\_\_

**NON-EMERGENCY PICK-UP CONSENT** (optional, but still a good idea)

I hereby authorize the Kids' League to release my child to the following persons (other than parent).

#1 Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Most reachable phone \_\_Cell \_\_Home

#2 Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Most reachable phone \_\_Cell \_\_Home

**PARENTAL LEGAL AGREEMENTS**

Are there any custody agreements, court orders, or restraining orders pertaining to your child that you feel we should be aware of?  Yes  No If **yes**, copies must be provided to verify agreements.

**TRANSPORTATION PLAN AND AUTHORIZATION**

The After School Program will be a **School bus** drop-off and **Parent** pick-up.

The Summer Program will be a **Parent** drop-off and **Parent** pick-up.

I understand that the above will apply to my child UNLESS I note other arrangements below.

Other anticipated arrangements are noted here:

**PHOTO PERMISSION** (Optional) I do  I do not  give permission for my child's photos or videos to appear on the Kids' League website, Facebook Page or on material such as brochures and flyers. I understand that their names will **not** be used.

**PARENT HANDBOOK ONLINE**

*The Kids' League Parent Handbook* is available online at [www.kidsleaguestford.com](http://www.kidsleaguestford.com), or you may request a copy at any time. Our handbook is an important tool for parents because it outlines our policies and procedures. By signing on the last line on page 3 I agree that I am responsible to read the handbook and abide by the policies and procedures as outlined in the handbook.

Has your child attended daycare or after-school care before? Circle one: Yes No

If so, please list the names of the programs (Optional--This helps us to identify what types of environments your child has been previously exposed to):

\_\_\_\_\_

**KIDS LEAGUE TOOTH BRUSHING PERMISSION**

We are required by MA **to offer the option** of having your child brush his/her teeth while in child care when: (1) a meal is eaten at the center; or (2) a child is at the center 4 hours or longer. However, **parents may choose NOT to have their children participate in tooth brushing while at the Kids' League.**

**PLEASE CHECK BELOW:**

**NO** I do not wish for my child to participate in tooth brushing while at the Kids' League.

**YES** I authorize the Kids' League staff to provide an opportunity for my child to brush his/her teeth after eating lunch at the Kids' League.

I understand that my child is required to bring a **labeled** toothbrush and a **labeled** toothbrush cover/holder with air vents and toothpaste every day that he/she eats lunch at the Kids' League.

**FIELD TRIP PERMISSION**

Please **put your initials** next to every field trip that may apply to your child. We encourage parents to **give permission for all field trips** in case your child's schedule changes. By initialing below, you give permission for your child to attend and participate in any of the following field trips/beach trips/activities that apply. All field trip times are approx. 10:00-4:30.

\_\_\_\_\_ Forge Village Beach – Two weekly trips to Forge Pond, every Tuesday and Thursday, weather permitting, from approximately 1:30 – 4:30.

\_\_\_\_\_ Trip to the USS Constitution Museum and ship- Boston, MA by school bus on Wednesday, July 11.

\_\_\_\_\_ Trip to the Ecotarium- Worcester, MA, by school bus on Wednesday, July 25.

\_\_\_\_\_ Trip to the SEE Science Center– Manchester, NH by school bus on Wednesday, Aug. 8.

\_\_\_\_\_ Trip to Old Sturbridge Village– Sturbridge, MA by school bus on Wednesday, Aug. 22.

**SUNSCREEN POLICY**

By signing below, I understand that the KL will provide a quality SPF30 sunscreen unless your child requires a special kind. On beach days, teachers will apply sunscreen to those who need it unless children prefer to apply it themselves.

**BEHAVIORAL OR EMOTIONAL ISSUES**

In order to better serve you and your child, it is very helpful for us to be aware of any emotional or behavioral issues your child may have. If there are any such issues, would you briefly let us know in the lines below? (Issues could include emotional meltdowns, resistance to following instructions, cries easily, outbursts of anger, difficulty sharing with other children, etc.)

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 Parent/Guardian Signature

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 Date