

# The Kids' League LLC

32 Graniteville Rd. ~ Westford, MA 01886 ~ (978)-692-6733

[www.kidsleaguestford.com](http://www.kidsleaguestford.com)

## SCHOOL YEAR REGISTRATION FORM 2018-2019

CHILD'S NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

FIRST DAY OF ATTENDANCE \_\_\_\_\_

**After School Program** (circle days attending)

MON

TUE

WED

THU

FRI

**Occasional Days Program** \* 24 hour notice requested  
\* payment on day of care required

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Please **CHECK OFF** and **return** to us the following:

- Child Information Form** (must be filled out once a year per state regulations)
- \$35 School Year Registration Fee** per family
- This **Registration Form**
- How did you hear about the Kids' League? \_\_\_\_\_

I understand that payment for the After School Program is made in ten equal monthly payments due by the **first** of each month. I also understand that ***no tuition refunds will be given for absences, illness, or change of plans.***

Signature \_\_\_\_\_ 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 one **MUST** be supplied to the Kids' League along with the following forms **1)** Medication Consent Form **2)** Individual Health Care Plan Form (available online or at the KL)

**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.

**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.

**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 (other than with other children, etc.)

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date