

The Kids' League

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

www.kidsleaguwestford.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

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

- This Registration Form**
- Child Information Form** (must be filled out once a year per state regulations)
- Tuition Express payment form**
- \$35 School Year Registration Fee** per family (automatically with drawn through **Tuition Express**)
- Medication Forms** (if applicable. Please include a photo of your child)
- How did you hear about the Kids' League? _____

I understand that payment for the After School Program is made in ten equal monthly payments withdrawn on the **first Monday** of each month.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

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 _____

| | |
|--|--|
| Mother's/Guardian's Name _____ | Father's/Guardian's Name _____ |
| 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 **Public 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, 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 (and any issues your child has with other children, etc.)

Parent/Guardian Signature

Date