

The Commonwealth of Massachusetts
Department of Early Education and Care

Child's Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____



Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?
If yes, please attach. _____

Special limitations or concerns? _____



School Age Only

Current School: _____

School Address: _____ School Phone Number: _____

I certify that documentation of physical examination and immunizations 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. **Parent/Guardian initials:**



Parent/Guardian Signature

Date

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

PARENT DROP OFF

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT PICK UP

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

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PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

PARENT /GUARDIAN SIGNATURE _____ DATE _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION

Snow Day Sign Up Sheet

Dear Families,

In the event that school is canceled, Kids Club will be available from 7:00 am until 6:00 pm. This is only on days which three children have signed up in advance for. If your child is signed up to attend Kids Club on that day, the price for the full day will be an extra \$26. If your child is not scheduled to attend Kids Club on that day, the price for the full day is \$50 extra.

Please be aware that if you sign your child up to attend Kids Club on snow days, you will be billed regardless of whether or not your child attends (due to staffing arrangements) unless you call your child out the day prior to the snow storm.

If your child is in our Before School program and there is a delay for school you may still drop your child off at 7:00 am and we will put them on the bus. If you do not participate in the before school program but would like to drop your child off (in the event of a delay) please feel free to do so. If you have any questions, comments, or concerns please let us know.

Thank you,
Aimee Travers
Site Coordinator

_____ Yes, I would like to sign my child _____ up for snow day care.

Please circle which days your child will attend:

Monday Tuesday Wednesday Thursday Friday Full Week

_____ No thank you. I will not need care for my child _____

Signature _____



Kids Club
Parent Agreement

Dear Families,

Please read the handbook completely and carefully. Then please sign and return this for to Kids Club staff. Thank you!

Child's name: _____

I have read and agree to comply with the policies in this handbook. This includes, but is not limited to registration, payment, schedules, weekly payment procedures, late payment fees, and withdrawal notices.

Date: _____ Signature: _____
(Parent or Guardian)

Date: _____ Staff: _____
(Kids Club Staff)

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR 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 to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (*In order to be contacted*)

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage _____	Policy # _____
Parent/Guardian Name: _____	Phone _____ Cell _____
Parent/Guardian Name: _____	Phone _____ Cell _____

Parent /Guardian Signature

Date (valid for one year)



148 Main Street
Cherry Valley, MA 01611
508-892-3797

CREDIT CARD INFORMATION SHEET

VISA /MC/ DISCOVER (circle one)

NAME ON CARD _____

STREET ADDRESS _____

TOWN/CITY _____ ST _____ ZIP _____

CREDIT CARD NUMBER _____

EXP DATE _____ 3 digit SECURITY CODE _____

Payment preference (please check one)

I will pay my bill by cash, check or credit card in accordance with the tuition payment guidelines.

I would like my payment automatically charged to the above card
In accordance with the tuition payment guidelines

I acknowledge and agree to make payment to Gigueres for Kids Club tuition
As checked above and that if my Kids Club account is more than 30 days in
arrears, the above credit card will be charged to bring the account up to date.

Signature of card holder _____

Date _____

Child's name _____