

**The Salvation Army Children's Learning Center
After-School and Summer Enrichment Program
26 Wales Street, Dorchester, MA 02124
Phone 617-436-2480 Fax 617-822-9015**

Checklist

ALL DOCUMENTATION MUST BE IN BEFORE YOUR CHILD/REN CAN START

- Current physical exam and immunizations for your child/ren
- Birth Certificate(s)
- 2 Pay stubs if paid bi weekly or 4 pay stubs in paid weekly
- Voucher (if applicable)
- Photo I.D.
- Recent picture of child/ren (individual picture)
- One of the following utility bills within the past 60 days:
 - Gas bill
 - Oil bill
 - Electric bill
 - Home telephone bill

NO APPLICATION WILL BE PROCESSED UNLESS ALL FORMS ARE COMPLETED

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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

SMALL AND LARGE GROUP TRANSPORTATION PLAN AND AUTHORIZATION

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

MY CHILD WILL DEPART FROM THE PROGRAM:

___ PARENT DROP OFF

___ PARENT PICK UP

___ SUPERVISED WALK

___ SUPERVISED WALK

___ UNSUPERVISED WALK

___ UNSUPERVISED WALK

___ PUBLIC/PRIVATE/VAN

___ PUBLIC/PRIVATE/VAN

___ PROGRAM BUS/VAN

___ PROGRAM BUS/VAN

___ CONTRACT/VAN

___ CONTRACT/VAN

___ PRIVATE TRANS. ARRANGED BY PARENT

___ PRIVATE TRANS. ARRANGED BY PARENT

___ OTHER

___ OTHER

Parent Signature: _____ Date: _____

PARENT RELEASE FORM

Child's Name _____ Date _____

1. I give permission for my child to accompany the class, under the supervision of the teachers, on walk to places of interest in the neighborhood or on a day trips.

Parent Signature _____

2. I give permission to have my child's picture taken with a group, or individually, and used for publication if needed by The Salvation Army Children's Learning Center.

Parent Signature _____

3. I understand that all information contained within the child's records is privileged information and is totally confidential. No part of this information will be distributed or released without the written consent of the parent

Parent Signature: _____

You will be notified of any request for information by any other party. You will have access to the child's and copies may be obtained.

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program that is 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: _____

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

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 _____

Parent Signature: _____ Date: _____

Pick Up List

Child's Name: _____

Name _____ Address _____

Relationship to child _____ Home Phone _____ Cell Phone _____

Name _____ Address _____

Relationship to child _____ Home Phone _____ Cell Phone _____

Name _____ Address _____

Relationship to child _____ Home Phone _____ Cell Phone _____

Name _____ Address _____

Relationship to child _____ Home Phone _____ Cell Phone _____

Name _____ Address _____

Relationship to child _____ Home Phone _____ Cell Phone _____

Name _____ Address _____

Relationship to child _____ Home Phone _____ Cell Phone _____

Name _____ Address _____

Relationship to child _____ Home Phone _____ Cell Phone _____

Parent Signature: _____ Date: _____

TERMS AND AGREEMENT OF SERVICES OF CARE

The Salvation Army Children’s Learning Center agrees to provide child care for you child(ren) twelve (12) months a year except upon identified holidays. The Center will be open for after school hours 1:30 a.m. until 5:30 p.m., school vacations 8:00a.m. until 5:30p.m. and summer hours 8:00a.m. until 5:30p.m. five days per week, unless there is an emergency in which the CLC must be closed. As a parent, I agree to transport, or arrange transportation for my child(ren) to and from the Center on the days that the Center is open.

I understand that if my child(ren) is/are left at the Center after 5:30 p.m., I will be responsible for payment of the late fee: \$1.00 per minute up to 6:00 p.m. If I have not contacted the Center by 6:00pm my child(ren) will be considered “abandoned,” and it may be necessary to call the Department of Children and Families (DCF). After 6:30pm, the Center is required by law to bring child(ren) to local Boston Police Department and contact DCF.

THE FULL LATE FEE AMOUNT IS DUE ON THE SAME DAY AND SHOULD BE PAID IN CASH OR YOUR CHILD(REN) WILLNOT BE ACCEPTED INTO THE CENTER.

I agree to pay The Salvation Army Children’s Learning Center \$ _____ per week for my child(ren). This fee is to be paid every Monday, in advance of the coming week. All parents are required to pay one-week tuition in advance of the child(ren)’s start date. Failure to pay on time will result in the center terminating this contract, and not providing service for my child(ren). The full fee will be paid whether or not my child(ren) is/are absent on certain days.

If your child(ren) deliberately hits either a staff member or another child, the child will be given 2 verbal warnings, allowing the child to have the opportunity to change the behavior. If the behavior has not stopped after 2 verbal warnings, the parent will be called immediately and informed of the incident. After 3 written incident reports, the parent and child will meet with program staff to investigate options for behavior modification and the need for an assessment/referral. The parent will receive a written EEC incident report within 24 hours after incident occur. If there are any future complications or violent incidents, the Director will determine the appropriateness of the placement in the program. If it is determined that this is not the appropriate placement, the CLC will allow a reasonable amount of time for the parent to locate another program.

Parent Signature: _____

Child’s Name: _____ Date: _____

ORAL HEALTH NON-PARTICIPATION FORM

IN JANUARY 2010, EEC ISSUED NEW REGULATIONS FOR CHILD CARE PROGRAMS THAT INCLUDE A REQUIREMENT THAT EDUCATORS ASSIST CHILDREN WITH BRUSHING THEIR TEETH IF CHILDREN ARE IN CARE FOR MORE THAN FOUR HOURS OR IF CHILDREN HAVE A MEAL WHILE IN CARE [606 CMR 7.11(11)(D)]. THIS REGULATION IS INTENDED TO:

- HELP CHILDREN LEARN ABOUT THE IMPORTANCE OF GOOD ORAL HEALTH
- PROVIDE INFORMATION AND RESOURCES REGARDING GOOD ORAL HEALTH TO CHILD CARE PROGRAMS AND FAMILIES
- HELP ADDRESS THE HIGH INCIDENCE OF TOOTH DECAY AMONG YOUNG CHILDREN IN MASSACHUSETTS, WHICH IS ASSOCIATED WITH NUMEROUS HEALTH RISKS.

EEC LICENSED PROGRAMS MUST COMPLY WITH THIS REGULATION. HOWEVER, PARENTS MAY CHOOSE THAT THEIR CHILD (REN) NOT PARTICIPATE IN TOOTH BRUSHING WHILE PRESENT AT THE CHILD CARE PROGRAM.

YOU DO NOT NEED TO FILL OUT THIS FORM TO HAVE YOUR CHILD (REN) PARTICIPATE IN TOOTH BRUSHING WHILE THEY ARE IN CHILD CARE. HOWEVER, IF YOU DO NOT WANT YOUR CHILD TO BRUSH HIS OR HER TEETH WHILE S/HE IS ATTENDING THE CHILD CARE PROGRAM, PLEASE FILL OUT THE INFORMATION FOUND BELOW. A SEPARATE FORM MUST BE FILLED OUT FOR EACH CHILD IN CARE. THIS FORM MUST BE RENEWED ANNUALLY AND WILL BE KEPT IN YOUR CHILD'S RECORD AT THE PROGRAM. SHOULD YOU CHANGE YOUR MIND AND WISH FOR YOUR CHILD TO PARTICIPATE IN TOOTH BRUSHING, THIS FORM MAY BE WITHDRAWN AT ANY TIME BY REQUESTING IN WRITING THAT IT BE REMOVED FROM YOUR CHILD'S FILE. THANK YOU.

I DO NOT WISH TO HAVE MY CHILD PARTICIPATE IN TOOTH BRUSHING WHILE IN CARE AT
THE SALVATION ARMY CHILDREN'S LEARNING CENTER

CHILD'S NAME: _____

PARENT NAME: _____

SIGNATURE: _____

DATE: _____

DISCLOSURE REGARDING NOTICE UPON LEAVING THE PROGRAM

I understand that, if I plan on removing my child(ren) from the program at any time, I must give written notice TWO-WEEKS prior to their last day. I understand that, if I do not give TWO-WEEKS NOTICE, The Salvation Army Children's Learning Center will inform the agency that provides my child-care subsidy of my failure to follow policy and I will risk losing my subsidy. I understand that I am responsible for payment to The Salvation Army Children's Learning Center during the final two-weeks, regardless if my child(ren) attend the program during that time.

I understand that, if I am going to temporarily take my child(ren) out of the program for a time period that extends one week, I must give written notice ONE-WEEK prior to my child(ren)'s last day. I know that I am allowed ONE-WEEK vacation a year during which I DO still have to pay for my child(ren)'s child-care subsidy. I must reserve and pay my child(ren)'s place at The Salvation Army Children's Learning Center for any additional time that my child(ren) does not attend the program (to include family vacation).

Lastly, I understand that I must call The Salvation Army Children's Learning Center if my child(ren) will be absent from the program at any time. The telephone number is: **617-436-2480** and if I reach voicemail, the extension to leave a message is **104**.

By signing this I understand and accept the above statements.

Parent/Guardian Signature

Date