



# ALL DAY PROGRAM

# ENROLLMENT FORM

## CHILD INFORMATION

Child's Name :

Date Of Birth :        
D D M M Y Y

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 Phone Number : (    )    -

Parent/Guardian Name :

Relationship to Child :

Home Address :

Reachable Phone Number: (    )    -

Email Address :

Business Name :

Business Phone Number : (    )    -

Year 2 :  
Parent/Guardian Initials:  Date:

Year 3 :  
Parent/Guardian Initials:  Date:



# ALL DAY PROGRAM ENROLLMENT FORM

Holden Recreation

## 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.

***If yes, please attach medical consent form signed by the doctor and parent for non-prescription medication and/or Medication Consent Form signed by the parent for prescription medication.***

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:

Year 2 :  
Parent/Guardian Initials:  Date:

Year 3 :  
Parent/Guardian Initials:  Date:



# ALL DAY PROGRAM

# ENROLLMENT FORM

## FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name :

Date Of Birth :   
D D M M Y Y

**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 :

Address:  Phone Number: ()  -

Child's Allergies :

Chronic Health Conditions:

## EMERGENCY CONTACTS (IN ORDER TO BE CONTACTED)

Name:

Address:

Relationship to child:

Home Phone Number : ()  -

Cell Phone Number : ()  -

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

Name:

Address:

Relationship to child:

Home Phone Number : ()  -

Cell Phone Number : ()  -

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

Name:

Address:

Relationship to child:

Home Phone Number : ()  -

Cell Phone Number : ()  -

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

Year 2 :  
Parent/Guardian Initials:  Date:

Year 3 :  
Parent/Guardian Initials:  Date:



# ALL DAY PROGRAM ENROLLMENT FORM

## FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM CONTINUED

Health Insurance Coverage:

Policy Number:

Parent/Guardian Name:

Home Phone Number : (    )    -

Cell Phone Number : (    )    -

Parent/Guardian Name:

Home Phone Number : (    )    -

Cell Phone Number : (    )    -

## PERMISSION SLIP - TRANSITIONS

The program has created a plan to support your child’s transition between the classroom and the program. To best meet your child’s needs while they are attending, it is helpful for the classroom teacher and our staff to collaborate and share relevant information about your child’s day. Please sign and return the form below, giving permission for the classroom teacher and our staff to communicate.

I, \_\_\_\_\_, give permission for educators to share pertinent information with Holden Recreation staff that concern my child’s \_\_\_\_\_ welfare and being. (child’s name)

Parent/Guardian Signature:

Date:

Year 2 :  
Parent/Guardian Initials:  Date:

Year 3 :  
Parent/Guardian Initials:  Date:



# ALL DAY PROGRAM

# ENROLLMENT FORM

## OFF SITE ACTIVITIES PERMISSION FORM

### **Section 1 - Program completes prior to parental consent**

Program: Before/ After School Program - Dawson - 155 Salisbury Street  
 Mayo - 351 Bullard Street  
 Davis Hill - 80 Jamieson Road  
 All Day Summer Program - Dawson Rec. Area - 200 Salisbury Street  
 Stephen Nowak Fields - 24 Industrial Drive

Name of Educator(s) responsible for child: **Varies (All Day Program Staff)**

Name of off-site location and address: Field, gym, playground, library, pods, art room, music room

SUMMER ONLY: Dawson Recreation Area (basketball courts, tennis courts, playground, field, and pool) and Stephen Nowak Memorial Complex (turf fields, pavilion, walking path)

Date of off-site activities: **Monday - Friday**

Time Leaving program: **Varies**

*(Departure and return times will be comunicated daily to families through MyRec)*

Time Returning to Program: **Varies**      Time Returning to Program: **Varies**

Method of Transportation: **Walk**      Method of Transportation: **Walk**

NOTE: Each child must carry on their persons the name, address, address and telephone number of staff or child care program whenever they are off the premises in care of the program.

### **Section 2- Parent/Guardian completes prior to off-site activity**

I give permission for my child to attend the above identified off-sire activity.

Child's Name :       Date Of Birth :         
D   D   M   M   Y   Y

Parent/Guardian's Name:  Phone Numer: (    )    -

I authorize child care program staff to secure necessary emergency medical treatment.

Name of child's Physician, address, phone number:

Child's allergies, health conditions, or Individual Health Plan:

Health Insurance Plan and Policy Number:

Emergency Contact Name:

Phone Numer: (    )    -

**Parent/Guardian Signature:**

**Date:**

**This form must accompany each child on the off-site activity.**

Year 2 :  
Parent/Guardian Initials:  Date:

Year 3 :  
Parent/Guardian Initials:  Date:



# ALL DAY PROGRAM ENROLLMENT FORM

## SMALL AND LARGE GROUP TRANSPORTATION PLAN AND AUTHORIZATION

Child's Name :

My child will arrive at the  
All Day Program:

- Parent Drop Off
- Supervised Walk
- Public/Private Van
- Program Bus/Van
- Contract/Van
- Private Trans.  
(arranged by parents)
- Other

My child will depart from  
the All Day Program (to  
Dawson Recreation Area):

- Parent Drop Off
- Supervised Walk
- Public/Private Van
- Program Bus/Van
- Contract/Van
- Private Trans.  
(arranged by parents)
- Other

Child's Name :

My child will arrive at the  
All Day Program (from  
Dawson Recreation Area):

- Parent Drop Off
- Supervised Walk
- Public/Private Van
- Program Bus/Van
- Contract/Van
- Private Trans.  
(arranged by parents)
- Other

My child will depart from  
the All Day Program (or  
Dawson Recreation Area):

- Parent Drop Off
- Supervised Walk
- Public/Private Van
- Program Bus/Van
- Contract/Van
- Private Trans.  
(arranged by parents)
- Other

Parent/Guardian Signature:

Date:

**Refer to First Aid and Emergency Medical Care Consent Form for  
release information.**

Year 2 :  
Parent/Guardian Initials:  Date:

Year 3 :  
Parent/Guardian Initials:  Date:



# ALL DAY PROGRAM ENROLLMENT FORM

## MESSAGE FOR ALL PARENTS/GUARDIANS

Please carefully review the handbook. Print and sign your name to the appropriate spaces below acknowledging that you have read and understand the information. If you have any questions or concerns please contact the Holden Recreation Office by phone (508) 829-0263 or email [holdenrec@holdenma.gov](mailto:holdenrec@holdenma.gov).

**Please initial, sign and return:**

I,  have reviewed and fully understand all information in the provided Parent Handbook.

I,  am aware of, and fully understand the Late Fee Policy. After the conclusion of each program, a charge of \$1.00 per minute per child will be charged to your Holdenrec.com online account.

I,  am aware of, and fully understand that communication from a parent or guardian through email or phone must be made by 2:00 PM in the event that my child will not be attending for any reason.

I,  am aware of, and fully understand that child care fees are due one (1) month in advance on the 1<sup>st</sup> Thursday of every month.

I,  am aware of, and fully understand that I must give one (1) month notice prior to withdraw my child from the program.

I,  have read and understand the new termination and suspension policy.

**Parent/Guardian Signature:**

**Date:**

Year 2 :

Parent/Guardian Initials:

Date:

Year 3 :

Parent/Guardian Initials:

Date: