



# BEFORE AND AFTER SCHOOL ENROLLMENT FORM

## CHILD INFORMATION

Child's Name :

Date Of Birth :   
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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:



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## 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:





# BEFORE AND AFTER SCHOOL MEDICAL CARE CONSENT 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:



# BEFORE AND AFTER SCHOOL ENROLLMENT FORM

## SMALL AND LARGE GROUP TRANSPORTATION PLAN AND AUTHORIZATION

Child's Name :

My child will arrive at the Before School Program:

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

My child will depart from the Before School Program:

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

Child's Name :

My child will arrive at the After School Program:

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

My child will depart from the After School Program:

- Parent Drop Off
- Supervised Walk
- Unsupervised 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:



# BEFORE AND AFTER SCHOOL 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: