



Dear Parent/Guardian,

Enclosed you will find the 2016-2017 Waltham Boys & Girls Club's After School Program application. Please review the packet making sure all forms have been completed and signed before submitting. **Parents MUST attend a mandatory orientation, in order to complete member registration.** Orientation dates will be determined by the After School Program Director on a case to case basis.

**Your application will NOT be accepted until all forms are complete and an orientation date has been scheduled.**

- Child's Enrollment Form
- First Aid & Emergency Medical Care Consent Form
- Current Physical and Immunization History
- Medication Consent Form (*Dr. Consent form is required if applicable*)
- Individual Health Care Form (*if applicable*)
- Small Group and Large Group Transportation Plan and Authorization Form
- Swim Consent form
- Tuition Policies
- 6pm Waiver Form (optional)

**Note:** All after school program members MUST have a current membership. If a child does not have or needs to renew an expired membership, please see the Membership Coordinator. A \$20.00 annual membership fee is required for all new/renewed memberships.

If you may have any questions or concerns, please contact me at (781) 893-6620 ext. 14.

Thank you for choosing the Waltham Boys & Girls Club's After School Program.

Sincerely,

Sarah Hebert  
After School Program Director  
shebert@walthambgc.org

**AFTER SCHOOL PROGRAM SACC 2015-2016  
CHILD ENROLLMENT FORM**

Days of attendance:  Monday  Tuesday  Wednesday  Thursday  Friday  
Orientation date (office use only): \_\_\_\_\_

**Child Information**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age at Admission: \_\_\_\_\_ Date of Admission: \_\_\_\_\_  
Child's Home Address: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ Alternate 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: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_  
Business Address: \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_  
Business Address: \_\_\_\_\_

**Additional Information**

Child's special interest/hobby: \_\_\_\_\_  
Current School: \_\_\_\_\_  
School Address: \_\_\_\_\_ School Phone Number: \_\_\_\_\_  
Teachers Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I certify that documentation of physical examination and immunizations is in accordance with public school health and public health requirements and lead poisoning screening. These documents are on file at my child's school. **Parent/Guardian initials:** \_\_\_\_\_

Please attach the most recent physical and immunization record along with this completed application.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**AFTER SCHOOL PROGRAM  
FIRST AID & 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 Waltham Boys & Girls Club's After School Program to contact emergency medical personnel to transport my child to the nearest medical care facility.

Child's Physician Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Child's Allergies: \_\_\_\_\_  
Chronic Health Conditions: \_\_\_\_\_

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. Copies of documentation is required.

Special limitations or concerns? \_\_\_\_\_

**Emergency Contacts (In order to be contacted)**

**Primary Contact Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

**Secondary Contact Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

**Alternate Contact Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_  
Address: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_  
Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (valid for one year)

**AFTER SCHOOL PROGRAM  
MEDICATION CONSENT FORM 606 CMR 7.11(2)(b)**

Name of child: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Please check one of the following:

Prescription: \_\_\_\_ Oral/Non Prescription: \_\_\_\_

Unanticipated Non Prescription for mild symptoms \_\_\_\_\_

Topical Non Prescription (applied to open wound/ broken skin) \_\_\_\_\_

My child has previously taken this medication     (Yes or No)    

My child has not previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan \_\_\_\_\_

Dosage: \_\_\_\_\_

Date(s) medication to be given: \_\_\_\_\_

Times medication to be given: \_\_\_\_\_

Reasons for medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Directions for storage: \_\_\_\_\_

Name and phone number of the prescribing health care practitioner:  
\_\_\_\_\_

Child's Health Care Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, (parent or guardian) gives permission to authorize educator(s)  
(print name)  
to administer medication to my child as indicated above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For topical, non-prescription NOT applied to open wound / broken skin (parent signature only)**

**AFTER SCHOOL PROGRAM  
SMALL & LARGE GROUP TRANSPORTAION PLAN & AUTHORIZATION  
&  
SWIMMING POOL CONSENT FORM (see below)**

Child's name: \_\_\_\_\_

**My child will arrive at the program:**      **My child will depart from the program:**

- |  |   |
|--|---|
| <input type="checkbox"/> Parent Drop Off<br><input type="checkbox"/> Supervised Walk<br><input type="checkbox"/> Unsupervised Walk<br><input type="checkbox"/> Public/Private/Van<br><input type="checkbox"/> Program Bus/Van<br><input type="checkbox"/> Contract/Van<br><input type="checkbox"/> Private Trans. arranged by parent<br><input type="checkbox"/> Other | <input type="checkbox"/> Parent Pick Up<br><input type="checkbox"/> Supervised Walk<br><input type="checkbox"/> Unsupervised Walk<br><input type="checkbox"/> Public/Private/Van<br><input type="checkbox"/> Program Bus/Van<br><input type="checkbox"/> Contract/Van<br><input type="checkbox"/> Private Trans. arranged by parent<br><input type="checkbox"/> Other |
|--|---|

Parent /Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

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

**SWIMMING POOL CONSENT FORM**

**Swimming Ability**

My child's swimming ability is:

**(Please circle one):** No Experience    Beginner    Intermediate    Advance

I, \_\_\_\_\_, give my child, \_\_\_\_\_,  
**Parent/Guardian Name**                      **Child's Name**

permission to use the swimming pool area during fun swim while my child is enrolled in the After School Program. I do understand that my child will be supervised by a certified life guard as well an educator from the After School Program.

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AFTER SCHOOL PROGRAM 6:00PM RELEASE FORM (Optional)**

I, \_\_\_\_\_, agree to have the Waltham Boys & Girls Club's After School Program

**Parent Name**

release my child \_\_\_\_\_ into the General Club program at 6:00pm, **Tuesday**

**Child Name**

**through Friday**, if I do not pick my child up from the After School Program by 6:00pm. I fully understand that the General Club Program has an open door policy, meaning they can come and go as they please, for members 10 years old and up. Our open door policy does not apply to members 9 years old and under. *I understand that Club staff cannot enforce any child in the general Club to stay within the Club premises.*

**I further understand that I am responsible for picking up my child no later than 7:00pm and speaking with my child about staying in the Club, once they are released into the General Club program.**

By signing this agreement, I understand that once my child is released into the General Club Program, the Waltham Boys & Girls Club's After School Program and its educators and volunteers are no longer responsible for keeping my child within the Waltham Boys & Girls Club building.

**Lastly, I also understand that the After School Program will NOT RELEASE my child into the general Club program on Mondays, snow days, holidays and vacation days.**

This agreement is valid for one year.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
After School Program Director

\_\_\_\_\_  
Date

**AFTER SCHOOL PROGRAM TUITION POLICIES**  
**TUITION COLLECTION AND PROCEDURES**

\_\_\_\_\_ **Full and part time tuition is due on a weekly basis for your child. Payment is due the Thursday prior of the next week service.** If your payment is not received by Friday, service may be suspended. If service is suspended and action is not taken to rectify the financial situation, the Waltham Boys & Girls Club reserves the right to terminate you child's enrollment and fill the slot with a waiting list candidate.

\_\_\_\_\_ **\*Parents are required to pay the weekly tuition rate, which includes any full day rates for both part and full time members. If the child/ren are absent from the program, parents will still be charged for missed days.** Parents will also be charged for any approval closures authorized by EEC.

\_\_\_\_\_ The After School Program requires a two week advance notice in writing, for all terminations from the program. Parents are also responsible for payments during those two weeks.

**CHECK-OUT/LATE PICK-UP FEES AND POLICIES**

\_\_\_\_\_ During school days, the After School Program closes as 6:00pm. If your child has not been picked up by closing time, a telephone call will be made to the parent/guardian. If the parent/guardian cannot be reached at utilizing all known contact numbers, emergency contacts will be called. If contact is made, then we will ask the emergency contact to come to the program to pick up your child/ren. If there is no response, steps #1 and #2 will be repeated at 6:15pm and again at 6:30pm. If contact has not been made with the parent/guardian or emergency person, the designated Waltham Boys & Girls Club's staff will call the Department of Children and Family (DCF) Emergency Unit or the police station. Report of the action will be placed in the child's file.

\_\_\_\_\_ **\*Parents who pick up their children after 6:00pm, will be charged \$1.00 per minute per child. Payment of late fees are due the Thursday prior of the next week of service.** If your payment is not received by Friday, service may be suspended.

I have read the above and agree with the policy and procedures as stated above.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

