



2011-2012 CHILD INFORMATION FORM
MEDFIELD AFTERSCHOOL PROGRAM, Inc.
 PO Box 18, Medfield, MA 02052.

Please type in the information, print, and sign and date the bottom of each page and return to MAP, PO Box 18, Medfield, MA 02052.
MAP MUST HAVE THESE COMPLETED FORMS PRIOR TO ATTENDANCE IN THE PROGRAM

Child's Name: _____ Date of Birth: _____ Age _____
 Home Address: _____ Primary Language _____ Grade _____
 Telephone: _____ Date of admission to MAP _____ School Attending: _____
 Eye Color: _____ Hair Color: _____ Sex: _____ Height: _____ Weight: _____ Skin Color: _____
 Identifying marks: _____ (please provide current picture if possible)

Sibling's Names & Ages: _____
 (Please let us know if they attend MAP and what program they go to)

PARENT/GUARDIAN INFORMATION: (please put the person we should call first as #1 & indicate if parent #2 is authorized to pick up)

#1 Parent/Guardian Name: _____	#2 Parent/ Guardian Name: _____
	<i>Authorized to pick up?</i> _____
Relationship to Child: _____	Relationship to Child: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____
Bus. Name: _____	Bus. Name: _____
Occupation: _____	Occupation: _____
Phone Number: _____	Phone Number: _____
Hours at Work: _____	Hours at Work: _____
Cell Number: _____	Cell Number: _____
Preferred E-Mail: _____	Preferred E-Mail: _____
Alternate E-Mail _____	Alternate E-Mail: _____

Who does your child live with?

AUTHORIZATION TO RELEASE

I authorize MAP staff to release my child to the following individuals. I will notify MAP in writing, via e-mail or by phone when the persons listed below are allowed to pick up my child. I am aware the MAP staff will ask those unfamiliar to them for identification before releasing my child to them. I understand that these precautions are taken for the safety of my child. **If no one is authorized other than the parent/legal guardian above, please indicate below by writing "NO ONE".**

Name: _____	Address: _____	Relationship: _____
Home Phone: _____	Work Phone: _____	Cell Phone: _____
Name: _____	Address: _____	Relationship: _____
Home Phone: _____	Work Phone: _____	Cell Phone: _____
Name: _____	Address: _____	Relationship: _____
Home Phone: _____	Work Phone: _____	Cell Phone: _____

MAP must have copies of any custody agreements, court orders, and/or restraining orders that pertain to your child.

Parent /Guardian Signature: _____ **Date:** _____

EMERGENCIES

I understand that no emergency treatment will be given without parental consent except in a life-threatening situation. Every effort will be made to contact the parent/guardian in the event of an emergency. I authorize MAP staff that are trained in First Aid and CPR to administer care when appropriate. In the event that MAP is unable to reach the parent/guardian, I authorize MAP to contact and release my child to the persons below and to transport the child via ambulance to secure medical treatment at the nearest facility when necessary. Please list in the order to be contacted. If they are the same persons listed in the previous section, please write **SAME as Authorized to Release**.

Name: _____ Address: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Address: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Address: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

MEDICAL - HEALTH - SAFETY

Child's Physician: _____ Phone: _____

Clinic/Office Address: _____

Health Insurance & Policy number: _____

Special Limitations or concerns (developmental, behavioral, speech, physical, dietary restrictions, etc.)

Health Concerns (allergies, chronic health conditions, etc.) *If your child may/will require medication to be administered at MAP, please complete a medication consent form. If your child has a serious health condition that may require emergency medication (such as an EPI Pen or Inhaler), please make sure to also complete an Individual Health Plan (Severe Allergy Action Plan) and bring it to MAP along with the necessary medications. For more information, please see MAP's Health Care Policy in the Parent Handbook.*

Remember that it is important to keep us informed of any issues that occur during the school year (recent move, mom/dad traveling, separation/divorce, etc...). Please do not hesitate to speak to the Site Director or Lead Teacher as issues arise.

I certify that documentation of physical examination, current immunizations, and lead poisoning screening in accordance with public school and public health requirements are on file at my child's school.

Parent /Guardian Signature: _____ **Date:** _____

EDUCATION/EXPERIENCE

Please share any information that will help us to better understand your child:

Is your child on an Individualized Education Plan? _____ is there anything we can do to assist in this Plan? _____

Child’s previous experience in child care (please check all that apply)

Nanny preschool daycare Afterschool early intervention or special services, etc.

SUNSCREEN

MAP can apply sunscreen to your child at times when they are at risk for sunburn with your permission. If you wish to send in your own brand to keep at MAP, please provide MAP with a labeled bottle.

Please initial: I authorize MAP to apply: their sunscreen: _____ sunscreen that I will provide: _____

TOOTHBRUSHING

MAP will assist children in brushing their teeth whenever they are in our care for four or more hours and/or consume a meal. You, the parent must provide the toothbrush (we suggest you put it in your child’s lunch box). For kindergarten families, this will be part of our daily routine. For children in grades 1-8, this will only apply on half days, non-school days, and vacation days. *More information regarding tooth brushing can be found on our website.*

Please initial: I authorize my child to brush their teeth at MAP: _____

OR

I do not want my child to brush their teeth at MAP: _____

FUNDRAISING:

On occasion, the MAP children may participate in fundraising for either the program or for other charities (making pins to sell for Cradles to Crayons or selling lemonade for the soldiers). MAP will notify you prior to the actual fundraising events.

Please initial: I understand that my child may participate in fundraising activities: _____

WEB PAGE & PUBLICATION:

I give permission for MAP to use my child’s picture on/in the program’s: Web page: YES NO

MAP in house publications: YES NO

Please initial one: () please show me the picture first or () I do not need to see the picture first.

MAP INFORMATION & COMMUNICATION

I am aware that MAP’s Parent Handbook, Calendar, Sign up Forms, Newsletters, and other important information are available on the MAP web page, www.medfieldafterschoolprogram.com. It is the responsibility of the parent/guardian’s to notify MAP if they do not have access to the internet. MAP will then know to provide such families with paper copies.

MAP utilizes e-mail as a means for communicating important updates and information to our families. To get on our e-mail list please e-mail gayeshannon@verizon.net.

Parent/Guardian Signature: _____ **Date:** _____

TRANSPORTATION PLAN

Parents MUST notify their child's teacher as well as the Superintendent's office of their attendance to MAP.

For the children that attend the Blake Middle School: The children will walk to the MAP space from their classrooms at dismissal. A MAP teacher will greet all children and attendance will be taken.

For the children that attend the Dale St. School: The children will meet in the MAP line at the Dale St. School. A MAP teacher will greet the children and attendance will be taken. They will then walk to the MAP space at the Pfaff Center.

For the children that attend the Wheelock School: The children will meet in the Cafeteria at the Wheelock School. A MAP teacher will greet the children and attendance will be taken. They will then walk to the MAP space.

For the children who attend the K extension Program at Wheelock: Children attending AM MAP are dropped off by the parent/guardian and must be signed in at MAP. The Medfield Public School System will provide mid-day transportation to the Memorial School (AM MAP/PM K) and to the Wheelock extension kindergarten program (AMK/PM MAP). Attendance will be taken upon arrival of the children attending PM MAP.

For the children that attend the Memorial School: Children attending AM MAP (8:00 a.m.-12:00 p.m.) are dropped off by the parent/guardian and must be signed in at MAP. Families utilizing the before school program at Memorial prior to coming to AM MAP, must notify MAP and the before school program if they are planning on using this service. The child will be picked up by a MAP teacher from the gym/café, walked to the program and signed in. A MAP teacher will take attendance in the school at dismissal (11:05 a.m.- K & 2:30 p.m. for K & First Grade) and children will be walked to the MAP modular classroom.

Please note: *If you plan to have your child arrive at the program in any other fashion (after fun and fitness, intramurals, etc.) your request must be stated in writing. Please see your site director for more details.*

Leaving the program: The parent/guardian is responsible for picking up their child (ren). Families must notify MAP if anyone else will be picking up his or her child (ren) or if their child has permission to leave the program in a different fashion (i.e. walking, riding their bike, etc. Please see your child's site director for more details.

Field Trips: MAP transports children by hired school bus only. Permission slips must be signed in advance by the parent/guardian in order for children to attend. Walking trips around the local area are taken occasionally, including trips to the library, Metacomet Park, nature walks around the school, etc.

The parent/guardian is responsible for notifying the MAP program if their child (ren) will not be attending MAP.

Parent/Guardian Signature: _____ **Date:** _____