



Early Education & Care and School Age Programs

617-288-7120

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Program use only: Date of admission _____ Age at admission _____

Child's Name _____ Date of birth _____
Home address _____ Zip code _____
Primary Language _____ Place of birth _____
Telephone () _____ Allergies _____
Does your child have asthma? _____ Any medical conditions _____

Child's identifying information (required)

Please submit a photo of your child

Eye color _____ Hair color _____ Skin Color _____ Sex _____
Weight _____ Height _____ Identifying marks _____
Others in family _____

Parent/Guardian Information

Name: _____	Name: _____
Relationship to child: _____	Relationship to child: _____
Address; _____	Address; _____
Cell Phone: _____	Cell Phone: _____
Home Phone: _____	Home Phone: _____
Work Name: _____	Work Name: _____
Hours at work: _____	Hours at work: _____
Work Phone: _____	Work Phone: _____
Work Address: _____	Work Address: _____
Email Address; _____	Email Address; _____

Emergency Escort Information (2 required)

Emergency escorts must live locally and be willing to pick up your child when a parent is unavailable.
If parents cannot be notified please contact:

Name _____	Name _____
Relationship to child _____	Relationship to child _____
Address _____	Address _____
Cell Phone _____	Cell Phone _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____

Physician Name: _____ Phone: _____

Parent Signature: _____ **Date:** _____

Please do not complete the next two pages if applying for school age program

Child's Name _____ Date of birth _____

Allergies (i.e. hay fever, insect bites, medicine, foods) _____
Type of reaction _____

Developmental History (required for infant, toddler, preschool and k1)

Age began sitting up? _____ Crawling _____ Walking _____ Talking _____
Does your child pull up? _____ Crawl _____ Walk with support _____
Does your child exhibit any speech difficulties? _____
Special words to describe needs? _____
What is the primary language spoken at home? _____
Is there any history of colic? _____
Does your child have a fussy time? _____ When? _____
How do you handle this time? _____

Health

Type of birth _____ Was it a full term pregnancy? _____
If not, what month was child delivered? _____ Complications at birth _____
Any Serious illnesses? _____
Special physical conditions or disabilities? _____

Eating habits

Special characteristics or difficulties? _____
Favorite foods _____
Foods refused _____
Does child eat with spoon? _____ fork? _____ hands? _____
If infant is on special formula please describe its preparation in full. _____

Toilet habits

Are disposable or cloth diapers used? _____
Is there frequent occurrence of diaper rash? _____ Product used? _____
Are bowel movements regular? _____ How many per day? _____
Is there a problem with diarrhea? _____ Constipation? _____
Has toilet training been attempted? _____
What is used at home? Potty chair? _____ Special child seat? _____ Regular seat? _____
How does your child indicate bathroom needs? (any special words) _____
Is your child reluctant to use the bathroom? _____
Does your child have accidents? _____

Social History

How would you describe your child? _____
Previous experience with other children/ child care? _____
Reaction to strangers _____ able to play alone? _____
Favorite toys and activities _____
Fears (dark, animals etc.) _____
How do you comfort your child? _____
What is the method of behavior management used at home? _____
What would you like you child to gain from this experience? _____

Sleeping Habits

Does your child sleep in a crib? _____ bed? _____

Does your child become tired and nap during the day? _____

When and how long? _____

What time does your child get up in the morning? _____ Bed at night? _____

Describe any special characteristics or needs for sleeping? (stuffed animal, story, back rubbed) _____

Please note: The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep reduces the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your child does not usually sleep on his/her back, please contact your pediatrician immediately to discuss the best sleeping position for your baby. Please also take the time to discuss your child's sleeping position with your caregiver. Blankets are not used for children 12 months or younger.

Daily Schedule

Please describe, by approximate times, your child's typical daily schedule. (eating, napping, activities, bed time routine)

Morning:

Afternoon:

Evening:

Is there anything else we should know about your child?

Parent/Guardian Signature _____ Date _____

Boys and Girls Clubs of Dorchester Inc.

Authorization and Consent Form

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 contacted I hereby authorize the Boys and Girls Clubs of Dorchester to transport my child to the Carney Hospital, Boston Medical Center (or nearest hospital) and to secure for my child necessary medical treatment. An ambulance will be called if necessary. I understand that the staff members of the early education program are trained in the basics of first aid and some are trained in CPR and I authorize them to administer First Aid including: the use of triple antibiotic ointment, hydrogen peroxide, betadine solution, sterile saline eye wash, applying ice and sunscreen and performing CPR when appropriate.

Parent Signature _____ Date _____

Medical Insurance _____ Policy # _____

Physician's Name _____ Address _____

If parents can not be reached please notify:

Emergency contacts must live locally and be will to be notified in the case of an emergency.

Name _____ Relationship to child _____

Home address _____

Home phone _____ Work phone _____

Cell phone _____

Name _____ Relationship to child _____

Home address _____

Home phone _____ Work phone _____

Cell phone/Pager _____

Name _____ Relationship to child _____

Home address _____

Home phone _____ Work phone _____

Cell phone/Pager _____

I give permission for my child to be released from the program and/ or to be received at the end of the end of the program to the people listed above. They may also be contacted in case of emergency.

Parent signature _____ Date: _____

Boys and Girls Clubs of Dorchester Inc.

Transportation

Child's Name _____

My child will arrive by:

____ unsupervised walk

____ supervised walk: By whom _____

____ school bus drop off

____ private transportation

____ parent drop off

____ other: describe _____

My child will depart from the program by:

____ parent pick up

____ private transportation

____ unsupervised walk

____ supervised walk: By whom: _____

____ other: describe _____

Please note that parents are responsible for their child until the time they arrive at the program. Children released into the "membership" program will depart the licensed school age program at 5:30pm (unless otherwise noted by parent).

Parents should note that the membership program is a "drop in" program and children are allowed to depart the program without a parent.

Parent Signature _____ **Date:** _____

Boys & Girls Clubs of Dorchester Inc.

Permission Form

I give my child permission to travel on field trips offered by the program. Trips may include: area libraries, Savin Hill Park, McConnell Park, Dunkin Donuts, nature walks (around neighborhood), Children’s Museum, New England Aquarium , Family Dollar, Boston Public Gardens, Venice Pizza, Savin Scoop and walking to and from BGCD. Children will be transported by private bus, MBTA or walk.

I hereby give permission for the Boys and Girls Clubs of Dorchester to photograph/video my child for newspapers, advertisements, flyers, brochures, BGCD social media and website.

I hereby give my child permission to participate in activities offered by BGCD, such as swim, art, athletics, social recreation, education program, judo, gymnastics, computer etc. My child has no physical limitation that would prohibit them from or cause injury if they participate in such activities.

Please note that when school age children participate in these activities they “sign out” of the school age program and become “members” until they sign back into the school age program.

Parent Signature _____ Date: _____

Boys & Girls Clubs of Dorchester Inc.

I give permission for my child _____
to have the following topical treatments applied by the staff as needed
please specify below

_____ Sunscreen

_____ Insect repellent

_____ Diaper rash ointment/topical ointment

_____ Baby wipes

_____ Lip balm

_____ Skin lotion

Please list directions for the application of topical treatments: _____

Please note, all topical products must be provided by the parent.

Parent/Guardian Signature _____ Date _____

As part of the enrollment process, for my child, I have filled out this application as accurately as possible. I have also made the program aware of any medications, allergies or other special needs or instructions for care for my child.

I have read the parent handbook and healthcare policy.

I understand and agree with policies and procedures as outlined.

I understand the policy regarding voucher funding requirements.

I understand that a complete physical and immunization history for my child must be submitted at enrollment and updated at least annually.

Parent/Guardian Signature _____ Date: _____

Boys & Girls Clubs of Dorchester

School Age Program Physical & Immunizations Form

This form to be signed only by those applying for school age care. (If your child is enrolling in the infant, toddler, preschool or K1 program you must submit a health form and immunization form. Thank you.)

School Age Program Physical & Immunizations Form

I hereby state that my child (name) _____
Is current and updated on his/her immunizations, lead screening, health forms (Physical)
and they are currently on file at his/her school.

Name of School _____

Parent Signature _____ Date _____