

Program use only  
Date of admission \_\_\_\_\_  
Age at admission \_\_\_\_\_



- Requirements for Enrollment**
- Completed Intake
  - Physical/health form
  - Immunizations
  - Individual Health Care Plan (IHCP) for each child with a chronic medical condition (asthma, allergies, etc)
  - Acknowledgment of receipt: Parent Handbook

**Early Education & Care and School Age Programs  
617-288-7120**

**Contact Info:**

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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** please complete in full (submit a photo of your child)

Eye color \_\_\_\_\_ Hair color \_\_\_\_\_ Skin Color \_\_\_\_\_ Sex \_\_\_\_\_  
Weight \_\_\_\_\_ Height \_\_\_\_\_ Identifying marks \_\_\_\_\_  
Name of previous program, school or center \_\_\_\_\_

**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: \_\_\_\_\_

**The following 2 pages provide BGCD with your child's developmental history. If your child is enrolling in the Licensed School Age Program, you do not need to fill it out. Infant, Toddler and PreK students must update annually.**

Child's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Allergies (foods, environmental, insect bites, medicine,) \_\_\_\_\_

Type of reaction \_\_\_\_\_

Does your child (previously) or currently have an IFSP or receive Early Intervention services? Yes No (Circle One)

Location (circle one) : Baycove Thom Boston Metro Dimmock BPS Other \_\_\_\_\_

My child has an IEP (Individual Education Plan) Yes No In Process (circle one)

What supports or services does your child receive (check all that apply)

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> Speech | <input type="checkbox"/> Sensory Integration Therapy |
| <input type="checkbox"/> OT     | <input type="checkbox"/> Feeding Therapy             |
| <input type="checkbox"/> PT     | <input type="checkbox"/> Social skills               |
| <input type="checkbox"/> ABA    | <input type="checkbox"/> Other _____                 |

Has your service provider mentioned they can provide these services here at BGCD? yes no NA

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 \_\_\_\_\_

### **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? \_\_\_\_\_

**Family**

Please check off all members of the family your child currently resides with (list names and ages of siblings)

- Mother
- Father
- Grandparent(s) \_\_\_\_\_
- Siblings \_\_\_\_\_
- Step Parent/Other \_\_\_\_\_

**Sleeping Habits**

Does your child sleep in a:    crib        bed        cosleep with parent    (circle one)

Does your child become tired and nap during the day?    yes    no

When and how long? \_\_\_\_\_

What time does your child get up in the morning? \_\_\_\_\_    Go to bed at night? \_\_\_\_\_

Describe any special characteristics or needs for sleeping? \_\_\_\_\_

*Children at BGCD have a rest time/nap each day regardless of their age. Children at BGCD sleep independently, either in a crib or on a mat; if you are preparing your child for enrollment, we recommend that you begin supporting them in learning to fall asleep independently.*

*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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope your child will gain from this experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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



**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 & Girls Clubs of Dorchester to transport my child to 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 and licensed School Age are trained in the basics of first aid and some are trained in CPR. 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 /Location \_\_\_\_\_

If parents cannot be reached please notify: These emergency contact names may include those listed on page one. The individuals listed are also authorized pick up your child if you are not available (nonemergency situation) Emergency contacts must live locally and be willing to pick up your child within one hour after contact.

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. I understand they may be contacted in case of emergency and I give permission for them to pick up my child if necessary. Unless a staff member has met an authorized pick up person or emergency contact,*

Parent signature \_\_\_\_\_ Date \_\_\_\_\_



## Transportation

Child's Name \_\_\_\_\_

My child will arrive by:

\_\_\_unsupervised walk

\_\_\_supervised walk: By whom \_\_\_\_\_

\_\_\_school bus drop off (please share bus #)

\_\_\_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 \_\_\_\_\_

*We kindly remind families they are responsible for the supervision of their child prior to time of arrival and upon departure. This includes while walking into building or exiting with a caregiver.*

*School Age Program-BGCD Employees are unable to walk children to and from school or bus stops. Children ages 7 and older who attend enrichment are released into the "membership" program will depart the licensed school age program at 5:30pm (unless otherwise noted by parent). The membership program is a "drop in" open door program and children are allowed to depart the program without a parent. Please be sure to provide your child with your plan for departures.*

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



## Permission

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

I give permission for Boys & Girls Clubs of Dorchester to photograph/video my child for media outlets, Boston Public School partnerships (Boston PreK) advertisements, flyers, brochures, BGCD social media and website.

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

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

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

I give permission for my child \_\_\_\_\_  
to have the following topical treatments applied by the staff as needed Please  
specify below by checking off boxes

- Sunscreen
- Hand Sanitizer
- 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 (excluding hand sanitizer) must be provided by the parent.*

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



## Acknowledgment

*(to be signed by parent/guardian for all programs including infant/toddler PreK and Licensed School Age)*

- ✓ As part of the enrollment process for my child, I have completed this application as accurately as possible. I have also informed the program of any concerns, medications, allergies or other special needs.
- ✓ I have reviewed the closure schedule and understand tuition (if applicable) is based on an enrolled space, not on attendance, vacation dates or closures.
- ✓ I have read the tuition policies including those regarding Income Eligible and voucher requirements. I understand tuition/fees must be prepaid at least one week in advance.
- ✓ I have read the family handbook and healthcare policies and agree to adhere to BGCD's policies and procedures.
- ✓ I will screen my child daily and will keep them at home if they do not feel well or are exhibiting symptoms of illness.
- ✓ I will submit a physical form and immunization history for my child signed by a physician. I will submit this info annually (more frequently for infants and young toddlers) Children ages 9 mos or older must show evidence of a lead screening. Children ages 3 yrs and older must submit documentation of hearing, vision and dental screenings.
- ✓ I have reviewed and shall comply with the arrival and departure times. I understand children must arrive on time (by 9am) in the morning and I understand late pick up in the afternoon/evening is not permitted and may result in late fees and/or termination from the program.

Parent/Guardian Signature

Date:

### Licensed School Age Program Only

Children enrolled in the Licensed School Age Program are also required to complete a BGCD membership application.

During the school year, families in the Licensed School Age Program will complete the Updated Physical & Immunizations Acknowledgement below, however children who register for Summer Camp must submit a physical and immunizations

### 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 \_\_\_\_\_

## Supporting Children in the Licensed School Age Program

My child has an IEP (Individual Education Plan) Yes No In Process

My child is enrolled in \_\_\_an inclusive classroom \_\_\_ a sub separate classroom \_\_\_ general ed classroom \_\_\_unsure

What supports or services does your child receive (check all that apply)

- Speech
- OT
- PT
- ABA
- Sensory Integration Therapy
- Feeding Therapy
- Social skills
- My child has a one to one aide in the classroom
- Other\_\_\_\_\_

### For Licensed School age Program ONLY

CONSENT FOR CHILD TO take part in programming outside of the  
Licensed SCHOOL AGE CHILD CARE PROGRAM classroom @ 35 Deer Street Dorchester MA

As children grow older they may wish to extend their experiences beyond the Lic School Age Room and join in membership program activities. Children may also be registered for enrichment programming which takes place in the membership areas. Please use this form to give your child permission to take part in activities in the membership program areas outside of the Licensed School Age Room.

This permission is in effect until July 2027

My child may attend membership programs and walk to and from:

- MCLAUGHLIN SITE
- ART (McLaughlin site)
- MUSIC (McLaughlin site)
- DANCE (McLaughlin site)
- GYM
- EDUCATION ROOM
- POOL
- GAMESROOM
- HEALTHY MEALS Program (McLaughlin)

Children will be released as “BGCD members” during these times and can sign back in when program is over. I understand that the program has the right to rescind the above privilege if my child's behavior warrants the limitation or if s/he does not honor the rules and policies set forth by BGCD. I understand my child will not be supervised by the S/A program staff while s/he is away from the program, but they will be in program areas that are supervised by BGCD staff after they transition there. Children may return to the School age room at the end of any regular transition period. Children will check in with a School Age staff member and parents may contact us at any time.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)