

## ENROLLMENT INFORMATION FORM

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

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name	Parent/Guardian Name
Relationship to child      Primary Language	Relationship to child      Primary Language
Home Address	Home Address
Home Telephone (Primary Contact Number)	Home Telephone (Primary Contact Number)
Secondary Telephone (Alternate Contact Cell/Pager Number)	Secondary Telephone (Alternate Contact Cell/Pager Number)
Occupation	Occupation
Business Address	Business Address
Work hours      Work Phone	Work hours      Work Phone

### DESCRIPTION OF CHILD

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Skin Color \_\_\_\_\_

Ethnic Origin \_\_\_\_\_ Primary Language \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Identifying Marks \_\_\_\_\_

**Behavioral/Medical conditions, allergies, special needs?** \_\_\_\_\_

### SCHOOL INFORMATION

Child's School \_\_\_\_\_ Teacher's Name \_\_\_\_\_

School Address \_\_\_\_\_

**SIGNATURE OF PARENT or GUARDIAN:** \_\_\_\_\_

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

Date of Admission \_\_\_\_\_ Grade at Admission \_\_\_\_\_ Age of Admission \_\_\_\_\_

## SERVICE AGREEMENT

The Twelfth Baptist Church After-School Program is open Monday through Friday servicing children and families between the hours of 2:00 to 6:00 p.m. The weekly tuition fee is **\$108.30 Vacation-Full Day \$201.95**. The Twelfth Baptist Church After-School program does not discriminate on any basis, especially ability to pay. **When available**, we assist with financial assistance based on the income and family size of the child in need.

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

Days per week child will attend:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

I, \_\_\_\_\_, understand that I have been assessed a weekly fee of **\$108.30**. The rate will be the same regardless of snow days and holidays. **Please note that parents are responsible to pay for holidays and Vacations taken while the program is operating.** I agree to make prompt tuition payments to S.A.M.H. Corp. Twelfth Baptist Church After-School Program for my child's participation.

### Tuition/Fee Policy:

1. Parents are liable for payment of the child's scheduled day even if the child is absent from the program for any reason. **Payment must be made one-week in advance of services being provided.**
2. Checks or money orders should be made payable to: S.A.M.H. Corp.
3. Checks returned for insufficient funds will be charged a **\$35.00** processing fee.
4. Billing occurs on a weekly cycle. Children will be billed for days they are scheduled for even if they are not in attendance.
5. **Vouchers** must be given to the Program Director **before** the child begins the program. If your voucher expires and your child continues to attend the program, you are responsible for full payment of the tuition bill that is incurred.
6. **My child may be temporarily suspended from the program while I have an outstanding tuition debt of two or more weeks. Participation in the program will resume when the outstanding balance is made current.**

**LATE FEE:** If your child is picked up after the program's scheduled daily end time, a fee of **\$5.00 for the FIRST minute and \$1.00 for every minute thereafter will be assessed per child**. The fees must be paid in cash at the start of the next day.

SIGNATURE OF PARENT or GUARDIAN:	DATE:
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## TRANSPORTATION PLAN & PICK-UP AUTHORIZATION

CHILD'S NAME: \_\_\_\_\_

**My child will arrive at the Twelfth Baptist Church After-School Program between the hours of \_\_\_\_ and \_\_\_\_\_ by (please check all that apply):**

- Supervised walk (Who will supervise? \_\_\_\_\_)
- \*Unsupervised walk from school to the program.  Parent/Guardian drop off
- \* MBTA bus or private transportation to the program with an unsupervised walk to the program.
- \* School Bus drop-off with an unsupervised walk to the program. (Which bus stop? \_\_\_\_\_)
- Other (Please describe \_\_\_\_\_)

\*Please note that the parent/guardian is responsible for the child until s/he signs in at the program site. Twelfth Baptist Church does not become responsible for any child and is not to be held liable for any child until the child signs in for the day.

**My child will depart from the Twelfth Baptist Church After-School Program no later than 6:00 p.m. by:**

- Parent/Guardian pick up
- Other (Please describe \_\_\_\_\_)

\*Please note that an unsupervised walk from the program is not permitted. An adult (18 years and older) must come into the program at the end of the day to sign the child out.

I give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. ***(If no one other than the signing parent is authorized, please indicate below by writing "NO ONE")***

### ADULTS AUTHORIZED TO PICK UP MY CHILD

1. Name	Relationship
Address	Phone
2. Name	Relationship
Address	Phone
3. Name	Relationship
Address	Phone

I understand that each authorized person must be at least 18 years old and that my child will not be permitted to leave the program with anyone else not on this list. I acknowledge that the program **will not** release my child to an **authorized person** whose behavior is such that there is concern relative to the safety of the child.

**PLEASE NOTE: Biological parents and legal guardians are automatically authorized to pick up their child unless we have a copy of a court ordered custody agreement or restraining order.** Any other transportation requests must be stated in writing and maintained in the child's file or the above stated plan will be implemented. It is the parent's responsibility to notify the program if there are any changes in the above information.

**SIGNATURE OF PARENT or GUARDIAN:** \_\_\_\_\_

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

## FIRST AID & EMERGENCY MEDICAL INFORMATION

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

Medical Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

Other Coverage (including dental) \_\_\_\_\_

Child's Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

### EMERGENCY CONTACTS

(List parent or guardian first, then three additional adults in order to be contacted if you cannot be reached.)

Parent / Guardian	Relationship	Phone (H)	(W)
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Name	Relationship	Phone (H)	(W)
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Name	Relationship	Phone (H)	(W)
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Name	Relationship	phone (H)	(W)
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(Please note: People listed as "Emergency Contact" are automatically authorized to pick-up the child if contacted by the program.)

**ADDITIONAL MEDICAL/HEALTH CONCERNS:** (write "none" if there are none)

Medical Limitations: (allergies, chronic health concerns, dietary restrictions) \_\_\_\_\_

Current Medications: \_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

### MEDICAL TREATMENT/EMERGENCY TRANSPORTATION AUTHORIZATION

I understand that in the event of illness or injury every effort will be made to contact me. In the event that I cannot be reached, I give permission to the Twelfth Baptist Church After-School Program staff to provide first aid and if necessary, to transport my child or arrange for emergency transportation of my child to a medical facility for medical treatment as deemed necessary by the hospital or the local emergency medical care service.

**SIGNATURE OF PARENT OR GUARDIAN:**

**DATE:**

## CONSENTS AND RELEASES

**PROMOTIONAL RELEASE:**  YES  NO

I hereby grant consent to release photographs and/or video footage of my child to the Twelfth Baptist Church After-School Program for commercial and art purposes in any medium of advertising, communication, or publicity that will promote the Twelfth Baptist Church After-School Program or Victory Generation After School Programs and services, and/or recognition of participants. It is my understanding that the Twelfth Baptist Church After-School Program and the Victory Generation After School Program are non-profit organizations.

**STAFF SUPPORT CONSENT:**  YES  NO

I understand that consultants, staff, student interns, and volunteers work in the Twelfth Baptist Church After-School Program. I give my permission for my child to interact with these support staff as needed.

**PARENT HANDBOOK ACKNOWLEDGEMENT:**  YES  NO

The Program Director will give an overview of the Parent Handbook at Parent Meetings and during Intake Interviews. **Parents will receive an E-Mail with an attachment that will contain a printable copy of the Parent Handbook that can be printed out at your convenience.** Once I have received the Program E-Mail I will print out my copy of the Twelfth Baptist Church After-School Program policies and procedures. I agree to familiarize myself and my children with the information contained in the Parent Handbook. I am aware that future policy changes/corrections will be made available to me within forty-eight (48) hours via E-Mail or in writing (i.e. Parent Letter or Program Newsletter) from the Program Director. I am in agreement with the following handbook policy statement: **ALL future corrections, modifications, and editions made to the Parent Handbook will supersede any polices of our Parent Handbook in its most current form.** I also understand as the parent it is my sole responsibility to ask any questions or discuss/voice concerns about the program with the Program Director.

**OFF-SITE FIELD TRIP CONSENT:**  YES  NO

I give my permission for my child to participate in all of the regularly scheduled on-going activities with the Twelfth Baptist Church After-School Program. I also give permission for my child, under staff's supervision, to walk, take public transportation, or take a church van/school bus to the facilities listed below:

CHILDREN'S MUSEUM  
BOSTON PUBLIC LIBRARY

The program will provide in writing a list of scheduled activities. I understand that any other destination within the program will require my written permission in advance.

**SIGNATURE OF PARENT OR GUARDIAN:**

**DATE:**

## **HEALTH AND SAFETY**

The health and safety of individual children requires that information regarding each child in care be kept and available when needed. Children's records consist of various documentation such as a child's medical and immunization history, emergency medical care information, and parental permission to participate in specific activities. This information is a basis for meeting each child's physical, emotional, cognitive, and social needs. The purpose of these requirements is to ensure child care providers maintain accurate documentation that remains available at the child care center/facility to determine compliance with the child care rules and to ensure the health and safety of each child.

## **PHOTOS**

SAMH Corporation After School Program requests that a photo of your child (to be returned at the end of the program year) be included with the application.

## **IMMUNIZATION & PHYSICALS**

Please provide a copy of your child's most current immunization record and most current physical examination.

## ***Second African Meeting House Corporation***

***Twelfth Baptist Church After School Program***

***150 Warren Street Roxbury, MA 02119***

***Program 617-427-5158; Fax 617-442-8784***

### ***PROGRAM APPLICATION AGREEMENT***

***I hereby acknowledge that my child and/or children's applications have been filled out COMPLETELY and I have NOT left any blank spaces. I am also in agreement and will adhere to the After School Program Policy that states my child and/or/children WILL NOT be able to start the Program if the following items ARE NOT submitted with the application:***

- A. CURRENT PHYSICAL AND IMMUNIZATION FORMS***
- B. IHP FORMS (INCLUDED IN APPLICATION PACKET)***
- C. ASTHMA / EMERGENCY ACTION PLANS (FROM PHYSICIAN)***
- D. EMERGENCY MEDICATIONS SPECIFIC TO YOUR CHILD'S CONDITION.***
- E. PROGRAM/TUITION PAYMENT.***

***SIGNATURE OF PARENT or GUARDIAN:***

***DATE:***