



**HORNET'S AFTER SCHOOL PROGRAM  
CHILD ENROLLMENT FORM  
2017 – 2018 SCHOOL YEAR**

**PARKS & RECREATION**

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

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Gender: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age at Admission: \_\_\_\_\_

Any Identifying Marks: \_\_\_\_\_

Allergies/ Special Diets: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Class Room Number: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone #: \_\_\_\_\_

Business Telephone #: \_\_\_\_\_

Hours at work: \_\_\_\_\_

Hours at work: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

In an event of an emergency, who is the best person to reach? \_\_\_\_\_

What is the best number to reach this person at? \_\_\_\_\_

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

**Days of week to attend:** Monday \_\_\_\_\_  
Thursday \_\_\_\_\_

Tuesday \_\_\_\_\_  
Friday \_\_\_\_\_

Wednesday \_\_\_\_\_  
As Needed \_\_\_\_\_

**\*PLEASE ATTACH A CURRENT PHOTO OF YOUR CHILD AND SUBMIT WITH YOUR APPLICATION**

Parent/Guardian Signature

Date



**HORNET'S AFTER SCHOOL PROGRAM  
FIRST AID AND EMERGENCY MEDICAL CARE  
CONSENT FORM  
102 CMR 7.09(3)**

**PARKS & RECREATION**

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

Date of Birth: \_\_\_\_\_

I authorize staff in the Hornet's After School Program who are trained in the basics of first aid to give my child first aid 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 program to transport my child to the nearest medical care facility, and to secure necessary medical treatment for my child.

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Any Chronic Health Conditions: \_\_\_\_\_

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Do you give permission for child to be released to this person?    Yes                  No

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Do you give permission for child to be released to this person?    Yes                  No

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Do you give permission for child to be released to this person?    Yes                  No

Health Insurance Coverage: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone (w) \_\_\_\_\_ Phone (h) \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone (w) \_\_\_\_\_ Phone (h) \_\_\_\_\_

Parent/Guardian Signature

Date



**HORNET'S AFTER SCHOOL PROGRAM  
TRANSPORTATION PLAN & AUTHORIZATION**  
[7.09(3) AND 7.12(1)]

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

**MY CHILD WILL ARRIVE DAILY FROM THE PROGRAM BY:**

\_\_\_\_\_ WALK FROM CLASSROOM

\_\_\_\_\_ OTHER (PLEASE SPECIFY): \_\_\_\_\_

**MY CHILD WILL DEPART FROM THE PROGRAM DAILY BY:**

\_\_\_\_\_ PARENT PICK UP

\_\_\_\_\_ OTHER (PLEASE SPECIFY): \_\_\_\_\_

I hereby 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 listed to pick up my child at the end of the day. If no one is authorized, please indicate that below by writing "NO ONE". **YOUR CHILD CANNOT BE RELEASED TO ANYONE UNLESS WE HAVE WRITTEN PERMISSON IN ADVANCE.**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Alternate Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Alternate Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Alternate Phone #: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Alternate Phone #: \_\_\_\_\_

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of signature.

Parent/Guardian Signature

Date

