

LATER @ LONGFELLOW

APPLICATION FORM 2012 - 2013

Entering Grade _____ Teacher _____ School _____

CHILD'S FULL NAME: _____ Date of Birth: _____

CHILD'S ADDRESS: _____

HOME PHONE #: _____

PARENT'S NAME: MOTHER _____ FATHER _____

PARENT EMAIL FOR NEWSLETTERS: -

DAYS YOU WANT YOUR CHILD ENROLLED: (PLEASE CIRCLE)

MON

TUE

WED

THU

FRI

Monthly Fees:

1 DAY.....\$175
2 DAYS.....\$280
3 DAYS.....\$370
4 DAYS.....\$460
5 DAYS\$550

- SIBLINGS RECEIVE A DISCOUNT OF 10%
- INDIVIDUAL/COUPLE MEMBERS RECEIVE DISCOUNT OF 5%
- FULL FAMILY MEMBERS RECEIVE DISCOUNT OF 10%
- PAYMENTS ARE BASED ON AN ANNUAL AMOUNT DIVIDED INTO 10 EQUAL MONTHLY PAYMENTS

\$50.00 (per child) NON-REFUNDABLE REGISTRATION FEE

Checks payable to "Longfellow Sports Club".

DROP OFF OR MAIL TO: 'DIRECTOR - LATER @ LONGFELLOW
THE LONGFELLOW SPORTS CLUB, 203 OAK STREET, NATICK. MA. 01760'
ANY QUESTIONS PLEASE CALL CAROLINE AT 508-653-4633 ext. 217

GROUP CHILD CARE AND SCHOOL AGE CHILD CARE CHILD'S ENROLLMENT FORM

Program: Later @ Longfellow School Age Care		
Child's Name:	Eye Color:	Skin Color:
Date of Admission:	Hair Color:	Height:
Date of Birth:	Sex:	Weight:
Age at Admission	Primary Language:	
Identifying Marks:		
Allergies / special diets:		
Medications:		

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:	Parent/Guardian Name:
Bus. Name:	Bus. Name:
Bus. Address:	Bus. Address:
Bus. Telephone #:	Bus. Telephone #:
Work Hours:	Work Hours:
Email:	Email:
Cell:	Cell:

Please Check Elementary School Child will be/is attending:

- Brown School - 1, Jean Burke Drive Natick MA 01760
- Ben-Hem School - 22, East Evergreen Road Natick MA 01760
- Lilja School - 41, Bacon Street Natick MA 01760

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

Parent/Guardian Signature: _____ Date: _____

**GROUP CHILD CARE AND SCHOOL AGE CHILD CARE
FIRST AID AND EMERGENCY MEDICAL CARE
CONSENT FORM 102 CMR 7.09(3)**

Child's Name: _____ Date of Birth: _____

I authorize staff in the childcare program "Later @ Longfellow" that are trained in CPR/First Aid to give my child CPR/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/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Any Health Conditions: _____

Emergency Contacts (*In order to be contacted*) They must be aware that they are emergency contacts and live close by.

1. Name: _____

Relationship to Child: _____ Phone #: _____

Town they live in: _____

Can they pick up your child? _____

2. Name: _____

Relationship to Child: _____ Phone #: _____

Town they live in: _____

Can they pick up your child? _____

Health Insurance Coverage: Policy #:

Subscriber:

Signature: _____

Date : _____

TRANSPORTATION PLAN AND AUTHORIZATION

[7.09(3) AND 7.12(1)]

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

- _____ UNSUPERVISED WALK
_____ SUPERVISED WALK (WHO _____)
_____ PROGRAM BUS
_____ PARENT DROP OFF
_____ OTHER (DESCRIBE _____)

MY CHILD WILL DEPART FROM THE PROGRAM BY:

- _____ PARENT PICK UP
_____ UNSUPERVISED WALK
_____ SUPERVISED WALK (WHO _____)
_____ OTHER (DESCRIBE _____)

I give permission for my child to be released from the program at end of the day as stated above and I give my permission to the following people to pick up my child at the end of the day.

If no one is authorized, please indicate below by writing "NO ONE"

1. NAME _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____
2. NAME _____ RELATIONSHIP _____
ADDRESS _____ 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.

I UNDERSTAND THAT MY VEHICLE AND EVERY VEHICLE THAT PICKS UP MY CHILD FROM LATER @ LONGFELLOW **FOR THE CURBSIDE PICK UP**, IS REQUIRED TO HAVE A 'LATER @ LONGFELLOW' STICKER AUTHORIZING THE ADULT TO PICK UP. TWO STICKERS WILL BE GIVEN ON REGISTRATION AND ADDITIONAL STICKERS ARE AVAILABLE AT A COST OF \$1 EACH.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN AGREEMENT

I have received and read the Parent Handbook and fully understand the policies, guidelines and all the information regarding payments, transportation, children's information, holidays, early releases, switching days and snow days.

I understand that I will receive any updates regarding changes to the 'Parent Handbook' in a timely manner and also understand that the 'Parent Application Forms' will need to be completed again in full, each year that my child attends the program.

Please Check:

- I agree to all the policies, guidelines and regulations noted ion the Handbook.
- I agree that my child may swim at Longfellow with Counselor and lifeguard supervision in lessons or free swim.
- Longfellow has permission to photograph my child for program promotional purposes only with NO names or tags. (After School Brochures; After School Newsletters; Longfellow Sports Club Website).
- I would like to receive all information regarding after school news (health issues, pesticide application notifications, school holiday programs, upcoming events, staff changes, introduction of pets, policy changes etc.) BY E-MAIL. I will be responsible for checking my emails routinely and notifying the program if my email changes.

Signature: _____ Date: _____