

LATER @ LONGFELLOW

APPLICATION FORM 2019 - 2020

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:

2 DAYS.....\$295
3 DAYS.....\$385
4 DAYS.....\$475
5 DAYS\$565

- SIBLINGS RECEIVE A DISCOUNT OF 10%
- 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

DROP OFF OR EMAIL 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:	Gender:	
Allergies / special diets:		
Medications Needed at after school?: (separate forms will be sent)		

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:	Parent/Guardian Name:
Business Name:	Business Name
Business Address:	Business Address
Business Telephone #:	Business. Telephone #:
Hours you work:	Hours you work:
Email:	Email:
Cell:	Cell:

Is your child on an IEP? ___ Does your child receive services from the NPS? ___
If either is a yes, a conversation with the Director is required before enrollment, to ensure we can make accommodations if needed.

Please Check School Child will be 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
- ___ Wilson Middle School - 22 Rutledge Road Natick MA 01760
- ___ Kennedy Middle School - 165 Mill St 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 (NOT PARENTS) 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 by writing "NO ONE"

Same as Emergency Contacts

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.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN AGREEMENT

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

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

I agree to all the policies, guidelines and regulations noted in the Handbook.

I agree that my child may swim at Longfellow with Staff, Lifeguard supervision in lessons or free swim, and participate in classes such as Yoga, Soccer, Gym time etc.

I agree for Later @ Longfellow staff to apply sunscreen as needed. I agree that my child can receive ice, band-aids for boo boos after washing with water.

I understand that my vehicle is required to have a 'Later @ Longfellow Authorized Pick Up' Sticker to authorize pick up.

I agree that Longfellow has permission to photograph my child for program promotional purposes only with NO names or tags. (After School Brochures; After School Literature, camp brochure; Longfellow Sports Club Facebook Page, website and newsletter.)

I understand all information regarding after school news (health issues, pesticide application notifications, school holiday programs, upcoming events, staff changes, introduction of pets, policy changes, etc.) will be sent via E-MAIL. I will be responsible for notifying the program if my email or other contact information changes.

Children age 7 or older may, with written parental consent, participate in activities within the approved indoor space without constant visual supervision by the educator. The educator must be aware of the child's location, monitor the child's activity at regular intervals, be readily available to assist children, as needed, and able to respond immediately to an emergency situation.

Signature: _____ Date: _____