

# Kids Care Club @ the Thompson School 2008-2009 Registration Procedure for NEW FAMILIES

Thank you for your interest in the Kids Care Club at the Thompson School.  
Please read the following registration information carefully.

**\*REGISTRATION IS MAIL IN ONLY-applications must be post marked MAY 15th or after.** No drop off applications will be accepted. (If the application is received in the mail before May 15<sup>th</sup> it will be sent back to you).

\*Spaces are limited and all applications will be processed on a first come first serve basis.

\*Please complete all the information on the application and return it with a \$50.00 registration fee. Checks may be made payable to the Arlington Boys & Girls Club.

\*Within 2 weeks will notify you via mail if you do not get in and have been placed on a waiting list and will return your \$50.00 fee. If your child has a spot in the program we will process your application and mail you information about our parent meeting which will be held in June. We will answer any questions that you may have at this meeting.

*Please detach this page from the application before mailing*

## Thompson Kids Care Club Application

This program is offered to children ages 4.9 to 11 years. The child must be enrolled in at least kindergarten to attend. Club membership is also required. Upon receiving your membership application, we will make your child a member. Kids Care Club is licensed by the Department of Early Education and Care.

**Hours:** After School 2:15-6:00

Early Release Day 11:15-6:00

Full Day 8:00-6:00 -*Vacations and Holidays are optional and will be billed separately \$40.00 per day*

**A NON-REFUNDABLE** \$50.00 fee is required to secure a space regardless of when your child joins the Kids Care Club program. Checks may be made payable to the Arlington Boys & Girls Club. A club membership will be provided with \$22.00 of the fee and \$28.00 is a processing fee. *(If your child has a current club membership that will not expire for six months from May, we will credit your August statement \$22.00.*

**Monthly Payments 2008-2009**

**5 day rate-** \$310.00 per month

**5 day rate including transportation-** \$390.00 per month

**4 day rate-** \$260.00 per month

**4 day rate including transportation-** \$325.00 per month

**3 day rate-** \$220.00 per month

**3 day rate including transportation-** \$280.00 per month

**2 day rate-** \$185.00 per month

**2 day rate including transportation-** \$225.00 per month

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

School (as of Sept. 08) \_\_\_\_\_ Grade (as of Sept. 08) \_\_\_\_\_

Schedule Please check the days that apply

	Mon	Tue	Wed	Thu	Fri
5 days	( )	( )	( )	( )	( )
4 days	( )	( )	( )	( )	( )
3 days	( )	( )	( )	( )	( )
2 days	( )	( )	( )	( )	( )

***Please note that the above schedule is set for the year. Changes can be made on a space available basis prior to July 15<sup>th</sup> for the Fall. Your Fall bill will be forwarded to you as of July 1<sup>st</sup> and is due on July 15<sup>th</sup>. Your monthly payments are due on the 15<sup>th</sup> of each month.***

I hereby give my permission for my child to join the Arlington Boys & Girls Club and to participate in all Club activities and acknowledge that my child is fit and capable of participating in these activities. I waive all rights for claims against the Arlington Boys & Girls Club, Inc. it's staff or Board of Directors for all damages or injuries, which may occur while my child participates in Club sponsored activities. I have received a copy of the Club policies and have read the rules and regulations of the Arlington Boys & Girls Club, Inc.

**X** \_\_\_\_\_  
**Parent/Guardian Signature-valid September 1, 2008-June 30, 2009**

**For Office Use ONLY**

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**FEE PAID:** \$ \_\_\_\_\_ **Staff:** \_\_\_\_\_ **Membership expires** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Comments:** \_\_\_\_\_

**Kids Care Club**  
**CHILD'S INFORMATION FORM 11.05(3)(B)(1)**

**CHILD INFORMATION:**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Language spoken at home: \_\_\_\_\_

**Child's Identifying Information**

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Sex \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Skin Color \_\_\_\_\_  
Identifying Marks \_\_\_\_\_

Is there documentation of a physical exam, immunization record, and lead screening on file at child's school?  
Yes \_\_\_ No \_\_\_. Please note if your child is entering Kindergarten this needs to be on record by Sept. 2006

List below any special limitations or concerns your child may have including dietary restrictions, allergies, chronic health conditions :( if none, please indicate by writing "none").

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

**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian Name	_____	Parent/Guardian Name	_____
Relationship to Child	_____	Relationship to Child	_____
Home Address	_____	Home Address	_____
Home Telephone #	_____	Home Telephone #	_____
Bus. Name	_____	Bus. Name	_____
Bus. Address	_____	Bus. Address	_____
Telephone Number #	_____	Telephone Number#	_____
Hours at Work	_____	Hours at Work	_____
Cell phone #/pager #	_____	Cell phone #/pager#	_____
Email Address	_____	Email Address	_____

**ADDITIONAL INFORMATION:**

Please list any special interests your child may have. \_\_\_\_\_  
\_\_\_\_\_

Is there any other information you would like us to know about your child?

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

X \_\_\_\_\_

**Parent/Guardian Signature**                      **signature valid September 1<sup>st</sup> 2008-June 30<sup>th</sup> 2009**

**Kids Care Club**  
**FIRST AID AND EMERGENCY MEDICAL CARE AUTHORIZATION AND CONSENT FORM**  
**11.05 (3)(b)3**

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

I understand the staff members in the school age child care program are trained in the basics of first aid and I authorize to them 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 have my child transported by ambulance to the nearest medical care facility and/or to \_\_\_\_\_. (If no hospital is listed your child will be transported to the nearest medical facility.)

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

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

Phone Number: \_\_\_\_\_

History of Childhood Illnesses?  
\_\_\_\_\_

Health Insurance Coverage: \_\_\_\_\_

Policy # \_\_\_\_\_

Does your child have any allergies? \_\_\_ Yes \_\_\_ No if yes, please explain (Symptoms, Medications)

Allergy \_\_\_\_\_ symptom \_\_\_\_\_ medication \_\_\_\_\_

Allergy \_\_\_\_\_ symptom \_\_\_\_\_ medication \_\_\_\_\_

Allergy \_\_\_\_\_ symptom \_\_\_\_\_ medication \_\_\_\_\_

Allergy \_\_\_\_\_ symptom \_\_\_\_\_ medication \_\_\_\_\_

Allergy \_\_\_\_\_ symptom \_\_\_\_\_ medication \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone# (w) \_\_\_\_\_

Phone# (h) \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone#(w) \_\_\_\_\_

Phone# (h) \_\_\_\_\_ Cell # \_\_\_\_\_

**Emergency Contacts (In order to be contacted at least 2 must be listed)**

**Please do not list parents, parents are always contacted first. If they cannot be reached we use info. below.**

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

Relationship to Child \_\_\_\_\_ Phone # \_\_\_\_\_

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

Relationship to Child \_\_\_\_\_ Phone # \_\_\_\_\_

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

Relationship to Child \_\_\_\_\_ Phone # \_\_\_\_\_

X \_\_\_\_\_

Parent/Guardian Signature- valid Sept. 1<sup>st</sup> 2008 through June 30<sup>th</sup> 2009

**Kids Care Club**  
**TRANSPORTATION PLAN 11.05 (9) (b) AND ALTERNATIVE TRANSPORTATION PLAN**  
**(INCLUDING DESIGNATED ADULT) 11.05 (9) (b)**

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

**MY CHILD WILL ARRIVE AT THE PROGRAM BY:**

- \_\_\_\_\_ SUPERVISED WALK (Kindergarten @ Thompson only)
- \_\_\_\_\_ WALK FROM CLASSROOM UNSUPERVISED (Gr.1-5 at Thompson)
- \_\_\_\_\_ PROGRAM VAN (Dallin, Pierce, Brackett, Bishop, Thompson)
- \_\_\_\_\_ SCHOOL BUS DROP OFF & VAN RIDE FROM THE BUS STOP (Bishop School Only)
- \_\_\_\_\_ OTHER (DESCRIBE \_\_\_\_\_)

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

- \_\_\_\_\_ PARENT PICK UP
- \_\_\_\_\_ OTHER (DESCRIBE \_\_\_\_\_)

Any older child walking home from the program must have a complete consent to leave the program form in child's file.

**TRANSPORTATION FOR FULL DAYS:**

In the event that I sign my child up for the full day program on vacations and holidays, I give my child permission to ride the club van or take the MBTA knowing that a full description of the day's activities and transportation arrangements will be forwarded to me prior to the full day.

**X** \_\_\_\_\_

**Parent Signature- valid September 1<sup>st</sup> 2008- June 30<sup>th</sup> 2009**

**I give my 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 is authorized, please indicate below by writing "NO ONE")**

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

4. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

5. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**X** \_\_\_\_\_

**Parent/Guardian Signature-valid Sept. 1<sup>st</sup> 2008 through June 30<sup>th</sup> 2009**

**Kids Care Club**

**Program Year 2008-2009 Special Activities Permission Form**

**Section 11.05 (10) (C)**

I give permission for my child \_\_\_\_\_ to participate in all of the regularly scheduled on-going activities located at the following off-site facilities:

- |                                                       |                                      |
|-------------------------------------------------------|--------------------------------------|
| Brigham’s (Mill St, Arlington)                        | Buzzell Field (Arlington)            |
| Arlington Boys & Girls Club (60 Pond Lane, Arlington) | Papa Gino’s (Arlington Center)       |
| Community Safety Building (Mystic St. Arlington)      | Fire Station (Arlington Center)      |
| Menotomy Rocks Park (Jason St. Arlington)             | Linwood Park (Pond Lane, Arlington)  |
| Gibbs Jr. High (Foster St. Arlington)                 | Robbins Library (Arlington Center)   |
| Fox Library (Cleveland St. Arlington)                 | Minuteman Bike Trail (Arlington)     |
| Fidelity House (Medford St. Arlington)                | Thompson Playground (70 N.Union St.) |
| Veterans Memorial Sports Center ( Summer St)          | Arlington High School (Mass. Avenue) |

Field trips may include:

AMC Theater-Burlington, Lexington Flix Theater-Lexington, Museum of Science-Cambridge, Belmont Studio Theater-Belmont, Fleet Center-Boston, Children’s Museum-Boston, and Peabody Museum @ Harvard-Cambridge, Pizzeria Uno-Burlington, Cambridge, Woburn, Dunkin Donuts Tour-Riverside St. Medford,

**The program will provide in writing in a list of scheduled activities and transportation for full days.**

X \_\_\_\_\_  
**Parent/Guardian Signature- valid Sept. 1<sup>st</sup> 2008 through June 30<sup>th</sup> 2009**

**Open Swim**

The Arlington Boys & Girls Club offers daily open swim times at the Club’s swimming pool. A lifeguard will be on duty at all times. Participants will be brought to the locker room by a group leader. Children must be 6 years old and up to swim at the open swim times and be able to get ready for the free swim in the locker room independently. Open swim times are open to any club member. The Kids Care Club members join the club members in the pool. Once they are done swimming your child will change in the locker room and walk down to the Kids Care room. From the time the children enter the locker room and pool area the Kids Care Club staff is not responsible for the children in the pool; the locker room attendant and lifeguard on duty will assume responsibility. If any child decides to leave the free swim early they will be expected to let the lifeguard know. The lifeguard will call the Kids Care teacher and inform them of which children have left free swim.

My child \_\_\_\_\_ has permission to participate in the open swim times offered at the Arlington Boys & Girls Club.

X \_\_\_\_\_  
**Parent/Guardian Signature- valid Sept. 1<sup>st</sup> 2008 through June 30<sup>th</sup> 2009**

**Photo Release**

I hereby give permission for my child \_\_\_\_\_, to have photographs taken by the Arlington Boys & Girls Club to be used for the purpose of display, educational brochures and newspaper releases, exclusively for the Arlington Boys & Girls Club.

X \_\_\_\_\_  
**Parent/ Guardian Signature- valid Sept. 1<sup>st</sup> 2008 through June 30<sup>th</sup> 2009**

**Sledding**

I give permission for my child \_\_\_\_\_, to sled at the Arlington Boys& Girls Club or at the Thompson Playground. I understand that if I do not give consent for my child to sled, they will still go outside with the group and play in the snow. Kids Care Club will provide the sleds. Parents can provide a helmet if necessary.

X \_\_\_\_\_  
**Parent/Guardian Signature- valid Sept 1<sup>st</sup> 2008 through June 30<sup>th</sup> 2009**

**KIDS CARE CLUB/THOMPSON KIDS CARE CLUB  
MEDICATION CONSENT FORM**

**Section 11.06 (9) (b) (c)**

*Please leave this form attached to the packet. If at any time during the year your child needs medication administered you will be required to complete this sheet. **IF YOUR CHILD HAS AN EPI PEN OR INHALER THIS SHEET MUST BE FILLED OUT.***

**FOR PARENT TO COMPLETE:**

- Name of child: \_\_\_\_\_
- Name of medication: \_\_\_\_\_
- Date prescribed: \_\_\_\_\_
- Date last dose due: \_\_\_\_\_
- Time(s) dose due: \_\_\_\_\_
- Dates and days due: \_\_\_\_\_
- Reason for medication: \_\_\_\_\_
- Possible side effects: \_\_\_\_\_
- Name and phone number of prescribing physician: \_\_\_\_\_
- \_\_\_\_\_
- Directions for storage: \_\_\_\_\_
- \_\_\_\_\_

By signing below I give permission to authorized staff member(s) to administer medication to my child as indicated above.

**X** \_\_\_\_\_  
**Parent/Guardian Signature- valid Sept. 1<sup>st</sup> 2008 through June 30<sup>th</sup> 2009**

**FOR STAFF TO COMPLETE:**

- Is the permission form (above) completed? \_\_\_\_\_
- Is the medication in a safety cap container? \_\_\_\_\_
- Is the original prescription label on the medication container? \_\_\_\_\_
- Is the name of the child given above on the container? \_\_\_\_\_

Is the date on prescription current (within the month for antibiotics and within the expiration date for medications which are so labeled; within the year otherwise)? \_\_\_\_\_

Is the dose, name of drug, frequency of administration given on the label consistent with parental instructions given above? \_\_\_\_\_

**Medication can be administered only if the answers to all questions above are “Yes”.**

Health in Day Care: A Manual for Health Professionals American Academy of Pediatrics, 1987. Prepared by Susan S. Aronson, M.D.