



Agassiz Baldwin Children's Programs

20 Sacramento Street Cambridge MA 02138
Phone: 617-349-6287 Fax: 617-497-4388
www.agassiz.org

Agassiz Afterschool Program

~ All requested information is required ~

Start Date:
Grade:
QuickBooks:
Filemaker:
Deposit Received:
Application Received:

Child's First Name: _____ **Child's Last Name:** _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Date of Birth: _____ **Age:** _____ 2nd Language (if relevant): _____

School: _____ Teacher: _____ Grade in Fall (circle one): K1 K2 1 2 3 4 5

Parent/Guardian #1 Name: _____ Daytime Phone: _____

Place of Employment: _____ Days/Hours: _____

Home Address & Phone if different from child's: _____

E-mail: _____ Cell phone: _____

Parent/Guardian #2 Name: _____ Daytime Phone: _____

Place of Employment: _____ Days/Hours: _____

Home Address & Phone if different from child's: _____

E-mail: _____ Cell phone: _____

Rates for the 2011-12 school year:

Please register my child for **one day** @ \$110 per month, **two days** @ \$215 per month, **three days** @ \$295 per month, or **full time** @ \$498 per month. Check one below.

- _____ **Full Time** (Monday to Friday)
- _____ **Part Time** (one, two or three days per week) on the following days (circle days):
- Monday Tuesday Wednesday Thursday Friday

Registration Requirements:

- Registration cannot be accepted without the following:
 - All information on this 4-page form is completed.
 - Non-refundable deposit equal to one month's tuition.
- Please remit completed form and non-refundable deposit to Agassiz Baldwin Community, 20 Sacramento Street, Cambridge, MA 02138.

Registration Questions

- Contact Micah Eglinton-Woods, Office Manager, at (617) 349-6287 x19 or mwoods@agassiz.org.

Program questions and scholarship information

- Contact Jacy Edelman, Director of Children's Programs, at (617) 349-6287 x11 or jedelman@agassiz.org.

2011-2012 Registration & Emergency Form

EMERGENCY INFORMATION FORM (all field are required)

Child's Name: _____ Date of Birth: _____

Child's Home Address: _____

INSTRUCTIONS TO REACH PARENT OR GUARDIAN:

Name: _____ Cell Phone: _____

Work: _____ Home: _____

Name: _____ Cell Phone: _____

Work: _____ Home: _____

EMERGENCY CONTACT PERSONS: OTHER THAN PARENTS OR GUARDIANS (2 required)

Name: _____ Relation to child: _____

Work: _____ Cell Phone: _____ Home: _____

Name: _____ Relation to child: _____

Work: _____ Cell Phone: _____ Home: _____

Name: _____ Relation to child: _____

Work: _____ Cell Phone: _____ Home: _____

IDENTIFYING INFORMATION (PLEASE SUBMIT A CURRENT PHOTO)

Sex: _____ Race: _____ Height: _____ Weight: _____ Eye color: _____ Hair color: _____

Other identifying marks: _____

MEDICAL INFORMATION

Child's physician and/or clinic: _____

Phone: _____ Address: _____

ALLERGY OR MEDICAL CONDITION

* If your child requires any medication while onsite at our program please contact us for the required forms.

Name of allergy or medical condition	Severe symptoms	Moderate symptoms	Minor symptoms	Medication provided or medical treatment necessary if a reaction
	Please describe in the appropriate box			

Emergency Medical Treatment

I hereby give Agassiz Afterschool staff permission to administer first aid and /or CPR to my child and/or take my child to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health. My preference for hospital if possible is _____.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR CHILD PICK-UP: OTHER THAN PARENT/GUARDIAN

The following individuals are **permitted to pick up your child at the end of program day**. Persons unknown to the afterschool staff are required to show a valid photo ID in order to pick up your child.

1.) Name: _____ Relationship to Child: _____

Address: _____ Phone: _____

2.) Name: _____ Relationship to Child: _____

Address: _____ Phone: _____

3.) Name: _____ Relationship to Child: _____

Address: _____ Phone: _____

_____ **Other than parent/guardian, no one is authorized to pick up my child.**

Bathroom Permission (as required per EEC regulations):

For children 7 years or older: I hereby give permission for my child to use the bathrooms at the Baldwin School without constant visual supervision: _____ Yes _____ No

For children under 7 years old: I hereby give permission for my child to use the bathrooms at the Baldwin School and/or 20 Saramento Street with a buddy when a staff member is not available for direct supervision: _____ Yes _____ No

PLEASE INITIAL EACH STATEMENT AND SIGN BELOW

_____ If my child will be absent, I will call the Afterschool to notify them. I understand that if I have not notified the program of my child's absence, ABC will call the emergency contacts. If no one can be reached by 4:00pm, our policy is to file a missing child report with Cambridge police.

_____ I understand that pick-up time is 5:30 PM. A late fee will be assessed after 5:45 PM.

_____ I give Agassiz Afterschool staff permission to take my child on short trips to Alden Tot Lot, Baldwin School, 20 Sacramento Street, Sacramento Field, Harvard University, Lesley University, Norton's Woods, and the Mass. Ave and Oxford Street areas between Cambridge Common and Porter Square.

_____ On the first of each month during the school year, I agree to pay the monthly tuition for the number of days for which my child is registered.

_____ I understand that the non-refundable deposit will be applied to the June 2012 tuition. If my child withdraws from the program prior to that time, the deposit is non-refundable.

Parent/Caregiver Signature: _____

Date: _____