



Josiah Willard Hayden Recreation Centre, Inc.
24 Lincoln Street
Lexington, Massachusetts 02421
Telephone 781-862-8480
www.jwhayden.org

Please verify AND INITIAL that you have done the following and completed this packet BEFORE your child begins the Hayden After School Program.

___ I HAVE READ AND UNDERSTAND THE **Hayden After School 2017-2018** PARENT HANDBOOK AND HAVE COMPLETED AND SIGNED ALL THE ATTACHED FORMS.

___ MY CHILD **DOES** HAVE A CURRENT 2017-2018 HAYDEN MEMBERSHIP. *(Has been renewed on or after August 4, 2017)*

___ **I will notify Hayden After School if my child will be absent from the program either by phone (781)862-8480 or email has@jwhayden.org**

___ PLEASE SIGN AND RETURN THIS FORM ALONG WITH ATTACHED FORMS NO LATER THAN **FRIDAY, August 25, 2017**

PARENT SIGNATURE _____

DATE _____

CHILD'S INFORMATION FORM 11.05(3)(b)(1)

Child Information

Child's Name _____ Date of Admission _____

Home Address _____ Date of Birth _____

Primary Telephone # _____ Age at Admission _____

Current School Name _____

School Address _____ School Telephone # _____

I certify that documentation of physical examination and immunization 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 initials** _____ *

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

Child's Identifying Information (required by the EEC Regulations) and/or current picture (if available):

Eye Color _____ Hair Color _____ Sex _____

Height _____ Weight _____ Skin Color _____

Identifying Marks _____

Primary Language of Child and Parent(s) if other than English: _____

Parent Information

Parent Name _____ Primary # _____

Home Address _____ e-mail address _____

Business Name _____ Work # _____

Address _____ Work Schedule _____

Parent Name _____ Primary # _____

Home Address _____ e-mail address _____

Business Name _____ Work # _____

Address _____ Work Schedule _____

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? _____

Parent Signature _____ **Date** _____

EMERGENCY INFORMATION

Child's Name _____ Date of Birth _____

Child's Home Address _____

Child Primary Telephone No. _____

INSTRUCTIONS TO REACH PARENT DURING PROGRAM HOURS

Please list the number(s) you like us to contact if your child is **ABSENT** from Hayden After School or we need to get in touch with you during the program day. **Please list the numbers in the order we should try them. Also please include pertinent details such as "leave a message I check my phone frequently" or "I don't have my cell phone on me during the day please call me at work"**

1. _____
Name _____ Telephone No. _____
2. _____
Name _____ Telephone No. _____
3. _____
Name _____ Telephone No. _____
4. _____
Name _____ Telephone No. _____
5. _____
Name _____ Telephone No. _____

Additional Comments _____

PEDIATRICIAN OR SOURCE OF HEALTH CARE

1. _____
Doctor's Name, Address, Telephone No.

EMERGENCY CONTACT PERSON(S) (other than parents)

1. _____
Name, Address, Telephone No.
2. _____
Name, Address, Telephone No.

MEDICAL EMERGENCY TREATMENT

I hereby give the *Hayden After School Program* permission to administer basic first aid and/or CPR to my child _____ and/or take my child _____ to a
(Child's Name) (Child's Name)
hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent Signature _____ **Date** _____

Insurance Information

Company Name _____ Policy No. _____

Participating Hospital _____

Special Instructions _____



**Hayden
After
School**

*Authorization and Consent for
Child to Leave Program 11.06(9)(i)*

**THIS FORM MUST BE FILLED OUT FOR ANY CLASS YOUR CHILD TAKES AT HAYDEN.
YOUR CHILD **WILL NOT** BE SENT TO ANY ACTIVITY WITHOUT COMPLETED
AUTHORIZATION.**

Child's Name _____

My child is authorized to leave the Hayden After School program to attend the following activity(ies) being held at the Hayden Recreation Centre:

Activity	Day(s) activity meets <i>(circle)</i>	Time	Session	<u>Sign here if you plan to pick-up your child from his/her activity. You must pick-up if the activity ends at or after 6 p.m.</u>
	Mon. Tues. Wed. Thurs. Fri.			
	Mon. Tues. Wed. Thurs. Fri.			
	Mon. Tues. Wed. Thurs. Fri.			
	Mon. Tues. Wed. Thurs. Fri.			
	Mon. Tues. Wed. Thurs. Fri.			
	Mon. Tues. Wed. Thurs. Fri.			
	Mon. Tues. Wed. Thurs. Fri.			

I understand I am responsible for my child once he/she leaves the *Hayden After School* program. I understand that the classes listed above are not part of the licensed after school program and the children will not be supervised by licensed after school staff during this block of the program day. I understand that I must complete a form for EACH session of classes that my child attends. (Hayden's sessions vary from 6 – 19 weeks long) I understand that it is the parent's responsibility to know when my child's sessions begin and end.

Parent/Guardian Signature: _____

Date: _____

TRANSPORTATION PLAN 11.05(9)(b)
AND
ALTERNATIVE TRANSPORTATION PLAN 11.05(9)(b)
(Including Designated Adult)

Child's Name _____

My child will arrive at **Hayden After School** by:

- _____ School Bus Drop Off
- _____ Parent Drop Off
- _____ Unsupervised Walk
- _____ Supervised Walk (with whom: _____)
- _____ Other (describe: _____)

My child will depart from **Hayden After School** by:

- _____ Parent Pick Up
- _____ Supervised Walk (with whom: _____)
- _____ Other (describe: _____)

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 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 _____ Telephone No. _____

2. Name _____ Relationship _____

Address _____ Telephone No. _____

3. Name _____ Relationship _____

Address _____ Telephone No. _____

4. Name _____ Relationship _____

Address _____ Telephone No. _____

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 SIGNATURE _____ **DATE** _____

Hayden Child Care

AUTHORIZATION FOR AUTOMATIC MASTERCARD/VISA PAYMENTS

*This is a payment for the following child care program:
(Please circle one)*

Hayden After School

The Josiah Hayden Pre-School

Child(ren)'s Name _____

I hereby give Hayden Recreation Centre permission to charge my child(ren)'s Hayden Child Care monthly fee directly to my MasterCard / Visa account on or about the first Friday of every month.

Signature _____

Date _____

Payment Information:

Mastercard / Visa Account # _____ Exp. _____

Cardholder Name (print clearly) _____

CHILDREN WITH DISABILITIES

Hayden After School will accept applications from children with disabilities.

I hereby give Hayden After-School permission to request information concerning my child's disability(ies) from any professional working with my child. Including but not limited to:

1. Local Education Agency
2. Early Intervention
3. Health/Service Providers

If **Hayden After School** is unable to accept my child I will be given an explanation in writing.

Parent/Guardian Signature

Date

JOSIAH WILLARD HAYDEN RECREATION CENTRE, INC.

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I, the parent of _____, understand that the **Hayden After School** program is not responsible for my child until he/she has arrived at the **Hayden After School** program.

Parent Signature _____

Date _____



**Hayden
After
School**

Tooth Brushing Requirements

Standard 606 CMR 7:11 (d) (e)

Educators must assist children in brushing their teeth whenever they are in care for more than four hours or whenever they consume a meal while in care.

Children must use individual, labeled toothbrushes which must be stored in a safe and sanitary manner open to the air without touching each other.

The Hayden After-School program will enact the following procedure to meet the above regulation:

- The Hayden After School (HAS) program will supply each student with a disposable prepasteed toothbrush.
- The Hayden After School (HAS) program has purchased Dr. Collins' Prepasteed Disposable Toothbrushes.
- After the child has completed their meal they will be directed to retrieve a new toothbrush, proceed to the appropriate bathroom and brush their teeth.
- Each child will dispose the toothbrush after they are done.

TOOTH BRUSHING AUTHORIZATION

Standard 606 CMR 7:11 (d) (e)

Child's Name _____ School Year _____

_____ **NO,** we choose not to take part in the tooth brushing program.

_____ **YES,** we have read the information regarding the HAS plant to meet the standard regarding tooth brushing within the program. We agree with the procedure and would like our child to participate.

Parent/Guardian Signature: _____ **Date** _____

