



Payment Type: _____ PVT _____ Slot _____ Voucher _____ Supp _____



Weekly Sessions:

June 24 – June 28 July 1 – July 5 (closed July 4) July 8 – July 12 July 15 – July 19
July 22 – July 26 July 29 – Aug 2 Aug 5 – Aug 9 Aug 12 – Aug 16

(Please circle the sessions that your child will be attending)

**ABC SCHOOL AGE ENRICHMENT PROGRAM AT
PITTSFIELD - 2019 SUMMER ONLY**

Child Information Form 7.09 (a) (c)

Child Information:

Child's Name: _____ Date of Birth: _____
Home Address: _____
Age: _____

Is their documentation of physical exam, immunization records, and lead screening on file at the child's school: YES ___ No ___

Child's identifying information (required by the Department of Early Education and Care regulations) and /or current picture (if available).

Eye Color _____ Hair Color _____ Sex _____
Height _____ Weight _____ Skin Color _____
Identifying Marks _____ Primary Language: _____

Parent /Guardian Information:

Please fill out both Columns. Write in "Not Known" or "Not Available" if necessary.

Parent/Guardian Name:	Parent/Guardian Name:
Home Mailing Address:	Home Mailing Address:
City, State, Zip	City, State, Zip
Relationship to Child:	Relationship to Child:
Home Telephone:	Home Telephone:
Cell Phone Number:	Cell Phone Number:
Business Name:	Business Name:
Business Address:	Business Address:
Business Telephone:	Business Telephone:
Hours at Work:	Hours at Work:
Email address:	Email address:

If ANY information in this packet changes, you must update the information with the Program Director.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



Gladys Allen Brigham Community Center-ABC SCHOOL AGE ENRICHMENT PROGRAM
First Aid & Emergency Medical Care Authorization and Consent Form 7.09(3)(A)(1)(2)
2019 Summer Only

Child's Name _____ Age _____ Date of Birth _____
Child's Home Address: _____ Phone #: _____

I/WE understand the staff in the school age childcare program are trained in the basics of First Aid and I/WE authorize to them to give my child First Aid when appropriate. _____

I/WE understand that every effort will be made to contact me/us in the event of an emergency requiring medical attention for my/our child. However, if I/WE cannot be reached, I/WE hereby authorize the program to transport my/our child to the nearest medical care facility and/or to (please describe) _____.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions or any diagnosed disorders: _____

Does child have an IEP or 504 plan: _____

Parent Name _____

Phone Work _____

Phone Home _____

Phone Cell _____

Parent Name _____

Phone Work _____

Phone Home _____

Phone Cell _____

Emergency Contacts (In order to be contacted) (Parent/Guardian contacted first)

YOU MUST HAVE AT LEAST ONE CONTACT OTHER THAN THE PARENT/GUARDIAN IN CASE OF AN EMERGENCY

1) Name: _____

Address: _____

Relationship to Child: _____

Phone (H): _____ (C) _____

Phone (W): _____

Do you give permission for your child to be released to this person? Yes ___ No ___

2) Name: _____

Address: _____

Relationship to Child: _____

Phone (H): _____ (C) _____

Phone (W): _____

Do you give permission for your child to be released to this person? Yes ___ No ___

3) Name: _____

Address: _____

Relationship to Child: _____

Phone (H): _____ (C) _____

Phone (W): _____

Do you give permission for your child to be released to this person? Yes ___ No ___

Insurance Information (Optional)

Health Insurance Coverage: _____

Policy Number: _____

Parent/ Guardian Name: _____ Phone (W) _____ (H) _____ (C) _____

Parent/ Guardian Name: _____ Phone (W) _____ (H) _____ (C) _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



Gladys Allen Brigham Community Center- ABC SCHOOL AGE ENRICHMENT PROGRAM
Transportation Plan & Alternative Transportation Plan (7.12 1 (a,b,c)
2019 Summer Only
Transportation Plan

Child's Name _____

Reminder: to ABC SCHOOL AGE ENRICHMENT PROGRAM parents/guardians you are required to sign in and out your child/ren to the program otherwise Gladys Allen Brigham Community Center IS NOT responsible for the care and whereabouts of your child/ren.

Morning (only in need of morning care)

My child will arrive at the program by:

- ___ Unsupervised Walk (Must have permission form)
- ___ Supervised Walk (Who _____)
- ___ Parent Drop Off
- ___ Other (Describe _____)

My child will depart from the program by:

- ___ Unsupervised Walk (Must have permission form)
- ___ Supervised Walk (Who _____)
- ___ School Bus Pick up _____ School name
- ___ Other (Describe _____)

Afternoon

My child will arrive at the program by:

- ___ Unsupervised Walk (Must have written permission form)
- ___ Supervised Walk (Who _____)
- ___ School Bus Drop off _____ School name
- ___ Parent drop off
- ___ Other (Describe _____)
- ___ Brigham Community Center Van (only if child cannot get on a school bus)

My child departs from the program by:

- ___ Parent Pick up
- ___ Supervised Walk (Must have written permission form)
- ___ Supervised Walk (Who _____)
- ___ Other (Describe _____)

Approved by the ABC SCHOOL AGE ENRICHMENT PROGRAM

Director _____ **Date** _____



Gladys Allen Brigham Community Center
ABC SCHOOL AGE ENRICHMENT PROGRAM
OFF SITE ACTIVITIES PERMISSION FORM -
2019 Summer Only
SECTION 7.34 (5)(c)

Gladys Allen Brigham Community Center, 165 East Street, Pittsfield, MA. 01201

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

- “Kids Common” Park, First Street, Pittsfield, MA.
- The Library, East Street, Pittsfield, MA.
- Berkshire Museum, South Street, Pittsfield, Ma.
- Walk around the area near center
- Van trips within the Pittsfield area.
- Scheduled bus field trips
- Other local places near the center

The program will provide in writing a list of scheduled activities when possible.

Parent/ Guardian Signature

Date

Parent/ Guardian Signature

Date

If ANY information in this packet changes you must update the information with the Program Director.



Gladys Allen Brigham Community Center
ABC SCHOOL AGE ENRICHMENT PROGRAM
2019 Summer Only - Release

Child's Name: _____

I/WE hereby release to Gladys Allen Brigham Community Center the use of mine or my child's photograph, interview, taped testimonial to be utilized in ways Gladys Allen Brigham Community Center deems appropriate use of the media. No monetary compensation will be paid for this service to the Gladys Allen Brigham Community Center. I/WE will not hold the Gladys Allen Brigham Community Center responsible for any said effects of the above approval.

Please check the line below if you **would or would not** like your picture or your child's picture taken for Gladys Allen Brigham Community Center purposes.

_____ No pictures

_____ Yes pictures

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

MOVIES

_____ Yes, I/WE will allow my/our child to view, on some occasions, PG or PG13 movies at the Gladys Allen Brigham Community Center. (Note- PG/PG-13 will be shown at the judgment of the Gladys Allen Brigham Community Center based on appropriateness)

OR

_____ No, I/WE do not want my/our child viewing PG or PG 13 movies at the Gladys Allen Brigham Community Center on occasions.

Parents/Guardians Signatures _____

Date _____

NON-PRESCRIPTION TOPICAL OINTMENTS, SPRAYS AND CREAMS
PERMISSION SLIP
(Creams, Lotions, Sunscreen, insect spray)

Topical, non-prescription creams, sprays, and lotions may be applied to my/our child as needed.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



Release Form

Gladys Allen Brigham Community Center

ABC School Age Enrichment Program

I/WE hereby authorize the Gladys Allen Brigham Community Center, ABC School Age Enrichment Program to release any social, education, developmental, and/or medical information on my/our child

_____ to _____.
(Child's Name) (Person/Agency Retrieving Information)

Gladys Allen Brigham Community Center

ABC School Age Enrichment Program

I/We will allow my/our child _____ to be part of a whole classroom observation by a special consultant that we may hire to assist teachers or by student interns who need to prepare observation papers for class. In no way will your child be singled out or his/her name be used. All interns are mentored and supervised by the teacher in the classroom. If a specific child warrants observation and documentation additional permission from the parent will be requested.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

ONSITE & OFFSITE SWIM CONSENT FORM

I/WE give permission for my/our child _____ to swim at the Gladys Allen Brigham Community Center pool, Burbank Park Onota lake Beach, and Onota Lake at Camp Stevenson-Witawentin.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

****Each child is responsible for the following items: Bathing Suit AND Towel**



Dear Parent / Guardian,

It is very important that the **final page** of this packet is **completed** upon submission, as this information is used to satisfy the requirements for our funding. Included is the **Client Demographic Worksheet**. Please be sure to complete each section on the demographic sheet with information about your household. Your name will not be associated with the information provided.

For any questions please contact Sharra or Ileana at
442-5174 ext. 18 or 22