

Office Use Only: <input type="checkbox"/> Processed <input type="checkbox"/> Paid <input type="checkbox"/> Copy for Files

Registration Form 2019 - 2020

CHILD INFORMATION:

Child's name: _____ Date of Birth: _____

Name he/she likes to be called _____ Start date: _____

Home Address: _____ Telephone: _____

City/Town: _____ Zip Code: _____

Child's cell phone # (if applicable): _____

Elementary School District: _____ Grade entering _____

Please Circle Program : Monarch Preschool / Springboard to Kindergarten / Kid's Club / Jr & Summer Adventures / Team Adventure / Outdoor Adventures

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Business Phone #: _____ Business Phone #: _____

Cell phone #: _____ Cell phone #: _____

E Mail: _____ E mail: _____

Kid's Club ONLY: **Is there documentation of a physical exam, immunization record and lead screening on file at child's school?
 Yes: _____ No: _____

**If there is an emergency or my child should get sick during the day, which parent/guardian should be called first? _____

Please list any special limitations or concerns you or your child may have including dietary restrictions, allergies, chronic health conditions: _____

Child's Identifying information (required by the Early Education and Care (EEC) Regulations):
 Eye color: _____ Hair color: _____ Sex: _____ Skin color: _____
 Height: _____ Weight: _____ Identifying marks: _____

<p>Kid's Club - I am enrolling my child for the 2019-2020 school year. He/she will attend Kids Club:</p> <p><input type="checkbox"/> Full time mornings: 5 days per week</p> <p><input type="checkbox"/> Part time mornings: (circle 1 - 5 days) M T W Th F (Circle days) ***30 day notice required to make a drop in child's schedule</p> <p><input type="checkbox"/> Full time afternoons: 5 days per week</p> <p><input type="checkbox"/> Part time afternoons: (circle 1 - 5 days) M T W Th F (Circle days)</p> <p><input type="checkbox"/> Drop in Basis: call Kid's Club at 978-684-5055 to alert us of days needed - need 2 days notice for before or after school days - 2 weeks for vacation/in-service days</p> <p>Springboard to Kindergarten: ***30 day notice to make a drop in child's schedule</p> <p><input type="checkbox"/> Monday - Friday (8:30-1) OR <input type="checkbox"/> 4 days per week (8:30-1) - Circle the 4 days needed: M T W Th F</p> <p><input type="checkbox"/> Extended Day (1-3pm) Circle the days : M T W Th F</p> <p><input type="checkbox"/> Extended Day (1-6pm) Circle the days: M T W Th F</p> <p>Monarch Preschool: ***30 day notice to make a drop in child's schedule</p> <p><input type="checkbox"/> 4 year old class (8:45-11:45) (4 by December 31, 2019) - Please circle the schedule needed: MWF (3 day) OR TWTHF (4 day)</p> <p><input type="checkbox"/> 3 year old class (8:45-11:45) (3 by December 31, 2019) - Please circle the schedule needed: TTh (2 day) OR TWTH (3 day)</p> <p><input type="checkbox"/> Extended Day Lunch Option until 12:45: Circle: days: MTWTHF</p> <p><input type="checkbox"/> Extended Day until 3: Circle days: MTWTHF</p> <p>*Jr., Summer, Team & Outdoor Adventure Schedules are on separate forms on our website: www.shedchildrenscampus.org</p>

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

**SHED Children's Campus
TRANSPORTATION AND
RELEASE AGREEMENT 2019-2020**

RELEASE INFORMATION

I give my permission for my child to be released from SHED Children's Campus at the end of the day to my spouse and/or to the following people. If no one other than you or your spouse is authorized, please indicate by writing NO ONE next to the NAME.

1. NAME _____ Phone _____ Relationship _____

2. NAME _____ Phone _____ Relationship _____

3. NAME _____ Phone _____ Relationship _____

4. NAME _____ Phone _____ Relationship _____

If there is anyone who is not allowed to pick up, please indicate below and speak with an Administrator.

THIS PERSON MAY NOT PICK UP MY CHILD _____

(If you filled in this line, please speak with one of the directors.)

I understand that unless otherwise notified, SHED Children's Campus shall assume that all natural or adoptive parents or legal guardians of the enrolled child or children shall have equal access to the records kept by SHED Children's Campus regarding the enrolled child or children.

I understand that unless SHED Children's Campus is provided with a certified copy of an order from a court of competent jurisdiction which expressly states otherwise, either natural or adoptive parent or legal guardian may visit or pick up the enrolled child or children on an unrestricted basis during the normal hours of operation during the day. I understand that if a child is not to be released to one of his/her parents, SHED Children's Campus must have a certified copy of the court order and a photograph of the person in our records.

I understand that people who are listed under "Emergency Contacts" (next page) are authorized by me to pick up my child at SHED Children's Campus in an "emergency" situation. **(please initial ___)**

I understand that 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 from date of signature to the end of that program year.

I understand that SHED Children's Campus will assume full responsibility for my child from the time he/she arrives at the program until my child leaves the program according to the written instructions for departure.

Kid's Club ONLY

*** If my child should miss the bus, I give permission for the Kid's Club teacher to drive him/her from his/her neighborhood school to Kid's Club. **(initial ___)**

***In the unusual event that my child should take the bus home by mistake instead of coming to Kid's Club, this is the name of a neighbor who might be home and who could be contacted:

NAME _____ **Phone** _____ **ADDRESS:** _____

***I understand that my child must be **picked up from Kid's Club by 6:00 PM**. If he/she is not picked up, Kid's Club will impose strict late fees according to the late fee policy in the handbook. **(initial ___)**

***I understand that **I must notify Kid's Club daily** if my child will be absent on a regularly scheduled day. **(initial ___)**

Monarch & Springboard ONLY

***My child will arrive & be picked up by parent/guardian: Yes / No

*If your child will not be dropped off or picked up by parent, please indicate directions: _____

***If there is an alternative drop off or pick up person, I will call or email the directors to let them know. **(Initial_____)**

Jr. Summer, Team & Outdoor Adventures ONLY

***My child will arrive & be picked up by a parent/guardian: Yes / No

***My child will use busses contracted by SCC for daily trips to the pool & weekly trips to field trips: _____

***If there is an alternate drop off or pick up person, I will call or email the directors to let them know: **(Initial ___)**

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

SHED Children's Campus
FAMILY INFORMATION FORM 2019-2020

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relationship to Child: _____ Relationship to Child: _____

Phone # if different: _____ Phone # if different: _____

Home Address if different: _____ Home Address if different: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Occupation: _____ Occupation: _____

Hours at work: _____ Hours at work: _____

Business Phone #: _____ Business Phone #: _____

Cell phone #: _____ Cell phone #: _____

E mail address: _____ E mail address: _____

Do either of you work for a large corporation? No __ Yes __ Who? _____ Which? _____

How did you hear about SHED Children's Campus? _____

ADDITIONAL INFORMATION:

Any siblings? Name _____ Age ____ Name _____ Age ____

Siblings' child care program and phone number: _____

Please list any special interests or abilities your child may have:

Is there a therapist or counselor that your child sees?

***Kid's Club ONLY:** Do we have permission to speak with the school adjustment counselor if we feel it is warranted?

Yes ____ No ____

Does your child have an I.E.P.? Yes ____ No ____ If yes, please give a copy to Kid's Club.

Are there any medications your child takes on a regular basis? What does he/she take and why?

Please indicate any eating or sleeping problems:

Please list any child care or group experiences that your child has had prior to SHED Children's Campus:

Please describe your child's personality:

Please indicate what languages are spoken at home: _____

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

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

SHED Children's Campus
FIRST AID AND EMERGENCY MEDICAL CARE, TRIPS AND PHOTOS
AUTHORIZATION AND CONSENT FORM 2019-2020

Child's Name: _____ Date of Birth: _____

I understand that the SHED Children's Campus staff are trained in the basics of first aid and I authorize them to give my child first aid when appropriate. **(initial ____)**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. I hereby authorize SHED Children's Campus to call my physician and/or secure necessary medical care in case of illness or accident, to administer first aid, and to otherwise act on my behalf when I cannot be reached and/or a delay would be dangerous to the protection of my child. If I cannot be reached, I authorize SHED Children's Campus to accompany my child in an ambulance transport to the nearest hospital for medical treatment including administration of anesthesia if surgery is advised by a physician. **(initial__)**

Choice of Hospital: _____

Child's Physician's name: _____ **Phone:** _____

Physician's address: _____

Health Insurance Coverage: _____ Policy # _____

Child's Allergies: _____

Chronic Health conditions: _____

Parent (s) name: _____	Phone (w) _____	Cell _____
		Phone (h) _____
Parent (s) name: _____	Phone (w) _____	Cell _____
		Phone (h) _____

Emergency contacts (In order to be contacted)

Name: _____ Address: _____

Relationship to child : _____ Phone # _____

Name: _____ Address: _____

Relationship to child: _____ Phone # _____

Name: _____ Address: _____

Relationship to child: _____ Phone # _____

Trips, Photos, Sunscreen and Bug Spray

I hereby authorize SHED Children's Campus to allow my child to participate in the following:

- ____ **(Please initial)** Field trips (special permission required for bus trips)
 - ____ **(Please initial)** Walks (local, library, downtown, AVIS trails, Phillips Academy Bird Sanctuary, etc.)
 - ____ **(Please initial)** Photos (for SHED Children's Campus / Kid's Club use within the program.)
 - ____ **(Please initial)** Photos (for SHED Children's Campus / Kid's Club use to release to newspapers)
 - ____ **(Please Initial)** Photos (for SHED Children's Campus / Kid's Club to use on our website & Facebook / Instagram page
- ***No Names will be used.**

I hereby authorize SHED Children's Campus to apply as needed:

____ **(initials)** Sunscreen (45 SPF) and ____ **(initials)** Bug Spray (7% DEET)

Parent/Guardian signature : _____ **Date:** _____

SHED Children's Campus FINANCIAL AGREEMENT FORM 2019-2020

I understand that I am responsible for payment of monthly fees in the amount of _____ (please fill in). I understand that the September tuition and the annual Facility Fee are due by July 26, 2019. **(initial _____)**.

I understand that SHED Children's Campus registration fee is due with registration and is non-refundable. **(Initial _____)**.

SHED Children's Campus does not bill; payment is due the first day of each month. Checks should be made payable to SHED Inc. Checks can be mailed or dropped off. Payment can be made by an automatic withdrawal from your bank (form attached) or by credit card on our website (convenience fee will be additional), I understand that if my payment is not received **by the 5th of the month it is due**, I will be charged a \$30.00 late fee. **(initial _____)** Unpaid late fees will accrue on the account.

I understand that I may only register my child for the following year if my account is up to date and clear of any debts. **(initial _____)**

I will give 30 days notice in an email prior to changing my child's schedule or to withdrawal from the program.
(initial _____)

I understand that tuition is divided evenly over 10 months. I understand that I am also responsible for an additional tuition payment which is a "Facility fee" (non refundable) equal to the amount of my tuition. (Those in the Kid's Club Before School program **ONLY** are not responsible for a Facility Fee). **(initial _____)**

I understand that I must consider my needs very carefully and no schedule changes may be made between August 1st and the end of September. After that I may request changes which will be honored by SHED Children's Campus if possible.
I further understand that I can only make 3 changes to my child's schedule during the school year; after that, there will be a \$30 processing fee per family per schedule change. **(initial _____)**

I understand that SHED Children's Campus is open according to the published SCC calendars. SCC is closed on most Holidays, and during the Winter Holiday break & 4th of July week & for a staff professional development day in March. SCC is open on a sign-up, additional fee basis (\$70.00 per day) during the other school vacation weeks (February and April) and the In-Service & half days.
(initial _____)

I understand there is a \$10 late fee – per day if I sign up for a vacation or in-service day after the deadline. **(initial _____)**

I understand that SHED Children's Campus reserves the right to close during the day on a snow day if the weather is deemed unsafe or very extreme. SCC will email families & post a message on our voicemail with opening or closing decisions. **(initial _____)**

I understand that in the event of any absences or personal vacations during the program hours, I am still responsible for fees for time reserved, not actual time spent at the Program. **(initial _____)**

I understand that all children are accepted into SHED Children's Campus on a two month trial basis. If SHED Children's Campus cannot accommodate the needs of my child, SHED Children's Campus will provide help in finding another placement. **(initial _____)**

I understand that if my child is going to be absent I need to call or email SHED Children's Campus to let them know. **(initial _____)**

*** I would like to receive a dependent care receipt for my tuition payment each month? **Yes _____ No _____**
Dependent care receipts will be emailed.

I understand I need to read the Parent Handbook (can request a copy from the directors) & be responsible for following the guidelines it contains. **(Initial _____)**

I agree to adhere to the stated policies and procedures of SHED Children's Campus and give my child permission to participate fully in this program.

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

**SHED Children's Campus 2019-2020
Child Medical Alert Form
Tooth brushing Authorization or Waiver**

If your child has an allergy/medical condition, please fill out this form.

Child's Name: _____

Has an Allergy/Medical Condition _____

In helping us appropriately and safely deal with a situation involving your child in this concern, please complete the following:

1. How do you normally handle this concern?

2. How would you like us to respond if this concern arises?

3. Is there anything that triggers or complicates this situation?

4. Is there anything that your child should avoid doing?

5. What is it / Are there any medical limitations that we should be aware of?

6. Are there things that you find can make the situation worse?

7. Are there things that you find can make the situation better?

8. Are there any non-emergency situations that you would prefer to be phoned by a staff member to alert you to a given situation?

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

Tooth-brushing Authorization or Waiver

Our licensing Agency, EEC has established a new policy regarding tooth-brushing. The policy states that if a child is in a program for more then 4 hours and if he/she eats a meal while at the program, then the child should have the opportunity to brush his/her teeth. Parents may, however, sign a statement indicating that their child does not need to brush while at the program.

___ Yes, I would like my child to brush his/her teeth while at Kid's Club (full days and vacation weeks). I will supply a toothbrush and a tube of toothpaste for his/her use. I will label both the toothbrush and the toothpaste with my child's name. I will replace the toothbrush every 3 months.

___ No, I do not want my child to brush his/her teeth while at SHED Children's Campus.

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

SHED, INC.

Permission Form for Use of Minor's Picture On the Internet

(A minor is any person 17 years of age and younger.)

This letter is a request for permission to use photographs of your child on the:

- Official SHED, Inc. Web Site on the Internet
- SHED, Inc. Facebook, Instagram & Twitter page on the Internet
- In SHED, Inc. promotional literature.

The images are used on the Internet to promote a wide range of activities however; the use of images is strictly controlled to best assure safety and confidentiality. Images displayed on the Internet will not be identified by name or any other identifying information.

Please return the form on the back to indicate that your child's picture may or may not be used on the Internet. This permission will stay in effect until cancelled by the parent or guardian. If you wish to cancel your permission, and have your child's picture(s) removed, please contact the Webmaster at 978-684-5055 (Linda) and the pictures will be removed. Allow 3-5 working days for removal.

Thank you for your cooperation.

Linda Shottes-Bouchard

Executive Director SHED Inc.

65 Phillips Street ~ Andover, MA 01810 ~ 978-684-5055 ~ FAX 978-636-4800 ~ www.shedchildrenscampus.org

SHED, Inc.

Permission Form for Use of Minor's Picture On the Internet

*****Name of Minor:** _____

As the parent or legal guardian, I grant SHED, Inc. permission to use my child's picture on the

- Official SHED, Inc. Web Site on the Internet,
- SHED Facebook or Instagram page on the Internet
- In SHED promotional literature.

I understand that at any time, I may have my child's picture removed by contacting the SHED, Inc. Webmaster. It is agreed that the use of my child's photograph or photographic image shall in no way be used in any other forum other than for official SHED, Inc. business.

I hereby waive any right that I may have to inspect or approve the finished product and the advertising copy and/or other matter that may be used in connection therewith or the use to which it may be applied.

I do hereby release, acquit and forever discharge SHED, Inc., its officers, employees, attorneys, representatives, insurers and assigns from any and all demands, cause of action and/or judgments of whatsoever nature of character, past or future, known or unknown, whether in contract or in tort, whether for personal injuries, property damage, payments, fees, expenses, accounts receivable, credit, refunds, or any other monies due or to become due, or damages of any kind or nature, and whether arising from common law or statute, arising out of, in any way, the use of my photograph or photographic image for official SHED, Inc. business through its Website, Facebook page, Patch or SHED, Inc. promotional literature.

This release contains the entire agreement between the parties and shall be binding upon and inure to the benefit of the successors and assigns of the undersigned.

YES My child's picture may be used. _____
Parent or Legal Guardian's Signature & Date

OR

NO My child's picture may not be used on the Internet. _____
Parent or Legal Guardian's Signature & Date

SHED Children's Campus Emergency Card Information

Child's Name:
Date of Birth:
Child's Home Address:
Home Phone:

INSTRUCTIONS TO REACH PARENT/GUARDIAN:

1. Parent/Guardian Name:
Home Phone:
Work Phone:
Cell:
2. Parent/Guardian Name:
Home Phone:
Work Phone:
Cell:

PEDIATRICIAN OR SOURCE OF HEALTH CARE:

Name:
Address:
Phone:

EMERGENCY CONTACT (other than parents/guardians, to be contacted in this order):

1. Name:
Home Phone:
Work Phone:
Cell:
Relation:
2. Name:
Home Phone:
Work Phone:
Cell:
Relation:

MEDICAL EMERGENCY TREATMENT:

I hereby give Kid's Club permission to administer basic first aid and/or CPR to my child, and/or take my child, to a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Parent/Guardian Signature Date

Please list any allergies or chronic health conditions:

Insurance Information (Optional):

Company Name:
Policy Number:
Participating/Choice Hospital:



Dear Families.

SHED Children's Campus is a wonderful family unit for all of us.

We understand that family life is busy – filled with responsibilities, obligations, home life, school & work life, play and all of the fantastic extras.

We are honored to be a part of your life and we recognize that some of your children's time here comes with guidelines.

We hope this form will help define some of those responsibilities. There are many extra days to sign up for, times to be here by, phone calls to make, etc.

Here is a list of some of the things we ask you to remember:

Please initial.

Child's Name: _____

* _____ I understand if my child will be absent from SHED Children's Campus, I need to let SCC know about this absence by phone call or email.

* _____ I understand if I need to make a change in my child's schedule, I must contact the directors. There is a 30 day notice before tuition can be reduced.

***Kid's Club & Springboard ONLY:** _____ I understand if I need my child to attend SHED Children's Campus on a half day, in-service day or vacation day, I must sign up for this day beforehand. I must sign up **EVEN** if it is my child's regularly scheduled day. Sign-ups are available at least 2 weeks prior to the day. I can sign up by phone call, on the sign up sheet in the front hall or by email

***Kid's Club ONLY:** _____ I understand I must pay for the half days or in-service days by the deadline (usually a week before the date).

***Kid's Club ONLY:** _____ I understand if I sign up for the half days, in-service days or vacation days after the deadline, space is not guaranteed & there is a \$10 late fee.

***Kid's Club ONLY:** _____ I understand I must cancel a sign up 48 hours in advance or I will be responsible for the fee.

***Kid's Club ONLY:** _____ I understand Kid's Club closes at 6pm. If I arrive later than 6pm, minutes will start accruing towards the 15 minute grace time allotted each year. Any minute after that grace time equals \$2 in late fees

* _____ I understand SHED Children's Campus is dedicated to caring for my child as an individual and will find ways to enhance my child's imagination & curiosity.

SHED Children's Campus understands you have entrusted us with your most precious loved ones. We will do our very best each and every day to respect and appreciate the trust you have placed in us.

Warmly,
SHED Children's Campus Administration & Educators

Parent Signature: _____ Date: _____

**SHED Children's Campus
Family Contact List Authorization
2019-2020**

The SHED Children's Campus Contact List will contain the names, addresses, telephone numbers, email addresses, and parents' names of all the students in the program whose families wish to participate. The contact list will be broken down by program (Monarch, Springboard to Kindergarten, Kid's Club). Once compiled, a copy of the list will be distributed to each family. All parents should complete the bottom portion of this form indicating their wishes concerning the directory. Please return it with your other enrollment forms ASAP so we may expedite the directory's distribution in the fall.

YES, please include my child, in the Family Contact List. You have my permission to print the following information:

Child's name: _____

Parents' names: _____

Home phone: _____

Cell phone: _____

Address: _____

Email(s): _____

_____ **No**, please do not include my child in the Family Contact List.

Parent signature: _____

SHED Children's Campus
2019-2020 Developmental History (Monarch & Springboard)

Child's Name: _____ **Birth date:** _____
month, day, year

Personal History:

Any complications at birth? _____

Any developmental delays (sitting, crawling, walking)? _____

Any difficulties speaking? _____ Any other languages spoken at home? _____

Does your child see a counselor/therapist? _____ For what reason? _____

Any other helpful information? _____

Health:

Any serious illness or hospitalization? _____

Any physical disabilities/limitations? _____ Any allergies? _____

Any medications given regularly? _____ For what? _____

Eating:

List any eating problems: _____ Food allergies? _____

Favorite Foods: _____ Any food refused? _____

Toilet Habits:

Does child indicate his/her bathroom needs: _____ Does child have accidents? _____

Are there any specific words of which we should be aware to indicate bathroom needs? _____

Sleeping Habits:

Does child still take naps? _____ What time does child go to bed? _____

What time does child get up in the AM? _____ What does child take to bed ? _____

Social Relationships:

Has child had other child care experiences? _____ Where? _____

How long did he/she attend other program(s)? _____

Is your child involved in other outside activities? _____

How does your child relate to strangers? _____ What is your child's favorite toy? _____

Is he/she frightened by animals? _____ Rough children? _____ Loud noises? _____ Dark? _____ Storms? _____

Other? _____ Does your child have any pets? _____

How would you describe your child? (use back if necessary)

Parent/Guardian Signature

Date

