



# KidsArts! CHILD'S INFORMATION - FORM 7.09 (2)

*(Please Complete One Form Per Child)*

## **CHILD INFORMATION:**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Primary Language Spoken at Home: \_\_\_\_\_  
Date your child will begin KidsArts! this year: \_\_\_\_\_ Age & Grade of child on that date: \_\_\_\_\_  
Name & Address of School Child will be Attending:  
\_\_\_\_\_

Is there documentation of a physical exam, immunization record, and lead screening on file at child's school?

Yes \_\_\_\_\_ No \_\_\_\_\_

Child's Identifying Information (**REQUIRED** by state regulatory agency) and current picture.

**PLEASE NOTE:** you **MUST** include child's height & weight.

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_

Weight \_\_\_\_\_ Skin Color \_\_\_\_\_ Identifying Marks \_\_\_\_\_

## **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 # _____	Telephone # _____
Times at Work _____	Times at Work _____
Other Phone _____	Other Phone _____

## **ADDITIONAL INFORMATION:**

Is your child eligible to receive free or reduced lunch? Yes \_\_\_\_\_ NO \_\_\_\_\_

Please list any special limitations your child has, including dietary restrictions (if none, please indicate by writing "none"):  
\_\_\_\_\_

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

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

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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**KidsArts! AUTHORIZATION AND CONSENT FORM 7.09 (3)  
FIRST AID AND EMERGENCY MEDICAL CARE**

**1. Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**2. Authorization and Release**

I understand that staff in the school aged child care program is trained in the basics of first aid and I authorize 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 transport my child to the nearest medical care facility and/or to

\_\_\_\_\_  
**(write name of facility here).**

**3. Physician Information**

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

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

**4. Child's Allergies or Conditions (if none, please write "NONE"):**

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

**5. Emergency Contacts, in order to be contacted if we cannot reach parents:**

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

**6. Health Insurance Coverage:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**7. Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_



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**KidsArts! TRANSPORTATION PLAN 7.12 (1) and ALTERNATIVE TRANSPORTATION PLAN (INCLUDING DESIGNATED ADULT) 7.12 (1)**

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

**2. My child will arrive at the program by:**

- \_\_\_ unsupervised walk
- \_\_\_ supervised walk (who: \_\_\_\_\_)
- \_\_\_ program bus
- \_\_\_ program van
- \_\_\_ parent drop off
- \_\_\_ school bus drop off: Bus # & time of drop off: \_\_\_\_\_
- \_\_\_ other (describe \_\_\_\_\_)

**3. My child will depart from the program by:**

- \_\_\_ parent pick up
- \_\_\_ unsupervised walk
- \_\_\_ supervised walk (who: \_\_\_\_\_)
- \_\_\_ program bus
- \_\_\_ program van
- \_\_\_ other (describe \_\_\_\_\_)

**Families must submit a copy of the Boston Public School Transportation placement; we need to have this on file.**

**4. Authorized Release**

I give my permission for my child to be released from the program at the end of the day as stated above and I give my permission to the following people, **in addition to parents/guardians**, to receive my child at the end of the day (**if no one is authorized please indicate below by writing "NO ONE"**):

**Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

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

**5. 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 the signature.**

**6. Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_



**KidsArts! OFF-SITE ACTIVITIES PERMISSION FORM - Section 7.34 (5) (c )**

**PROGRAM YEAR 2009- 2010**

SACC Program: KidsArts!

Address: PO Box 301252, Jamaica Plain, MA 02130  
(no mail here: 6 Eliot St., Jamaica Plain)\_\_\_\_\_

**I, \_\_\_\_\_ (parent/guardian name), give permission for my child  
\_\_\_\_\_ to participate in all the regularly scheduled on-going activities  
located at the following off-site facilities:**

- Agassiz School playground
- Arnold Arboretum
- Burroughs Street playground
- Curtis Hall
- Eliot School
- Footlight Club
- Green Street Playground
- Jamaica Plain business district
- Jamaica Plain Library
- Jamaica Pond
- Spontaneous Celebrations - Danforth St.

\_\_\_\_\_  
**(Parent/Guardian Signature)**

\_\_\_\_\_  
**(Date)**

**KidsArts! ENROLLMENT AGREEMENT CONTRACT**



I agree to be bound by the rules and policies of KidsArts! after school program as described in the Parent Handbook which I have read and which includes, but is not limited to, the following:

1. I understand that KidsArts! follows the Boston Public School Calendar.
2. I agree to notify the program in the event that my child will be absent from KidsArts! for any reason.
3. I understand there is no refund for absences and that I am responsible for the entire fee.
4. I agree to submit a Change of Transportation form at least two business days in advance of any transportation changes such as a change in which bus my child will arrive on, change from parent drop off to bus drop off or change in time of arrival. I understand that KidsArts! cannot guarantee that my child will be met at his/her school bus if this policy is violated.
5. I understand that first and last month's tuition is due before my child's first day at the program. All other tuition payments are due on the first of each month.
6. I agree to arrange for my child to leave the program no later than 6:00pm or I am responsible for paying a late fee of \$5.00 for the first 5 minutes or any portion thereof, plus \$1.00 per minute additional fee for each minute thereafter. I understand that persistent lateness may lead to an increase in this fee.
7. I understand that my child will not be allowed to leave KidsArts! with any person not on the transportation list I have provided unless I provide **WRITTEN** notice.
8. I agree to provide KidsArts! with four weeks written notice if I intend to reduce the number of days my child will attend KidsArts!. I understand that I am responsible for tuition for these four weeks.
9. I understand that if my child was absent from school due to illness, s/he may not attend KidsArts! that day, even if s/he is feeling better.
10. I understand that children will not be admitted to a full day (vacation day) program without a portable lunch. I understand that staff will not purchase or assist children in purchasing lunches, even if money is provided from home.
11. I understand that I am financially responsible for any damage done to the facility (First Church) by my child. I understand that children are not allowed to bring balls, Frisbees or other sports equipment to KidsArts!.
12. I understand that failure to comply with this agreement and all other rules and policies of KidsArts! as described in the Parent Handbook may result in the dismissal from the program.

**Name of Child** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# KidsArts! THE KIDSARTS! BASICS

**>>CHILDREN & PARENTS MUST SIGN THIS FORM and return before the start of the school year.**

The following rules & consequences should be understood by all KidsArts! parents & children before the start of the program each year. Please discuss the meaning of these "Basics" with your child. Examples you may want to discuss: **"Hands off or gentle touch"** - do not hurt others physically; respect the wishes of people who do not want to be touched, hold hands, or play a physical game. OK to do: ask to hold hands, play physical games, etc. **\*\* "Hurting words or actions"** -calling names, excluding others from activities, teasing **\*\* "Respect"** - Make KidsArts! a great place for all kids to come - be nice to each other. Do not touch things that do not belong to you. Take care of supplies. **\*\* "Create"** - It can be frustrating when you don't get your first choice for classes, or when the project you are working on seems difficult. The most important thing is to relax and try your best. KidsArts! is a great place to experiment. **\*\* "Cooperate"** -help out, stay safe & listen to teachers, do not disrupt classes.

## **\*Respect\***

- No hurting words or actions
- Gentle touch or hands off
- Take care of materials, rooms, art work, activities
- Listen - take care/turns speaking

## **\*Create\***

- Class time is art time - participate
- Do your best - Try! Experiment! Enjoy!
- Sign your name on your art work & take it home

## **\*Cooperate\***

- Put away coats, books, toys
- Help set up and clean up
- Ask to leave any room
- Stay out of areas that do not belong to KidsArts!
- Use inside voice in the classrooms
- Follow teachers' instructions

## **When Rules Are Disregarded**

### **1. Warning-Reminder:**

Student will be reminded about the rules and the reason for the particular rule in question.

### **2. Time Out:**

If the rule is broken again, a 5-10 minute time out will be assigned.

### **3. Out For Class:**

If the rule is disregarded again, the student will have a time-out for the rest of the class/activity.

### **4. Three Times Out:**

If a student must be out of class/activity 3 times, parents will be consulted about continuation at KidsArts!.

### **5. Physical Aggression - Danger:**

Time out immediately for this! Parents should always be notified.

**We have read & discussed the above "Basics"**

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Parent/Guardian and child's Signature

Date



KidsArts!

# KidsArts! HOMEWORK CONTRACT

KidsArts! will have a supervised space available for children to do their homework each day. The teen aide will assist children during homework time. Homework time is scheduled from 2:15 to 4:00 and 5:15 to 6:00. During these times, the program also provides snack, trips to the playground, games and activities.

We ask that you decide if you want your child to do her/his homework, then complete the following agreement **with your child** and return it to KidsArts!. The staff will then encourage and remind your child about the agreement, but will not be in the position of forcing any child to do homework. Staff is available to discuss homework agreements with parents and children, as well as specific needs a child may have.

**We agree that \_\_\_\_\_ (child's name) is expected to do his/her homework at KidsArts! each day.**

How much time, on average, should your child spend doing homework at KidsArts? \_\_\_\_\_

Should the homework be completed at KidsArts? \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Child Signature** \_\_\_\_\_



## **KidsArts! RELEASE FORM**

Please check the appropriate line next to each statement and sign at the bottom of this form.

### **DIRECTORY RELEASE**

\_\_\_\_\_ I give permission

\_\_\_\_\_ I do not give permission

for my name and telephone number to be given to other parents/guardians in the program and to be published in a directory.

### **PHOTO/AUDIO RELEASE**

\_\_\_\_\_ I give permission

\_\_\_\_\_ I do not give permission

for photographs, slides and video or audio tapes taken of my child to be used for public relations purposes at KidsArts!.

### **TEACHER CONFERENCE PERMISSION FORM**

\_\_\_\_\_ I give permission

\_\_\_\_\_ I do not give permission

for the staff of KidsArts! to have conferences with my child(ren)'s classroom teacher, so that we may better understand the child's social, emotional, and intellectual needs and be more effective in developing the program to meet those needs. I understand that staff will consult with me before speaking with my child(ren)'s teacher.

### **BOOT RELEASE**

\_\_\_\_\_ Yes! It is ok for my child to go outside in snowy weather without boots.

\_\_\_\_\_ No! It is not is ok for my child to go outside in snowy weather without boots.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



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# KidsArts! ASTHMA ACTION CARD

**Please complete this form if your child has asthma.**

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

**2. Health Care Provider who sees child for asthma, if different from child's physician**  
(if same as physician listed on First Aid & Emergency Medical Care form, write "SAME"):

Physician Name: \_\_\_\_\_

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

Site: \_\_\_\_\_

**3. Child's asthma triggers (check those which apply to your child):**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Exercise        | <input type="checkbox"/> Cold Air              | <input type="checkbox"/> Heat/Humidity          |
| <input type="checkbox"/> Furry Animals   | <input type="checkbox"/> Pollen                | <input type="checkbox"/> Dust/Dust Mites        |
| <input type="checkbox"/> Strong Emotions | <input type="checkbox"/> Pollution             | <input type="checkbox"/> Respiratory Infections |
| <input type="checkbox"/> Carpeting       | <input type="checkbox"/> Cockroaches           | <input type="checkbox"/> Perfumes/Odors         |
| <input type="checkbox"/> Cigarette Smoke | <input type="checkbox"/> Other (Explain) _____ |   |

**4. Daily Medications:**

Medications	Amount	When to Use
_____		
_____		
_____		

**5. Where is your child's inhaler kept**  
(for example, in the KidsArts! office, in his/her backpack, etc.)?

\_\_\_\_\_

**6. Is your child able to use the inhaler without assistance?** \_\_\_\_\_

**7. Parent/Guardian Signature:** \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



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