

KidsArts! Summer Day Program
Jamaica Plain Multicultural After School Arts Program
 P.O. Box 301252
 Jamaica Plain, MA 02130

ENROLLMENT FORM

p. (617) 524-0818
f. (617) 524-4042
www.jpkidsarts.org

(Please Complete One Form Per Child)

Child's Name: _____ Birth date: _____

Address/City/Zip: _____ Phone No.: _____

School as of 9/10: _____ Grade as of 9/10: _____

Parent/Guardian 1: _____ email: _____

Address/City/Zip: _____

Phone Home: _____ Work: _____ Other _____

Parent/Guardian 2: _____ email: _____

Address/City/Zip: _____

Phone Home: _____ Work: _____ Other _____

1. How many weeks? 1 2 3 4 5 6 7 8

Please specify the week by checking the box:

<input type="checkbox"/> Week 1: July 5 th -9 th ,2010	<input type="checkbox"/> Week 5: August 2 nd -6 th ,2010
<input type="checkbox"/> Week 2: July 12 th -16 th ,2010	<input type="checkbox"/> Week 6: August 9 th -13 th ,2010
<input type="checkbox"/> Week 3: July 19 th -23 th ,2010	<input type="checkbox"/> Week 7: August 16 th -20 th ,2010
<input type="checkbox"/> Week 4: July 26 th -30 th ,2010	<input type="checkbox"/> Week 8: August 23 rd -27 th , 2010

2. Do you have a child care voucher? YES NO

3. Payment Enclosed: \$ _____

Payment: This form must be accompanied by a \$50/week deposit per child. If you will be receiving a voucher, a \$20 deposit per child is required. Full payment is due by June 15th. If you are enrolling after June 15th, full payment is due upon acceptance to the program. If space is not available, you will be placed on the waiting list and your deposit will be returned.

Parent/Guardian Signature _____ Date _____

Office Use Only
 Date Enrolled: _____

Data Base _____



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:

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** _____



**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: _____



KidsArts!

**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 with his/her parent/guardian **YES** **NO**

3. My child will depart from the program with his/her parent guardian. **YES** **NO**

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: _____

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 all summer program weeks that my child is registered at KidsArts!

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

Print Parent/Guardian Name: _____



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

Summer Day Program 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, Sedgewick Street Branch
- Jamaica Plain Library, Connolly Branch
- Jamaica Pond
- Spontaneous Celebrations - Danforth St.
- Green Street Park
- Stony Brook Park
- Boston Common
- Boston Parks
- Other trips (Boston Museums and other educational sites)

We will be providing you with additional field trip forms when necessary.

(Parent/Guardian Signature)

(Date)



KidsArts! FAMILY DEMOGRAPHIC PROFILE

In order to compete for numerous grants, such as those we need to provide financial aid, KidsArts! is required to provide a great deal of information about our families. Much of this information is very personal; be assured that all information in your child's file is confidential. We must receive a completed form from each and every family. Thank you for your cooperation in making KidsArts! accessible to all. Please feel free to call the Director if you have any questions or concerns.

Parent/Guardian Name: _____

Child Name: _____

1. Child's Sex: Male _____ Female: _____

2. Race/Ethnicity Please check the slot which most closely describes your child:
African-American _____ Caucasian _____ Latino/Latina _____
Haitian _____ Native American _____ Asian/Pacific Rim _____
Other (please specify): _____

3. Special Needs

Does your child have a diagnosed special need? Yes _____ No _____
Please Specify: ADD/ADHD _____ At Risk Behavior _____ Physical Disability _____
Other (please specify) _____

4. Family Income Level

- a) How many people are in your household (how many adults & children does your household income support): _____
- b) Household Income Level (please check one)

At or Below	_____ 22,116	_____ 37,584
	_____ 27,312	_____ 46,428
	_____ 32,508	_____ 55,272
	_____ 37,716	_____ 64,104
	_____ 42,912	_____ 72,948
	_____ 43,884	_____ 74,604
	_____ 44,856	_____ 76,216

Above _____ 76,216



KidsArts! ENROLLMENT AGREEMENT CONTRACT

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

1. I agree to notify KidsArts! in the event that my child(dren) will be absent for any reasons.
2. I understand there is no refund for absences and that I am responsible for the entire fee.
3. I understand that the deadline for registration is June 15th and all sessions must be paid in full no later than June 15th, 2006.
4. I agree that if my child is not at KidsArts! by 9:00am he/she will be sent home at the director discretion.
5. 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.
6. I understand that my child will not be allowed to leave KidsArts! with any person not on the pick-up list (pg 4) I have provided, unless I provide a separate **WRITTEN** notice.
7. I understand that my child(ren) must be free of head lice and nits for 24 hours before returning to KidsArts!.
8. I understand that my child(ren) will not be admitted to KidsArts! without a portable lunch. I understand that staff will not purchase or assist child(ren) in purchasing lunches, even if money is provided from home.
9. I understand that if my child was absent due to illness, s/he may not attend KidsArts! that day, even if s/he is feeling better.
10. 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!.
11. I understand that failure to comply with this agreement and all other rules and policies as described in the Parent Handbook may result in the dismissal from the program without refund.

Name of Child _____

Parent/Guardian Signature _____ **Date** _____



KidsArts! THE KIDSARTS! BASICS

>>CHILDREN & PARENTS MUST SIGN THIS FORM and return before the start of the summer program.

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"

Parent/Guardian and child's Signature

Date



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!.

Parent/Guardian Signature _____

Date _____



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: _____



KidsArts!