



Kid Care Information Sheet 2024-2025

Child's Name: _____

School Attending: _____

Grade for 2024-2025: _____

My child will be attending the Andover Recreation Kid Care after school program for the 2024-2025 school year.

Please indicate with an **X** the number of days **and** which days your child will be attending Kid Care.

5 days	
4 days	
3 days	
2 days	

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

I authorize Andover Recreation to charge Kid Care tuition to the credit card below. Payments will be collected on or after the 15th or 16th of each month for the duration of the program. If I wish to withdraw my child from the program, I must notify Andover Recreation prior to the 15th for the following month.*

*No changes/withdrawals will be accepted for the first month of September.

Signature: _____ Date: _____

Payee's Email: _____ Phone Number _____

Payment Information *<i>Visa or MasterCard</i>																					
Payee's Name																					
Credit Card Number																					
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Expiration Date	Card Code (3- digit code on back)																				
_____/____/____	___ __ ___																				

*If your card should decline on the day that Recreation processes payment, you will have one week to submit a new registration form and update your credit card information. After the one week deadline, you will be charged an additional \$25/day for every day that passes without submitting the new form.

PROGRAM RESPONSIBILITIES

Providing Information To EEC The program must make available any information requested by the EEC to determine compliance with any EEC regulations governing the program, by providing access to its facilities, records, staff and references.

Reporting Abuse or Neglect All center staff members are mandated reporters. They are required by law to report suspected abuse and neglect to either the EEC or to the Licensee’s program administrator. The licensee must have written policies and procedures for reporting and must provide the written policy to you upon enrollment.

Notification of Injury The licensee must notify you immediately of any injury that requires emergency care. The licensee must also notify you, in writing, within 24 hours, if any first aid is administered to your child.

Availability of EEC Regulations. The program must maintain a copy of the regulations, 102CMR 7.00: Standards for the Licensure or approval of Group Day Care and School Age Child Care Programs, on the premises of the center and must make them available to any person upon request. If you have a question about any of the regulations, please request The Andover Recreation Kids Care Director to show them to you.

I have read and understand the policies of Andover Recreation Kid Care as stated in this handbook.

Parent/Guardian Print Name

Parent/Guardian Signature

Date

Child’s Name

The Commonwealth of Massachusetts
Department of Early Education and Care

Child's Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age at Admission: _____ Date of Admission: _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

Parent/Guardian Name : _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

BusinessAddress: _____

Business Phone Number: _____

Hours at Work: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diets: _____

Individual Health Plan for child with a chronic health condition? _____ YES _____ NO
If yes, please attach.

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?
If yes, please attach. _____ YES _____ NO

Special limitations or concerns? _____

School Information

Current School: _____

School Address: _____ School Phone Number: _____

I certify that documentation of physical examination and immunizations 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/Guardian Initials: _____

Parent/Guardian Signature

Date

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR 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 _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

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

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

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

Name _____

Address _____

Relationship to child _____

Home Phone _____ Cell Phone _____

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

Health Insurance Coverage _____ Policy # _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent/Guardian Name: _____ Phone _____ Cell _____

Parent/Guardian Signature

Date (Valid for one year)

STUDENT SERVICES
ANDOVER PUBLIC SCHOOLS
36 BARTLET STREET ANDOVER, MA 01810

Consent for Release of Information from Andover Public School to Kid Care

I am the parent/legal guardian of: _____

Date of Birth: _____ Grade: _____ School: _____

I hereby authorize the following members of the staff of the Andover Public Schools (please check off below):

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Teachers | <input type="checkbox"/> Counselor/Social Worker | <input type="checkbox"/> Assistant Principal |
| <input type="checkbox"/> Principal | <input type="checkbox"/> Aide | <input type="checkbox"/> No Staff |

TO:

___ Communicate verbally or in writing with the professional/organization named below regarding the child.

___ Obtain written records regarding my child from the professional/organization named below.

___ Send to the professional/organization named below written school records regarding my child.

(Any exception/additions to this communication are noted here)

Organization:

Kid Care Program Staff (Directors and full time Rec Staff overseeing the Kid Care Program)

Andover Recreation
36 Bartet St.
Andover, MA 01810
978-623-8340

Name of parent/legal guardian:

Address:

Telephone Numbers: Home: _____ Cell: _____

Signature: _____ Date: _____

Commonwealth of Massachusetts
Department of Early Education and Care
MEDICATION CONSENT FORM 606 CMR 7.11(2)(b)

Name of child: _____

Name of medication: _____

Please one of the following: Prescription: _____ Oral/Non-Prescription: _____

Unanticipated Non-Prescription for mild symptoms _____

Topical Non-Prescription (**applied to open wound/ broken skin**) _____

My child has previously taken this medication _____

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan _____

Dosage: _____

Date(s) medication to be given: _____

Times medication to be given: _____

Reasons for medication: _____

Possible side effects: _____

Directions for storage: _____

Name and phone number of the prescribing health care practitioner: _____

Child's Health Care Practitioner Signature _____ **Date** _____

I, _____, (parent or guardian) gives permission
(print name)

to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature _____ **Date** _____

For topical, non-prescription **NOT** applied to open wound / broken skin (**parent signature only**)

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

PARENT DROP OFF

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

PARENT PICK UP

SUPERVISED WALK

UNSUPERVISED WALK

PUBLIC/PRIVATE/VAN

PROGRAM BUS/VAN

CONTRACT/VAN

PRIVATE TRANS. ARRANGED BY PARENT

OTHER

All children will arrive at the program by supervised walk and are picked up from the program by parent pick up, unless otherwise noted above. The program does not provide transportation and the children do not leave the school premises during program hours.

PARENT /GUARDIAN SIGNATURE _____ DATE _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION

THE COMMONWEALTH OF MASSACHUSETTS Department of Early
Education and Care

CONSENT FOR CHILD TO LEAVE THE PROGRAM

I understand that my child does not leave this program while it is taking place.

(Parent/Guardian Signature)

(Date)

Please save this file under your child's 'Last Name, First Name 2024-2025 Kid Care Registration Packet' and upload to your MyRec Account complete your registration.

Confirmation will be sent within 24-48 business hours of the submission of this packet.