

Ludlow Community Center
Randall Boys and Girls Club
***Baird Middle School Recreational Program
Enrollment Form***

Child Information

Child's Name: _____ D.O.B. ____/____/____

Home Address: _____ Age: _____

City: _____ State: _____ Zip: _____

Home Telephone: () _____ Date of Admission (start date): ____/____/____

Physical description of child and/or current picture: (required by Department of Early Education and Care)

Eye Color: _____ Hair Color: _____ Sex: M F

Height: _____ Weight: _____ Skin Color: _____

Please Circle One:

African-American Asian Hispanic/Latino Multi-Racial Native American Caucasian Other

Identifying Marks: _____

Child's Physician: _____ Phone: () _____

Address: _____ City: _____ State: _____

Health Insurance Coverage: _____

Policy Number: _____

Special Limitations or Concerns: Individual Health Care Plans and Medication Consent forms ***MUST*** be filled out by parent and signed by licensed healthcare practitioner for any child with a chronic medical condition. Some examples would include: asthmatic, allergies, ADHD or diabetic. See attached forms.

Dietary Restrictions: _____

Allergies: _____

Special Needs: _____

Chronic Health Conditions: _____

Does your child have an IEP Yes _____ or NO _____ If yes please supply us with a copy.

School Information

Name of School: _____ Grade as of Sept./18: _____

Current Team: _____

Primary Language (if other than English): _____

Free Lunch Reduced Lunch Neither

Is there documentation of physical exam, immunization, and lead screening on file at Child's School?
Yes _____ No _____ (if no, then we must have a copy)

Parent/Guardian Information

Parent/Guardian Name: _____

Email address: _____ Relationship to Child: _____

Home Address: _____

Home Phone #: () _____ Cell Phone #: () _____

Employer's Name & Address: _____

Employer's Phone #: () _____ Hours at Work: _____ to _____

Parent/Guardian Name: _____

Email address: _____ Relationship to Child: _____

Home Address: _____

Home Phone #: () _____ Cell Phone #: () _____

Employer's Name & Address: _____

Employer's Phone #: () _____ Hours at Work: _____ to _____

Child Pick-Up/Emergency Contact Information

Name: _____ Relationship to Child: _____

Address: _____ Home Phone: () _____

Work Phone: () _____ Cell Phone : () _____

Name: _____ Relationship to Child: _____

Address: _____ Home Phone: () _____

Work Phone: () _____ Cell Phone : () _____

Name: _____ Relationship to Child: _____

Address: _____ Home Phone: () _____

Work Phone: () _____ Cell Phone : () _____

Children will only be released to those listed above on this list.

Parent/Guardian Signature

_____/_____/_____
Date

******Please note that all information is kept confidential******

Consent Form

Please circle one:

I understand that the Staff at The Randall Boys & Girls Club are trained in the basics of First-Aid and CPR and I authorize them to give my child First-Aid and CPR when appropriate.

yes or no

In the case of emergency, I give The Randall Boys & Girls Club staff permission to take my child to the nearest medical emergency treatment facility and to authorize necessary treatment until I can be reached.

yes or no

I give The Randall Boys & Girls Club staff permission to take my child on neighborhood outings with proper supervision and weather permitting.

yes or no

I give The Randall Boys & Girls Club staff permission to photograph my child to be used in displays and promotional materials.

yes or no

I give my child permission to access the internet while at the Baird Middle School Program with the understanding that proper supervision and safeguards are in place.

yes or no

School Information Release

The Randall Boys and Girls Club is committed to working closely with The Ludlow Public School. At times it is beneficial to a child for the administration of The School-Age childcare program to exchange information with The Ludlow Public Schools. If you wish to allow this exchange of information please sign the below release form. All release of information will be used in the best interest of the child and will be kept confidential.

I hereby give permission to The Randall Boys and Girls Club Baird Middle School Program to release and exchange any information, both written and verbal, with the Ludlow Public School.

yes or no

Data Sharing

I understand that the Randall Boys & Girls Club may share information about my child with Boys & Girls Clubs of America (BGCA) for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to BGCA may include the information provided on this application, information provided by your child's school or school district, and other information collected by the Randall Boys & Girls Club, including data collected via surveys or questionnaires. All information provided to BGCA will be kept confidential. Data shared with BGCA will only include membership number and not name.

Parent/Guardian's Signature

____/____/____
Date

****Please note that all information is kept confidential****

Confidential Information

The following information is necessary for our records and the funding our organization receives. The answers you provided are confidential. Your cooperation is both appreciated and necessary.

Annual Household Income: under \$25,000 over \$25,000 over \$50,000
 over \$75,000 over \$100,000 or Amount \$_____

Number of Family Members in the Household:_____

Child's Family Setting:

Mother Only Father Only 2 Parent Family 1 Parent/1Step Grandparents
 Foster Care Other_____

Is parent active military? yes or no If yes which branch?_____

Transportation Plan

Please check the program(s) that apply to your child

After-School

My child will arrive at the program by:

My child will depart from the program by:

___ Unsupervised walk*
___ Supervised walk (who_____)
___ School bus drop-off
___ Parent/guardian drop-off
___ other (describe_____)

___ Supervised walk (who_____)
___ School bus pick-up
___ Parent/guardian pick-up
___ other (describe_____)

Estimated Time of Departure:_____

Children will only be released to those listed on the child pick-up/emergency consent form.

Parent/guardian signature

____/____/____
Date

****Please note that all information is kept confidential****