

**QUINCY AFTER SCHOOL CHILD CARE, INC**  
**School Age Program**  
**2011-2012**

(Office Use Only) Start Date: \_\_\_\_\_  
Enrollment Date: \_\_\_\_\_  
File Expires On: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: M F

Child's School: \_\_\_\_\_

Age: \_\_\_\_\_

Primary Family Email: \_\_\_\_\_

**General Description:**

Eye Color \_\_\_\_\_ Skin Color \_\_\_\_\_

Hair Color \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Birth Marks: \_\_\_\_\_

Primary Language \_\_\_\_\_

(Contact First) **Parent/Guardian:** \_\_\_\_\_

Relation: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Pager/Cell: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

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

Work Hours: \_\_\_\_\_

(Contact Second) **Parent/Guardian:** \_\_\_\_\_

Relation: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Pager/Cell: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

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

Work Hours: \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy No.: \_\_\_\_\_

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

Allergy Reaction: \_\_\_\_\_

Allergy Treatment: \_\_\_\_\_

Medications/side effects: \_\_\_\_\_

**The following people are authorized to pick up my child from the QCARE program. In the event of an emergency, the following people will be contacted and my child can be released to them when I cannot be reached. These contacts cannot be the guardians listed above and must be listed in the order they should be contacted. Additional people can be listed on the back of this page.**

**1. Name:** \_\_\_\_\_

Home #: \_\_\_\_\_

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

Work #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_

**2. Name:** \_\_\_\_\_

Home #: \_\_\_\_\_

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

Work #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_

**3. Name:** \_\_\_\_\_

Home #: \_\_\_\_\_

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

Work #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_

➔ \_\_\_\_\_  
**Parent/Guardian Signature** \*Valid for 1 year from the date of signature\*

\_\_\_\_\_  
**Date**

**SCHOOL INFORMATION**

My Child will be in grade \_\_\_\_\_ for the 2011-2012 school year, attending \_\_\_\_\_ school, in classroom # \_\_\_\_\_ with Mr./Mrs. \_\_\_\_\_ as his/her teacher.

**CHILD'S LIVING SITUATION**

**Please circle one:**

**Child lives with:**      Mother                  Father                  Both                  Other: \_\_\_\_\_

★ *If one parent retains sole custody, for the protection of the child, a copy of the court order must accompany this application.*  **Attached**

★ *If there is a protective custody order or current restraining order on file for the child, a copy of the order must accompany this application for the protection of the child.*  **Attached**

★ *Protective orders must be provided to QCARE in order to ensure that the orders are enforced.*

**TRANSPORTATION PLAN**

★ *Arrival/departure to and from the QCARE program must be arranged in advance by guardian.*

My Child will **arrive** at the program by:

- Unsupervised walk from the classroom
- Supervised walk (please describe): \_\_\_\_\_
- Other (please describe): \_\_\_\_\_

My Child will **depart** from program by:

- Parent/Guardian or authorized adult pick-up

**RELEASE OF CHILD AS HELPER**

\_\_\_\_\_ **Yes**, my child can be released to the Principal of the school or a classroom teacher to help set up for plays, concerts, classrooms, etc. I understand that while my child is with the Principal or the classroom teacher from the school, Quincy After School Child Care, Inc. is released from all liability, as the child will be in the care of the Quincy Public Schools staff member.

\_\_\_\_\_ **No**, my child may not be released to the Principal of the school or the classroom teacher to help for any reason. I want my child to remain under the supervision of Quincy After School Child Care, Inc. staff members at all times. → Guardian Initials: \_\_\_\_\_

**RELEASE OF INFORMATION**

I give my permission to the staff and administration at Quincy After School Child Care, Inc. to speak to teachers, administrators, and all other pertinent personnel at \_\_\_\_\_ School about my child who attends Quincy After School Child Care, Inc. at the \_\_\_\_\_ site for the 2011-2012 school year.

I understand that this release form will be in full effect until I notify Quincy After School Child Care, Inc. in writing of my intention to nullify the release of information form or I withdraw my child from the Program. → Guardian Initials: \_\_\_\_\_

**PLAN FOR RESTROOM SUPERVISION**

QCARE feels that in order to best provide for child safety as well as a child's right to privacy, QCARE will utilize the "bathroom buddy" system for all children in care. The bathroom buddy will be a same gender child to travel to facilities with, and act as a helper if one of the children needs to get adult assistance while in the restroom. All children must notify a staff member when they are leaving the program space to utilize the restroom. For children who are under seven years old, and for other children with special circumstances agreed upon by the parent/guardian, a staff member will accompany the bathroom buddies to the restroom area to best provide supervision and respond immediately to any emergency situation that could arise. For facilities that are available to the general public, QCARE staff will provide constant supervision. This plan is in accordance with EEC regulation 7.10(5)(b)&(j). Please sign below to agree to the use of bathroom buddies and to agree to and acknowledge the QCARE plan for restroom supervision.

→ \_\_\_\_\_  
**Parent/Guardian Signature** \*Valid for 1 year from the date of signature\*

\_\_\_\_\_  
**Date**

**DEVELOPMENTAL PROFILE**

**The following questions are designed to assist us in providing the best possible care for your child. All information is confidential. Please fill out this profile completely.**

1. Is there documentation of a physical exam (within one year), immunization records (in accordance with DPH), and lead screening on file at your child's school? If NO, must supply. YES\_\_\_ NO\_\_\_

2. Has your child had any surgeries or hospitalizations? YES\_\_\_ NO\_\_\_  
If yes, please describe:\_\_\_\_\_

3. Does your child ever have any chronic illnesses, conditions or limitations? YES\_\_\_ NO\_\_\_  
If yes, please describe:\_\_\_\_\_

4. Has your child had the chicken pox **or** the chicken pox vaccine (Varicella)? YES\_\_\_ NO\_\_\_

5. Is your child taking daily or frequent medication? YES\_\_\_ NO\_\_\_  
If yes, please list the names of the medications:\_\_\_\_\_  
Reason for medications/side effects: \_\_\_\_\_

6. Does your child have any allergies? YES\_\_\_ NO\_\_\_

If yes, please describe the **allergy**:\_\_\_\_\_

Please describe the allergy **reaction**:\_\_\_\_\_

Please describe the allergy **treatment**:\_\_\_\_\_

7. Is your child on a special diet? YES\_\_\_ NO\_\_\_

If yes, please describe:\_\_\_\_\_

8. Does your child have any disabilities or special needs that we should be aware of to help facilitate care for your child? YES\_\_\_ NO\_\_\_

If yes, please describe:\_\_\_\_\_

9. Is your child receiving any on-going treatment that we should be aware of? YES\_\_\_ NO\_\_\_

If yes, please describe:\_\_\_\_\_

10. Does your child have an I.E.P. (Individual Education Plan) that QCARE may access to help facilitate care for your child? YES\_\_\_ NO\_\_\_

11. Other than crying, how does your child act when nervous or scared?\_\_\_\_\_

12. Please list the names and ages of your child's siblings, if any. Please add any information regarding siblings that may assist us in the care of your child. \_\_\_\_\_

13. Have there been any changes in the family status such as a recent move, a new sibling, a divorce, a separation or the death of a loved one that we should be aware of?\_\_\_\_\_

14. If there is any other information you feel we (as a provider of care) should know about your child, please describe:\_\_\_\_\_

**GUARDIAN AGREEMENTS & STATEMENTS OF UNDERSTANDING**

**I agree to the following:**

1. As the parent/guardian of a child enrolled in the QCARE program, I shall be able to visit my child's School Age site unannounced, at any time while my child is receiving care.

→Guardian Initials: \_\_\_\_\_

2. I have received a Parent/Guardian Handbook that explains my rights and responsibilities and understand that updates to the handbook will be available for viewing at [www.quincyafterschool.org](http://www.quincyafterschool.org). I agree to abide by the policies and procedures of QCARE as outlined in the contract on page 5 of this application and those policies and procedures outlined in the Parent/Guardian Handbook.

→Guardian Initials: \_\_\_\_\_

3. I have read and understand the QCARE Parent/Child Behavior Contract outlined in the Parent/Guardian Handbook.

→Guardian Initials: \_\_\_\_\_

4) If my child will not be attending the program on a given day, I will notify the child care site on that day of my child's absence **no later than 10:00am**.

→Guardian Initials: \_\_\_\_\_

5. I agree to resign the file to revalidate the information in the Child Application before expiration of the file.

→Guardian Initials: \_\_\_\_\_

6. I will provide all necessary medications and required paperwork documentation according with the program's policies and Department of Early Education and Care Regulations prior to my child attending and will keep all forms and medications up to date.

→Guardian Initials: \_\_\_\_\_

7. I agree that my child will participate in all QCARE sponsored events and activities totally at their own risk for injuries. I hereby release Quincy After School Child Care, Inc., and all others acting on their behalf, from any legal liability or legal action for any injuries that may occur.

→Guardian Initials: \_\_\_\_\_

8. I understand that I am responsible for payment of all medical related costs associated with injuries that occur at the Quincy After School program.

→Guardian Initials: \_\_\_\_\_

9. I understand that by registering my child I authorize him/her to participate in fundraising sales held on the premises.

→Guardian Initials: \_\_\_\_\_

10. I understand that my child will not be allowed to leave Quincy After School Child Care, Inc. with an unauthorized person. All persons authorized to pick-up my child must be listed on the authorized pick up/emergency contact list and have a valid driver's license *or picture ID* with them at the time of pick-up, and *must be at least 18 years old or older and must sign the child out of care.*

→Guardian Initials: \_\_\_\_\_

11. I understand that if a person arrives at the program to pick-up my child and appears to be under the influence of drugs or alcohol, for the child's safety, Quincy After School staff will have no choice but to contact an alternative authorized pick-up and/or police.

→Guardian Initials: \_\_\_\_\_

**\*I authorize consent as I have indicated on the above sections numbered 1 through 11\***

→ \_\_\_\_\_  
Parent/Guardian Signature *\*Valid for 1 year from the date of signature\**

\_\_\_\_\_  
Date

**Parent/Guardian Contract with Quincy After School Child Care, Inc.**

I, \_\_\_\_\_, as the parent/guardian of \_\_\_\_\_, am enrolling my child in the Quincy After School Child Care program at the \_\_\_\_\_ site. The weekly tuition payment amount I agree to pay is \$ \_\_\_\_\_ per week for the following days of the 2011-2012 school year.

Schedule: \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F

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**READ THE FOLLOWING CAREFULLY, AS YOU ARE SIGNING A CONTRACT FOR CHILD CARE SERVICES WITH QCARE. PARENTS/GUARDIANS ARE RESPONSIBLE FOR ALL ASPECTS OF THIS CONTRACT.**

**I enter into this contract with full knowledge of my obligations and agreement to:**

- This contract constitutes an agreement between my family and Quincy After School to utilize care until the last day of school; this includes any days added onto the school year due to school cancellations for any reason, unless I give a two-week notice as explained in the contract below.
- Fill out a child information application with all the pertinent details relating to my child, updating information as necessary throughout the year, and including information relevant to my child’s safety.
- Attend a registration session with a QCARE representative to discuss the needs of my child/family, review policies and procedures of the QCARE program and those required by the Department of Early Education and Care.
- Pay a non-refundable registration fee of \$40.00 before my child can begin the program and an annual \$20.00 registration fee for each year that my child is continually enrolled with QCARE. If enrollment is not continual, I understand that the registration fee will be \$40.00.
- All non-voucher families **must** complete a “SMART Tuition Form” or choose the “Half-Year Payer” option.
- Pay a two-week deposit. This deposit must be paid before my child can begin the program. This deposit is non-refundable if I do not give proper notification of withdrawal from the program.
- I understand that all returned checks QCARE receives will be assessed a \$25.00 service fee.
- **I understand that pick-up time is by 5:30pm each night. I understand I will be charged \$1.00 per minute after 5:30pm, payable directly to site staff.**
- **I understand that I am obligated to pay for holidays when the schools and QCARE are closed and for all days that the schools and QCARE are closed due to inclement weather or other emergencies.**
- I understand that I am not obligated to pay for school vacation weeks, unless I sign up for the vacation programs.
- I understand that a space is reserved for my child and that the slot cannot be used by any other family on a day-to-day basis. Therefore, I am obligated to pay for family-scheduled vacations and when my child is not in child care on a scheduled day when QCARE is open.
- I understand that a two-week notice is required to be given at the main office for any changes I make in my child(s) schedule including termination from the program. I understand that I will be assessed a \$5.00 service fee for each change in schedule.
- **I understand that after a two-week notice of termination from the program is given at the main office, the two-week deposit will be applied to the two weeks of care following the date of notification. If no two-week notice is given at the main office, the deposit will be forfeited and not applied to tuition. If I have not paid a deposit because I receive a voucher or other subsidy, I am financially obligated to pay for the two weeks of care directly following my notice of termination from the program.**
- Voucher payments are required to be kept current, a week in advance of services rendered, at all times. In place of a service fee for late payments, child care services may be terminated and my child care space may be forfeited due to late payments associated with my voucher. I understand that I am responsible for keeping my voucher current.
- I understand that if I fall behind on tuition payments and do not arrange a payment plan with the administration of QCARE, my child care services will be immediately terminated. This action will not terminate my obligation to pay the amount owed and I will forfeit my deposit.
- **I understand that payment is due in full the Friday before the week of care has been utilized. A late fee of \$15 per week will be charged if I do not pay the Friday before my child attends the program for each and every week of the year I am late with my tuition payments.**
- I understand that I will be responsible for any and all court fees if I fail to fulfill my financial obligations to Quincy After School Child Care.
- I understand that my child can be terminated from care for inappropriate behavior by me or friends or family members of mine.

➔ \_\_\_\_\_  
Parent/Guardian Signature *\*Valid for 1 year from the date of signature\**

\_\_\_\_\_  
Date

**#1 EMERGENCY MEDICAL TREATMENT RELEASE**

I understand that every effort will be made to contact me in the event of a medical emergency concerning my child. If I cannot be reached, I understand that alternative emergency contacts will be called. I give permission for QCARE personnel to call 911, or to transport my child to the nearest hospital to obtain emergency medical or dental treatment. I give permission for QCARE personnel to authorize any/all necessary lifesaving measures or medications for my child. I also authorize QCARE staff, trained in CPR and First Aid, to administer CPR/AED and/or First Aid techniques when necessary.

→Guardian Initials: \_\_\_\_\_

**#2 PHOTOGRAPHY & VIDEO RELEASE**

► YES \_\_\_ NO \_\_\_\_\_ Photographs/video of my child may be used in newspapers or other types of educational publications (ex: drama projects, art projects, bulletin boards).

I understand that every attempt will be made to shield participants from public photographs and/or video recordings when at public venues, but due to the public nature of field trips or outings Quincy After School Child Care, Inc. cannot guarantee that your child’s likeness will not be captured while in public.

→Guardian Initials: \_\_\_\_\_

I understand that for the child’s safety a photograph of my child will be added to his/her file upon entering the program each year.

→Guardian Initials: \_\_\_\_\_

**#3 BUGSPRAY CONSENT**

► YES \_\_\_ NO \_\_\_ At the discretion of the Quincy After School Site Coordinator, QCARE staff may apply Bug Spray to my child on days or field trips when bugs or ticks are present, abundant or a possible risk. It is not possible to guarantee coverage at all times.

→Guardian Initials: \_\_\_\_\_

**#4 SUNSCREEN CONSENT**

**→Please initial your desired option(s)**

\_\_\_\_\_ I give permission for the Quincy After School Child Care staff to provide sunscreen to my child on afternoons when we will engage in outdoor play or on field trips. QCARE staff will assist with sunscreen application if and when necessary.

\_\_\_\_\_ I will provide my own brand of sunscreen and will send it with my child each day for the QCARE staff to assist with applying in the afternoon. *If sunscreen is not packed with my child on any given day, QCARE can provide sunscreen to my child. (ONLY IF YOU ALSO INITIAL 1<sup>ST</sup> OPTION)*

\_\_\_\_\_ I do not want sunscreen of any kind to be applied to my child.

**#5 GENERAL EXCURSION PERMISSION SLIP**

I give permission for the Quincy After School Child Care School staff to take my child off of the child care premises for the following specified excursions (if applicable): walks to local parks, local beaches, libraries, corner stores/food establishments and the QCARE main office.

I will be notified by permission slip if my child is to be taken on any field trips that require bus transportation or requires the children to walk to a different location other than those listed above.

→Guardian Initials: \_\_\_\_\_

**\*I authorize consent as I have indicated on the above sections numbered 1 through 5\***

→ \_\_\_\_\_  
Parent/Guardian Signature \*Valid for 1 year from the date of signature\*

\_\_\_\_\_  
Date

**QCARE Payment Options Form**

**Site:** \_\_\_\_\_ **Parent/Guardian** \_\_\_\_\_

**Days of the week:**

Child Name: \_\_\_\_\_ M TU W TH F

Child Name: \_\_\_\_\_ M TU W TH F

Child Name: \_\_\_\_\_ M TU W TH F

**Choose one payment type:**

**If you currently participate in the SMART program, you must continue with the SMART program:**

1) \_\_\_\_\_ I will continue to be enrolled in SMART for the 2011-2012 school year. I will continue my deductions for the dates I have chosen and Quincy After School will supply SMART tuition management systems with all pertinent account information.

**If you have a Voucher (even without a parent fee) or Scholarship Recipients:**

2) \_\_\_\_\_ I will make my child care payments at the QCARE main office or by mail. I understand that payments are due by 5:00pm on the Friday before child care services. Payments can be made in person to Quincy After School at 44 Billings Rd., 2<sup>nd</sup> Floor in North Quincy or mailed to P.O. Box 710144, North Quincy, MA 02171.

2a.) I will be making my payments:  
\_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly (Due no later than the last Friday of the preceding month.)

**If you are a Half-Year Payer:**

3) \_\_\_\_\_ I will make my payments in-office in half-year installments. I understand that my payments must be made by the due date and in advance of care. Failure to make my half-year payment may result in termination of child care and will result in mandatory enrollment in SMART. I also understand that any late payments will be assessed a \$15.00 late fee. Payments can be made in person to Quincy After School at 44 Billings Rd., 2<sup>nd</sup> Floor in North Quincy or mailed to P.O. Box 710144, North Quincy, MA 02171.

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

\_\_\_\_\_  
Date