

PLOWSHARES EDUCATION DEVELOPMENT CENTER CHILD'S FACE SHEET/SCHOOL AGE CHILD

CARE LOCATION/SITE _____

I hereby attest that all e-signatures throughout this application serve as authorized signatures.

Child's Name: _____

Weight _____ Height _____ Sex _____

Home Address: _____

Hair Color _____ Eye Color _____ Skin Color _____

Telephone: _____

Date of Admission _____

Age at Admission _____

Date of Birth _____

Primary Language _____

Identifying Marks _____

Allergies/special diets _____

PARENT/GUARDIAN INFORMATION:

Parent/
Guardian Name _____

Parent/
Guardian Name _____

Relationship to child _____

Relationship to child _____

Home Address _____

Home Address _____

Home Telephone # _____

Home Telephone # _____

Cell Phone # _____

Cell Phone # _____

Email Address _____

Email Address _____

Business Name/City _____

Business Name/City _____

Work Telephone # _____

Work Telephone # _____

Hours at Work _____ Occupation _____

Hours at Work _____ Occupation _____

ADDITIONAL INFORMATION:

Child's Physician/Clinic _____	_____	_____
Name	Address	Telephone #

Chronic Health Conditions _____

Special limitations or concerns _____

School Age only: Current School _____ School Address _____

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 Signature

Date

Plowshares Education Development Center, Inc.
191 Pearl Street
Newton, Ma. 02458
Ph.(617)965-6082 Fax.(617)965-1395

EMERGENCY CARD INFORMATION

Child's Name: _____ Date of Birth: _____

Child's Home Address: _____

Phone: _____

INSTRUCTIONS TO REACH PARENT/GUARDIAN (Name, Address, Phone #'s **Work, Cell, Home**)

1. _____

2. _____

PEDIATRICIAN OR SOURCE OF HEALTH CARE (Doctor's Name, Address, Phone #'s)

1. _____

EMERGENCY CONTACT & RELEASE PERSON(S) (*other than parents*) (Name, Address, Phone #'s **Work, Cell, Home**)

1. _____

2. _____

Name/Address/#'s for Authorized Release Persons (if different) _____

MEDICAL EMERGENCY TREATMENT

I hereby give Plowshares Educational Development Center permission to administer basic first aid and/or CPR to my child and/or take my child _____ to Newton Wellesley (or nearest) Hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

(Parent/Guardian Signature) (Date)

ALLERGIES/MEDICAL CONDITIONS _____

Current Height: _____ Weight: _____ **Wallet size photo required (please attach)**

INSURANCE INFORMATION (OPTIONAL)

Company Name: _____ Policy # _____

Participating Hospital: _____

Special Instructions: _____

I hereby attest that all e-signatures throughout this application serve as authorized signatures.

(OVER)

(revised 06/09)

PERMISSION TO TAKE CHILD OFF THE PREMISES

I hereby attest that all e-signatures throughout this application serve as authorized signatures.

I hereby give permission for staff members and all parent or guest supervisors of **PLOWSHARES CHILDCARE PROGRAM, INC.**, to take my child, _____, on excursions from the center which will include the following types of activities:

1. Walks to neighborhood parks, stores and other educational attractions.
2. Special Events.

If a parent chooses not to send a child on a field trip he/she is responsible for making alternative childcare arrangements. If enough children are not participating on the trip, Plowshares may make arrangements for them, if staffing permits.

Signature of Parent or Guardian

Date: _____

Parents, please list any special information we might need to know about your child concerning field trips. Thank you.

PLOWSHARES EDUCATION DEVELOPMENT CENTER, INC.
AFTER-SCHOOL PROGRAMS
ALTERNATIVE TRANSPORTATION RELEASE FORM

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

_____ Unsupervised Walk (1st through 5th grade) _____ Supervised Walk with Plowshares (K's only)
_____ School Bus Drop Off _____ Parent Drop Off
_____ Other (Describe _____)

MY CHILD WILL DEPART FROM THE PROGRAM BY:

_____ Parent Pick Up _____ Unsupervised Walk _____ All Year/ _____ List Specific Dates
_____ Supervised Walk (Who _____)
_____ Other (Describe _____) **
** (Time _____ Date(s) _____ Mode of Transportation _____)

I give my permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. (If no one is authorized, please indicate below by writing " NO ONE ").

- | | |
|---------------|--------------------|
| 1. Name _____ | Relationship _____ |
| Address _____ | Phone _____ |
| 2. Name _____ | Relationship _____ |
| Address _____ | Phone _____ |
| 3. Name _____ | Relationship _____ |
| Address _____ | Phone _____ |

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 signature.

I understand that the program is responsible for my child only upon their arrival at the program and ceases upon their departure from the program as authorized above. I accept responsibility for my child at all other times. On behalf of myself, my child, and all family members, I hold the program, its officers, directors, employees, and the City of Newton, harmless from any liability except in the case of intentional misconduct.

I understand this policy and have had the opportunity to ask questions for clarification.

Parent/Guardian _____

Date _____ (A.S. Regs. 11.05(9) (b)



457 Walnut Street
Newtonville, Ma. 02460
(617) 527-3755/ Fax (617) 244-0227

Plowshares Education Development Center, Inc.

Lincoln Eliot
191 Pearl Street
Newton, MA. 02458
Ph 617-965-6082
Fax 617-965-1395

Franklin
125 Derby Street
W. Newton, MA. 02465
Ph 617-244-9330
Fax 617-244-8194

IN-HOUSE MEDIA RELEASE

(Plowshares strives to protect the privacy and rights of all our families and will not release photos, media or private information without consent, unless so required by law or deemed in the best safety interest of the children in our care.)

I DO []

I DO NOT []

GIVE PERMISSION FOR MY CHILD, _____

TO HAVE HIS/HER PHOTO/VIDEO TAKEN WHILE AT PLOWSHARES.

I UNDERSTAND THAT THESE IMAGES WILL BE USED FOR IN-HOUSE PURPOSES ONLY SUCH AS, BUT NOT LIMITED TO, THE FOLLOWING:

- * PLACEMENT IN MY CHILD'S FILE OR PORTFOLIO
- * DISPLAY ON PLOWSHARES BULLETIN BOARDS
- * USE DURING PLOWSHARES YEAR-END VIDEO PRODUCTION (WHICH IS OFTEN DISTRIBUTED TO OTHER PLOWSHARES FAMILIES)
- * PICTURES OF PROGRAM ACTIVITIES/EVENTS FOR ANY CHILD TO TAKE HOME
- * PLACED ON PLOWSHARES COMPUTER SCREEN-SAVER

FURTHER,

I DO []

I DO NOT []

GIVE PERMISSION FOR MY CHILD'S PHOTO TO BE USED ON PLOWSHARES BROCHURES AND/OR WEBSITES ACCESSIBLE BY THE GENERAL PUBLIC.

I hereby attest that all e-signatures throughout this application serve as authorized signatures.

SIGNATURE: _____

DATE: _____



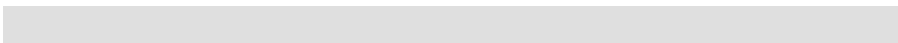
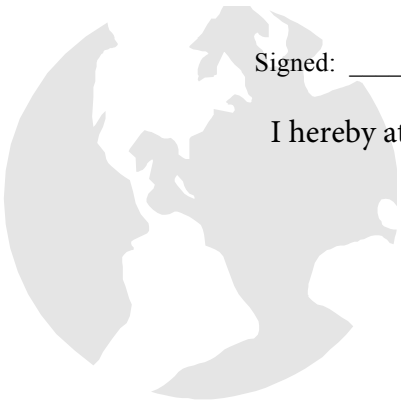
PLOWSHARES EDUCATION DEVELOPMENT CENTER, INC.

Lincoln Eliot Plowshares Afterschool In-House Personnel Release

I give permission for my child, _____ to remain with the Lincoln Eliot Public School personnel and/or to participate during after- school hours with Lincoln Eliot personnel for activities such as, but not limited to, helping classroom teachers, helping to set up Lincoln Eliot school or PTO activities, extra homework assistance, etc. I also understand that Plowshares is neither responsible for, nor liable for, my child while he/she is engaged in, or in transit to and from, these activities. I also understand that only when my child has returned from these activities, notified the Plowshares teachers of his return and is again under their direct supervision that Plowshares liability begins anew.

Signed: _____ Date: _____

I hereby attest that all e-signatures throughout this application serve as authorized signatures.



PLOWSHARES

Plowshares Childcare Program, Inc.
Newton North High School
457 Walnut Street, Newtonville, MA. 02460
Ph. (617)527-3755 Fax (617)244-0227

APPLICATION FOR FINANCIAL ASSISTANCE

(All information will be held in strict confidence.)

PARENT/GUARDIAN(M) _____ (F) _____

SOC SEC# _____ SOC.SEC# _____

HOME PHONE _____ HOME PHONE _____

DAY PHONE _____ DAY PHONE _____

ADDRESS _____

Number Street City Zip

NUMBER/DEPENDENTS IN HOUSEHOLD _____ MARRIED _____ SINGLE _____ DIVORCED _____

LIST ALL CHILDREN: (USE BACK OF SHEET IF NECESSARY)

PLOWSHARES PROGRAM ENROLLED ()

Name Soc.Sec.# Birthdate Pre-School Kindergarten After-School Summer

APPLICANT'S PROFESSION _____ SPOUSE'S _____

NUMBER OF HOURS WORKED PER WEEK: APPLICANT _____ SPOUSE _____

GROSS INCOME/YEAR _____ SPOUSE GROSS INCOME/YEAR _____

(Please attach copies of 1 month of your most recent paychecks or a letter from your employer. If self-employed--attach a copy of last year's income taxes, or a profit & loss statement drawn up by an accountant).

OTHER SOURCES OF INCOME: (NEED COPY OF 1 MONTH'S PAYSTUBS OR OFFICAL DOCUMENTATION)

ALIMONY/YEAR _____ AFDC/DTA _____

CHILD SUPPORT/YEAR _____ UNEMPLOYMENT COMP _____

SSI/YEAR _____ INCOME/RENTAL PROPERTY _____

OTHER SCHOLARSHIPS REC'VD _____ ALL OTHER INCOME _____

I hereby attest that all e-signatures throughout this application serve as authorized signatures.

SIGNATURE OF APPLICANT _____ DATE _____

OFFICE USE ONLY: SITE REQUESTED _____ LINCOLN ELIOT _____ FRANKLIN _____ NEWTON NORTH

CDBG _____ CP _____ LOTTERY _____ PLOWSHARES _____ ECP _____

MONTHLY TUITION RATE _____ CHILD WEEKLY SCHEDULE _____

.....

Plowshares Education Development Center, Inc.

NON-ANTISPETIC TOPICAL OINTMENT APPLICATION PERMISSION

I hereby authorize Plowshares to administer the following non-antiseptic topical ointment (e.g. sunscreen, Desitin, Calamine Lotion, etc.) for my child:

Name of Child

Topical Ointment: (specify brand and type) _____

When to be Given: _____

Direction for Usage: _____

Parent Signature: _____ Date: _____

NOTE: Should my child run out of sunscreen, I give permission for the staff to use Plowshares sunscreen, **Coppertone Water Babies SPF 45** on my child.

Please Initial _____

Special Indications: (e.g. **DO NOT USE ANY OTHER BRAND**, etc.) _____

I hereby attest that all e-signatures throughout this application serve as authorized signatures.

HOMework CONTRACT

I would like my child, _____ to be added to the mandatory homework list. While he/she is at Plowshares, I would like my child to work on the following:

_____ All written and reading homework

_____ Only written homework

_____ Only reading homework

_____ Other _____

I understand that Plowshares will remind my child to do their homework. I also understand Plowshares can not force any child to do homework, but will use this contract to remind your child of the agreement your family has made.

I hereby attest that all e-signatures throughout this application serve as authorized signatures.

Parent's Signature _____ Date _____

Child's Signature _____ Date _____