



FUN CLUB CHECKLIST 2019-2020 SCHOOL YEAR

Parents must have all of the following paperwork returned to your Site Coordinator or Town Hall Recreation Office before your child is allowed to start Fun Club.

____ Child Enrollment Packet-completed and signed:

You are required to fill out all forms completely.
DO NOT write SAME or SEE ABOVE on any of the paperwork.

- A. Child Enrollment Form
- B. Emergency Card Information
- C. First Aid and Emergency Medical Care Consent Form
- D. Transportation Plan
- E. Special Permission Consent Form
- F. Parent Handbook Sign-Off Sheet

____ Updated Photo



The Commonwealth of Massachusetts
 Department of Early Education and Care

Child's Enrollment Form

Child Information:

Child Name	Date of Birth
Age at Admission to Program	Date of Admission to Program
Child's Home Address	Identifying Marks
Home Phone	Eye Color
Gender	Hair Color
Height	Skin Color
Weight	Primary Language

Parent/Guardian Information:

Parent/Guardian Name	Parent/Guardian Name
Relationship to Child	Relationship to Child
Address	Address
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
Email	Email
Business Name	Business Name
Business Address	Business Address
Hours at Work	Hours at Work



Child Enrollment Form (Continued):

Child's Physician	Phone Number
Physician Address	Chronic Health Conditions
Allergies:	Special Diet/Limitations/Concerns:
Does your child have an Individualized Health Care Plan (IHCP) in place for a chronic health condition? YES / NO If yes, please attach a copy.	Are there any custody agreements, court orders, or restraining orders pertaining to your child? YES / NO If yes, please attach a copy.
My child has a physical on file with the school nurse: YES / NO	
_____ Parent Signature	_____ Date
If I do not have a physical on file with the school nurse, I must provide a copy of my child's physical to Fun Club in order for my child to be enrolled in the Fun Club Program.	
Current School	School Phone Number

Parent/Guardian Signature

Date

Emergency Card Information

Child's Name _____
 Date of Birth _____ Parent/Guardian Name _____
 Allergies/Medical Conditions _____

Instructions to Reach Parent/Guardian:

Parent/Guardian Name	Parent/Guardian Name
Relationship to Child	Relationship to Child
Address	Address
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone

Emergency Contact Persons in the event that you cannot be reached:

Parent/Guardian Name	Parent/Guardian Name
Relationship to Child	Relationship to Child
Address	Address
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone

Release of Child to Authorized Adult at Pick Up

I give permission for my child to be released from the program to any of the adults listed below.

Parent/Guardian Name	Parent/Guardian Name
Relationship to Child	Relationship to Child
Address	Address
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone

Medical Emergency Treatment

I hereby give Danvers Recreation Fun Club permission to administer basic First Aid and/or CPR to my Child _____ and take my child to a hospital for medical treatment when I cannot be reached or when I would be delayed and it would be dangerous to my child's health.

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 hereby give Danvers Recreation Fun Club Staff, whom are trained in the basics of first aid and CPR, permission to administer basic First Aid and/or CPR to my child when appropriate. In the event of a medical emergency that requires my child to be transported to a hospital for medical treatment, I hereby authorize the program to secure necessary medical treatment for my child when I cannot be reached or when I would be delayed and it would be dangerous to my child's health.

Parent/Guardian Signature _____

Child Medical Information

Child's Physician	Phone Number
Physician Address	Chronic Health Conditions?
Allergies?	Special Diet/Limitations/Concerns?
Health Insurance Coverage	Health Insurance Policy Number

Instructions to Reach Parent/Guardian

1.Parent/Guardian Name	2.Parent/Guardian Name
Relationship to Child	Relationship to Child
Address	Address
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone

Emergency Contact Persons in the event that you cannot be reached:

3.Name	4.Name
Relationship to Child	Relationship to Child
Address	Address
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone
Do you give permission for your child to be released to this person?	Do you give permission for your child to be released to this person?

Parent/Guardian Signature _____

Date (Valid for one year) _____



TRANSPORTATION PLAN AND AUTHORIZATION

CHILD'S NAME: _____

PARENT NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

MY CHILD WILL DEPART FROM THE PROGRAM BY:

_____SUPERVISED WALK BY FUN CLUB STAFF

_____PARENT/ GUARDIAN PICK-UP

_____Danvers Public School Bus

_____OTHER AUTHORIZED ADULT

_____PARENT/GUARDIAN ON FULL DAYS

(VACATION DAYS, STAFF DEVELOPMENT DAYS, AND HOLIDAYS)

I give my permission to the following people to pick up my child from Fun Club:

Name	Name
Relationship to Child	Relationship to Child
Address	Address
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone

Name	Name
Relationship to Child	Relationship to Child
Address	Address
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone

Name	Name
Relationship to Child	Relationship to Child
Address	Address
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone

Name	Name
Relationship to Child	Relationship to Child
Address	Address
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone

ANY OTHER TRANSPORTATION REQUEST MUST BE STATED IN WRITING AND MAINTAINED IN THE CHILD'S FILE OR THE ABOVE PLAN MUST BE IMPLEMENTED. THIS PERMISSION IS VALID FOR THE PROGRAM YEAR FROM THE DATE OF SIGNATURE.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

Additional Authorized Pick Up Persons

Name	Name
Relationship to Child	Relationship to Child
Address	Address
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone

Name	Name
Relationship to Child	Relationship to Child
Address	Address
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone

Name	Name
Relationship to Child	Relationship to Child
Address	Address
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone

Name	Name
Relationship to Child	Relationship to Child
Address	Address
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone

Name	Name
Relationship to Child	Relationship to Child
Address	Address
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone

Name	Name
Relationship to Child	Relationship to Child
Address	Address
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone



Special Permission Consent Form

Child's Name: _____

Homework:

_____ **Yes, I would like my child to work on their homework at Fun Club.
Homework is one hour. I understand it is my responsibility to check my child's homework.**

_____ **No, I do not want my child to work on their homework at Fun Club.**

Tooth Brushing (Provided by Parent/Guardian)

_____ **Yes, I would like my child to brush their teeth at Fun Club.
I understand it is my responsibility to provide a toothbrush and toothpaste for my child.**

_____ **No, I do not want my child to brush their teeth at Fun Club.**

Sun Screen (Provided by Parent/Guardian):

_____ **Yes, I would like my child to apply sunscreen at Fun Club that I will provide.**

_____ **No, I do not want my child apply sunscreen at Fun Club.**

Water Games/Activities:

_____ **Yes, I allow my child to participate in Water Games and Activities at Fun Club.**

_____ **No, I do not allow my child to participate in Water Games and Activities at Fun Club.**

Parent /Guardian Signature _____ **Date** _____

DANVERS RECREATION FUN CLUB



PARENT HANDBOOK SIGN-OFF SHEET

I _____, have read and understand all the policies in the Danvers Recreation Fun Club Program Handbook. I agree to follow the handbook policies accordingly.

I do understand that all policies listed in this handbook will be enforced and that failure to comply with these policies is reason for immediate termination. I also understand that Danvers Recreation maintains the right to change any and all of these policies as deemed necessary throughout the year.

(Signature of Parent/Guardian)

Date

(Signature of Program Director)

Date