OF SPECIAL NOTE:
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_____

MARY JOHNSON CHILDREN'S CENTER
SCHOOL AGE PROGRAMS

MJCC must have an up-to-date enrollment form FOR EACH CHILD.

SCHOOL YEAR: 2021- 2022 _____

PROGRAM SITE: _____

Child's Legal Name: _____ Preferred Name: _____
Date of Birth: _____ Age: ____ Date of Enrollment: _____

Parent/Guardian Name: _____

Best Phone #	2nd Phone #	Employer	Work Phone #
Mailing Address:		E-Mail:	

Parent/Guardian Name: _____

Best Phone #	2nd Phone #	Employer	Work Phone #
Mailing Address:		E-Mail:	

EMERGENCY CONTACT PERSONS: These are the persons to be contacted in case of an emergency IF parent(s) or guardian(s) cannot be reached. These must be someone in the local area, within 20 minutes' distance if possible, in case this child needs to be picked up due to illness, etc.

Name	Best Phone #	2nd Phone #	Work Phone #	Address

IN CASE OF EMERGENCY

IF parents/guardians or above-named person(s) cannot be contacted, AND the situation calls for immediate attention, I HEREBY AUTHORIZE MJCC SCHOOL AGE PROGRAM STAFF TO SEEK EMERGENCY MEDICAL ATTENTION FOR THIS CHILD.

SIGNATURE: _____ DATE: _____

CHILD'S Physician and Dentist

Doctor's Name:	Doctor's Phone Number:
Dentist's Name:	Dentist's Phone Number:

Does this child have any ALLERGIES? _____ If yes, please list: _____
Are any MEDICATIONS taken on a regular basis? ____ Please list with dosage and frequency:
_____

PERMISSIONS:

PICK-UP: This is the list of **all** who may pick up this child—parent/guardian, siblings, neighbors—**ALL persons**. The SCHOOL AGE PROGRAM will not release your child to anyone except the persons listed here, unless written or verbal permission is provided, for your child's protection. THESE PERSONS SHOULD BE PREPARED TO FURNISH CURRENT IDENTIFICATION IF ASKED BY PROGRAM STAFF, to ensure safety of the child.

I GIVE PERMISSION FOR THE FOLLOWING INDIVIDUALS TO PICK UP MY CHILD FROM THE SCHOOL AGE PROGRAM:

NAME:	PHONE NUMBER(S)	Relationship to Child

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Access Information:

Families always have access to their child, their child's files, and, within reason, to the Program staff. MJCC School Age programs recognize that in most situations, both parents have a legal right to be a part of their child's life.

MJCC programs deny parent/guardian access to a child **only** if there is a legal document on file at the program site and the MJCC office.

If there are any individuals not LEGALLY permitted access to this child, list below:

_____-_____-_____

Parent/Guardian Signature: _____ Date: _____

1). I give permission for the staff of the SCHOOL AGE PROGRAM to **administer Children's Tylenol** in the event that I cannot be reached, and my child has a fever of 101 or above.

Parent/Guardian Signature: _____ Date: _____

2). I give permission for the SCHOOL AGE PROGRAM STAFF to access my **child's immunization records** from the VT Department of Health database (immunization records only).

Parent/Guardian Signature: _____ Date: _____

3). I understand that occasionally **photographs** might be taken of children in school age programs. I give permission for photographs including my child to be used in brochures, magazine/newspaper or other publicity materials, without payment to me.

Parent/Guardian Signature: _____ Date: _____

4.) I give permission for (please check and sign):

My child to go on **field trips, off-site hikes, etc.,** with the understanding that adequate adult supervision will be maintained, and that safe transportation, if needed will be provided**. _____**

My child to **SWIM** with the SCHOOL AGE PROGRAM—advance notice provided**. _____**

SCHOOL AGE PROGRAM STAFF to apply: **Sunscreen _____ Insect Repellant_____**

Parent/Guardian Signature: _____ Date: _____

Health Information:
A). Has this child ever had an **allergic reaction**? Yes ____ No ____
If yes, please describe warning signs or indicators of the allergic reaction that might be observable in your child in the event of accidental contact with the cause of the reaction here.

_____
_____
Please speak to a site director about the specifics of the reaction, and provide written directions for staff, if appropriate and necessary.
B). Does this child have any **medical conditions/ diagnoses**? Yes ___ No ____
If yes, please detail or describe here.

_____
_____
C). Does this child have a **medical plan (asthma, peanut allergy, etc.)?** If so, please give a copy to MJCC.

Family Information:
The SCHOOL AGE PROGRAMS ask for a bit of information about family relationships and people that are important in their lives, to best serve this child. For safety and legality, we ask for brief, clear answers to the following questions:
A). Does this child have any siblings? Yes ____ NO ____
If yes, please list their names and ages:

_____
_____
B). Are this child's parents/guardians – Separated? Yes ___ No_____ Divorced? Yes ____ No _____
If appropriate, briefly describe this child's custody and/or visitation arrangements.

_____
_____
Please note: If one parent/guardian is not allowed to pick up this child, or to have access, we must have a copy of legal documentation stating this in the child's file. (see Parent/Guardian Access on page 2 of this form). Please advise of any changes as they occur during the year.
C). Please describe the important people in this child's living situation, (as a part of this child's extended family, relatives, living together with others, etc., for examples.

_____
_____
School Information at time of enrollment:
Grade Completed: _____ And Current Grade for School Year _____
Does this child receive specialized services at school? Yes ____ No _____
Individualized education Plan (IEP)/ learning specialist/classroom assistant/counselor? Yes ___ No __
If yes, how may SCHOOL AGE PROGRAMS meet special needs?

_____
EXCHANGE OF INFORMATION (please check and sign/date):
I give permission for the SCHOOL AGE PROGRAM staff to share information in the best interest of this child with school staff _____ school counselor _____ other team members _____
I give permission for school staff _____ school counselor _____ other team members _____ to Exchange information in the best interests of this child.
Parent/Guardian Signature: _____ Date: _____
(Permissions granted here are valid for one year from the date listed above.)

Please check your enrollment form for accuracy and completeness. This becomes our best record of your child's information, and is required by our licensing agency, the Vermont Child Development Division. You will receive confirmation of your child's official acceptance from MJCC School Age Programs.

I understand the questions asked in this form (pages 1-3), and I have completed them fully and correctly. I understand that my child is not enrolled until this form and any other necessary documents are on file with Mary Johnson Children's Center School Age Programs, and I have received confirmation from MJCC.

Parent/Guardian Signature: _____
Date: _____

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General Interest Survey Questions:

1) **How can we best meet the needs of your child?**
   My child likes _____.
   My child dislikes _____.
   My child is fearful of _____.
2) **What activities or hobbies does child enjoy doing most?**
   _____
   _____
   Interests? Talents? Skills? _____
   _____
3) **How long will your child spend at an activity he or she enjoys?**
   _____
4) **What techniques work best when your child is upset?**

_____ __
_____

5) **How does your child tend to enter group experiences?**
   _____
6) **Can your child express himself/herself verbally so that others are able to understand him or her? If not, how does your child communicate with others?**
   _____
   _____
7) **Any other information you would like our staff to know?**
   _____
   _____
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