



MACSC SCHOOL AGE CHILD CARE PROGRAM 2016-2017 School Year Registration Form

Please be sure to complete all of the information requested in this application. Incomplete applications will be returned to the parent/guardian. ALSO NOTE: By completing the following information and submitting it, the responsible parent/guardian verifies that they are in understanding of all policies, regulations, and payment expectations pertaining to the Mechanicville Area Community Services Center School Age Child Care School Year Program.

(Please Print)

CHILD'S INFORMATION						
Child's last name:	First:	Middle:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:	Home Phone:	
Street address:					Birth date: / /	Age:
City		State		Zip Code:		
Parent / Guardian # 1						
Parent / Guardian Last Name:	First:	Middle:	Employer:	Employer phone no.: ()		
(HOME) Street address:						
City:		State		Zip Code:		
(HOME) Home Phone:		Cell Phone:		Email Address:		
Parent / Guardian # 2						
Parent / Guardian Last Name:	First:	Middle:	Employer:	Employer phone #: ()		
Street address:						
City:		State		Zip Code:		
Home Phone:		Cell Phone:		Email Address:		
Please circle one: In Case of Emergency who should be called first: Parent / Guardian #1 Parent / Guardian #2 Either						
EMERGENCY CONTACT						
In the event of an emergency if neither parent can be contacted, please provide two alternate emergency contact names. Please remember to inform these people that they are listed as your emergency contacts.						
Last Name:	First:	Relation to Child:	Home Phone: ()	Alternate Phone: ()		
Last Name:	First:	Relation to Child:	Home Phone: ()	Alternate Phone: ()		
BILLING DOES YOUR CHILD QUALIFY FOR THE DSS CHILD CARE SUBSIDIES PROGRAM? YES <input type="checkbox"/> NO <input type="checkbox"/>						
Person responsible for bill:		Address if Different:		Phone no.:		
ENROLLMENT DATES			HOOSIC VALLEY- PM PROGRAM AND MECHANICVILLE AM/PM PROGRAM			
Monday				<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both		
Tuesday				<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both		
Wednesday				<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both		
Thursday				<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both		
Friday				<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Both		

HOMEWORK

Please indicate your preference regarding our School Age Child Care Program, being involved in your child's homework. Please check the appropriate response below.

Homework Preference: (No Homework @ center on Friday)

- My child may choose whether or not to do their homework while in program
- My child must complete as much of his/her homework as possible while in program.
- My child should not do homework while in program. I prefer that homework be completed at home.

Please review this form with your child and make them aware of your decision. Homework time will run Monday through Thursday.

Childs Grade:

Teachers Name:

AUTHORIZATION FOR PICK UP

Parent's Marital Status:

If Separated or Divorced who has legal custody?

Is Child's time divided between parents because of divorce or separation? Yes No

Please note that unless there is a legal document ON FILE with the program office, stating that one parent is not allowed contact with a child, staff is NOT legally able to keep a non-custodial parent from picking up the child/ren. Please attach a copy of a legal document to this form if this situation applies to you. I give permission for the following people to (must be over 18 years of age) pick up my child/ren at the Mechanicville Area Community Services Center (MACSC) SACC Program. I realize that my child/ren will not be released to anyone who is not listed below, unless MACSC is informed with written permission. I also understand that if a staff member does not recognize a parent or someone else on this child's pick up form, the staff person may ask for identification. It will be my responsibility to assure that each of the individuals listed below will have proper identification, if required to present it to the MACSC staff. Additionally, all MACSC staff reserves the right not to release a child to anyone that smells of, or may be under the influence of drugs or alcohol.

Last Name:

First:

Relationship to Child:

Home Phone:

Work Phone:

Cell Phone:

Last Name:

First:

Relationship to Child:

Home Phone:

Work Phone:

Cell Phone:

Last Name:

First:

Relationship to Child:

Home Phone:

Work Phone:

Cell Phone:

HOLD HARMLESS

I give my child/ren permission to participate in all programs and activities provided through the Mechanicville Area Community Services Center. I understand that my child/ren may be photographed and his/her name may be used for publicity purposes for the MACSC. I absolve and hold harmless the Mechanicville Area Community Services Center, its staff, and volunteers of any liability in the event of an accident or emergency occurring while my child is participating in any of the MACSC's sponsored programs, including the Summer Program. Any and all accidents must be reported to the parents, Child Care Director and Executive Director within 24 hours.

Parent/Guardian Signature _____

Date _____



MECHANICVILLE AREA
COMMUNITY SERVICES
CENTER, INC.

CHILD'S MEDICAL FORM

(1 medical form per. Child)

Child's Name: _____

Health History: For all questions checked please give date of diagnosis and current management below if appropriate.

<input type="checkbox"/> Vision Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Frequent Ear Infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Convulsions/Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Lung Disease <input type="checkbox"/> Bleeding/Clotting Disorder <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Cancer	<p style="text-align: center;">ALLERGIES</p> <input type="checkbox"/> Hay Fever <input type="checkbox"/> Ivy Poisoning, Etc. <input type="checkbox"/> Penicillin <input type="checkbox"/> Insect Stings Further Detail: _____ _____ _____ _____	<p style="text-align: center;">DISEASES</p> <input type="checkbox"/> Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> Shingles <input type="checkbox"/> German Measles <input type="checkbox"/> Mumps Further Detail: _____ _____ _____
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Does your child need to take medication during program hours? Yes No **If yes please see Child Care Director or Head of Group for a written medication form.**

Is your child allergic to any food, or medications/drugs other than those shown above?

List any/all Medications your child is currently taking:

Is your child on a special diet? If so, explain:

Should your child be restricted in recreation or swimming? In what way?

Has your child been under any medical care within the past three months? If so, explain:

Mental and/or emotional growth normal for child's age?

Anything else we should know about your child?

MEDICAL FORM (continued)

IMMUNIZATION HISTORY – To be filled in by doctor, or parent or please attach copy of Physical and immunization records.

DPT (diphtheria pertussis, & tetanus)	1st	2nd	3rd	Booster	Booster
POLIO (oral)	1st	2nd	3rd	Booster	Booster
MEASLES* (red/hard)	Date	RUBELLA *	Date	MUMPS	Date
VARICELLS (CHICKEN POX)	Date	Booster	Booster		
HIB (hemophilus Influenza Type B)	1st	2nd	3rd	Booster	
HB (Hepatitis B)	1st	2nd	3rd	Tuberculin Test Given?	Y N Date:

* MMR (measles, mumps, and rubella) triple vaccine is usually given together.

If above information is supplied by Physician or School Nurse, please Provide signature:

Name: _____ Signature: _____ Date: _____

Name of Dentist: _____ Phone: _____

Name of Orthodontist: _____ Phone: _____

Name of Primary Care Physician: _____ Phone: _____

Do you carry family medical/hospital insurance? Yes No

If yes, Carrier: _____ Policy or Group #: _____

Consent for Medical Treatment (Parent/Guardian)

This health history is correct as far as I know. I give permission for the above named child to participate in all prescribed program activities. I also give permission for the above named child to be given first aid in case of emergency, while he/she is in attendance at the Mechanicville Area Community Services Center School Age Child Care Program. This includes permission for the child to be taken to the Emergency Department of a local hospital, if the injury is serious enough to require medical attention. I understand that I will be notified as soon as possible. I hereby waive and release The Mechanicville Area Community Services Center and its employees of any liabilities or claims in association with anything that might occur while my child is attending School Age Child Care Program.

Parent/Guardian Signature:

Date: