



Admission Date:
(For MRASP Admin. Use)

Mason-Rice Afterschool Program Enrollment Forms

Child's Full Name

Nickname

Date of Birth

Age (as of 9/1/20)

Grade for 20-21

Best phone # to call:

Primary Address:

Parent/Guardian:

Home Phone:

Address:

Cell Phone:

Occupation:

Work Phone:

Work Name:

Typical Hours:

Email Address:

Parent/Guardian:

Home Phone:

Address:

Cell Phone:

Occupation:

Work Phone:

Work Name:

Typical Hours:

Email Address:

Child's Identifying Information - Required by the Dept. of Early Education & Care

Eye Color:

Hair Color:

Sex:

Height:

Weight:

Skin Color:

Identifying Marks:

Primary Languages at Home:

Please describe your child's family (siblings, makeup of household, caregivers, etc):

Please describe your child's past childcare experience (other programs, caregivers, etc):

Please describe your child's interests, learning style, and emotional needs:

If you believe any accommodation is necessary for your child to fully participate at MRASP, please describe:

Any additional comments we should know:

Pick Up Authorization

Persons listed below are authorized to pick up my child from MRASP unless such authorization is otherwise modified and submitted to MRASP in writing.

Name:		Relationship:	
Address:			
Primary Phone #		Second Phone #	

Name:		Relationship:	
Address:			
Primary Phone #		Second Phone #	

Name:		Relationship:	
Address:			
Primary Phone #		Second Phone #	

Name:		Relationship:	
Address:			
Primary Phone #		Second Phone #	

Name:		Relationship:	
Address:			
Primary Phone #		Second Phone #	

Name:		Relationship:	
Address:			
Primary Phone #		Second Phone #	

Name:		Relationship:	
Address:			
Primary Phone #		Second Phone #	

If any older siblings are going to pick up your child, please include them above.

If you are not authorizing anyone at this time, please check this box- ☐

Transportation Information

My child will arrive at MRASP by:

- ☐ Unsupervised walk from the classroom (2nd-3rd only to MR Homebase, 4th-5th to MR Base or Hut)
- ☐ Supervised walk with MRASP Staff/Classroom Teacher (K-1 Only)
- ☐ Other

Please Describe:

My child will depart MRASP by:

- ☐ Parent/Guardian/Authorized Pickup
- ☐ Other

Please Describe:

Additional Permissions

FIELD TRIP PERMISSION

I give my child permission to participate in *walking* field trips with MRASP in the Newton Centre area. The locations include, but are not limited to: the Newton Public Library, Crystal Lake, the fire house, J.P. Licks.*

*Separate field trip permission forms will be provided on an as-needed basis for field trips which require vehicular transportation.

☐ Check to confirm

MASON-RICE SCHOOL ACTIVITIES

My child may participate in activities at the Mason-Rice School with Mason-Rice school personnel. (An example of these activities includes homework help with the classroom teacher). I understand that MRASP is not responsible for my child while he/she is signed out of MRASP for these activities.

☐ Check to confirm

MASON-RICE SCHOOL PLAYGROUND & FIELDS

My child may participate in activities at the Mason-Rice School playground, associated fields, & grounds while supervised by MRASP staff. (Grounds include playground & associated blacktop, swings, field between MR & Hut, basketball court, side-field by modular classrooms, & "woods" area outside Octagon.

☐ Check to confirm

Use of Hand-Sanitizer

When not able to use traditional hand washing, my child may use an approved hand-sanitizer for the 20-21 school year to meet EEC cleaning protocols. Times might include, but aren't limited to, out at the playground, after touching a shared material, or between activities.

☐ Check to confirm

Medical Information

Child's Name		Date of Birth:	
Address:		Best Phone #:	
Health Insurance Plan		Plan ID #	
Subscriber Name:			
Physician:		Phone #:	
Physician Address:			
Dentist		Phone #:	

Physical exam, immunization records, and lead screening in Mason-Rice office/or will be on file in Mason-Rice office in accordance with Department of Health policy: ☐ Yes ☐ No

Surgical/ Hospitalization History

Regularly taken medications:

Dietary restrictions:

Other pertinent medical information including chronic health conditions:

Allergies (if "none", please indicate):

Emergency Contact Information

Name: Relationship: Parent/Guardian

Address:

Home Phone #: Cell Phone # Work Phone #

Name: Relationship: Parent/Guardian

Address:

Home Phone #: Cell Phone # Work Phone #

Name: Relationship:

Address:

Home Phone #: Cell Phone # Work Phone #

Name: Relationship:

Address:

Home Phone #: Cell Phone # Work Phone #

I authorize Mason-Rice Afterschool Program, Inc. ("MRASP") staff who are trained in the basics of First Aid/CPR to give my child First Aid/CPR when appropriate.

In the event a child is injured or becomes ill while participating in MRASP, the staff member in charge will contact the child's parents or the emergency contact given on this application. However, if none of the people can be reached, or if in the judgment of the staff, the illness or injury requires immediate medical attention, MRASP is authorized to obtain such medical assistance as the staff member in charge may deem necessary or proper, including, but not limited to, appropriate medical treatment at Newton-Wellesley Hospital or any hospital designated by EMS. Medical treatment includes but is not limited to: an epinephrine auto-injection for suspected exposure to a lifethreatening allergen in the event that the parent cannot be reached and when delay would be dangerous to the health of the child; medical or surgical diagnosis, examination, treatment, x-ray, anesthesia, or hospital care, provided that such medical treatment is rendered under the general or specific supervision or on the advice of any physician licensed to practice in Massachusetts when the need for such treatment is immediate and efforts to contact me/us are unsuccessful.

In order to provide this authorization, a signed Emergency Medical Authorization form must be on file with MRASP prior to the first day of participation.

I/We Parent/Guardian Names , the parent(s)/legal guardian(s) of the child

Child's Name who is enrolled in MRASP authorize that the above child be taken to Newton-Wellesley Hospital or any hospital designated by EMS when the need for such treatment is immediate and efforts to contact me are unsuccessful.

By signing below, I verify all information and give my authorization for all six (6) pages of the MRASP Child/Family Information Forms for 20-21.

Today's Date:

Signature Field

Signature Field