



ZERVAS AFTER SCHOOL PROGRAM INC.

ENROLLMENT INFORMATION

All information is required. Please print clearly.

Child's Name _____ Starting date ____/____/____
 Date of Birth _____ Place of Birth _____ Age at admission _____
 Home Address _____ Zip _____
 Home Phone# _____ School _____
 Grade _____ Teacher _____ Name he/she likes to be called _____
 Primary Language _____ Identifying marks _____
 Eye color _____ Hair color _____ Skin Color _____
 Sex _____ Height _____ Weight _____

1. Parent/Guardian _____
 Work Phone # _____
 Cell _____
 Email: _____
 Work Name: _____
 Work Address _____
 Hours at work _____

2. Parent/Guardian _____
 Work Phone # _____
 Cell _____
 Email: _____
 Work Name: _____
 Work Address _____
 Hours at work _____

If Parents cannot be contacted, notify:

Name _____ Relationship _____
 Address _____ Tel. _____
 Name _____ Relationship _____
 Address _____ Tel. _____

Sibling at Zervas _____ If so Name _____ Grade _____
 Name _____ Grade _____

Child's Physician/Clinic _____ Tel. _____
 Health Insurance/HMO _____
 Policy Number _____

Are all of your child's health forms, physical examination, immunization records and lead screening on file with the Zervas School on file with the Zervas Elementary School? Yes _____, No _____

EMERGENCY AUTHORIZATION AND CONSENT FORM

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____ However, if I cannot be reached; I hereby authorize the Zervas After School Program, Inc. to transport my child to Newton Wellesley Hospital or the nearest hospital and to secure for my child the necessary medical treatment. I understand that the ZASP teachers are trained in the basics of First Aid and I authorize any such teachers to give my child first aid when appropriate.

****Required Signature of Parent or Guardian**

Date

I give permission for ZASP staff to communicate with the Zervas school teacher and staff about my child's interests, educational needs, behavior needs, skills and social interactions. The Zervas school will provide copies of all IEP and/or behavior modification plans so that we may provide care to your child. This form will kept on file for five years after your child has left Zervas._____

Parent initials required

Has your child received any of the following screenings or evaluations? Please circle and list dates.

If Yes, ZASP requires copies to be included in your child file.

Vision_____ Emotional_____ Behavioral Plan_____ OT_____ PT_____

Speech_____ Hearing_____ Core _____ IEP_____ Other_____

Does your child have any food allergies/restrictions (please be specific, indicate reaction and treatment)_____

Are they Life threatening?_____ If so the program requires an Epi-Pen.

Does your child have any other allergies? If so, please indicate reaction and treatment.

Does your child have any chronic health conditions?

Is your child taking any medications?_____

If any of the following has occurred, or are now happening, give a brief account and dates of adoption, marital separation, divorce, long absences, moving, serious physical illness, death in the family, or other important events not mentioned above:

Is there any information about your child development or about the family situation, which you feel the teacher should know? Are there special limitation or concerns which you feel the staff should know about?

As a parent of a child/children in ZASP, I will be available to (please check)

_____Share my skills/talents, which are_____

_____Serve on the ZASP Parent Board of Directors (voluntary advisory board)

_____Donate equipment or materials

Please describe how you heard about the program._____

I certify that documentation of physical examination and immunization in accordance with the Zervas school health requirements and lead poisoning screening are on file with the Zervas School
Parent/Guardian Initials_____

A teacher escorts kindergarteners to ZASP for the entire school year. _____

I understand at dismissal that my child walks unescorted from the classroom to ZASP. _____

Students walk unescorted to and from the bathroom._____

I hereby authorize ZASP to release my child to the following list of persons:

Name _____	Relationship _____
Address _____	Tel. _____
Name _____	Relationship _____
Address _____	Tel. _____
Name _____	Relationship _____
Address _____	Tel. _____

ZASP does not allow children to leave Zervas escorted by an unauthorized adult.

I give ZASP permission to dismiss my child when escorted by an authorized adult _____
(name must be on the list or parent must phone)

I give my child permission to **walk home unescorted.** _____ **(10 year olds only)**

If permission is granted to walk, it is under the following conditions: (please indicate dates, time, and other specifics) _____

Parents Initials _____

Field Trips

I grant permission for my child to go on regularly scheduled field trips with ZASP. I will be notified of the date and location of the trip, or if the trip is more than a mile from the school. Reasonable care will be taken by the staff on such trips. I hereby release ZASP, its directors, and its employees from any and all liabilities whatsoever in any manner arising out of relating to any field trips.

Media Permission

The Zervas After School Program requests permission for staff and students to take and post pictures of students at the Zervas school or on the Zervas After School Web Site. Please understand that your child will not be identified in any manner other than being part of the program's activity.

I give permission to have photographs taken of my child _____ and that photo displayed at Zervas or on the Zervas After School program's web site. I reserve the right to review any and all photos and may cancel this permission at any time. _____ parent's initials

I do not want my child photographed. _____ parent's initials

I have read and I understand all provisions of this contract for childcare services and agree to be bound by all terms set forth by the Zervas After School Program, Inc. I agree to indemnify and hold harmless the officers, agents, and employees of the Zervas After School Program, Inc. from all claims, liability loss, damage, and expense which may arise out of or in connection with my child's participation in the Program including without limitation, all claims for personal injuries to other persons caused by my child. Students cannot be enrolled without signing this form.

***** Required Parent/Guardian Signature:** _____

Date: _____