

# Mary Johnson Children's Center

81 Water Street; Middlebury, VT 05753

Phone: 388-2853 Fax: 388-3063

SUMMER PROGRAMS

Program Site: Middlebury \_\_\_\_ Vergennes \_\_\_\_ Bristol \_\_\_\_

School Attending:

### Admission Form

\_\_ Allergies?  
\_\_ MEDS?

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M  F

Date of Enrollment: \_\_\_\_\_

Days child will attend : M  T  W  TH  F  Hours: \_\_\_\_ to \_\_\_\_\_

Parent(s) or Guardian(s)

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Child's Physician and Dentist:

Doctor's Name	Doctor's Phone	Dentist's Name	Dentist's Phone

**EMERGENCY CONTACT PERSONS:** These are the persons TO BE CONTACTED IN CASE OF AN EMERGENCY, IF PARENTS OR GUARDIANS CANNOT BE REACHED. *This MUST be someone in the local area—within twenty minutes' distance if possible.*

NAME	ADDRESS	HOME PHONE	WORK PHONE
1.			
2.			

**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 THE STAFF OF THE SCHOOL AGE PROGRAM TO SEEK EMERGENCY MEDICAL ATTENTION FOR MY CHILD.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSIONS:**

1) I give permission for the following individuals to **pick up my child**. The SCHOOL AGE PROGRAM will not release your child to anyone except the persons listed here, unless written permission is provided, for your child's protection.

1.	3.
2.	4.

Parent/Guardian Signature	Date

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

Parent/Guardian Signature	Date

3) I give permission for my child to go on field trips, with the understanding that safe transportation and adequate adult supervision will be maintained.

Parent/Guardian Signature	Date

4) I understand that from time to time photographs will be taken of children in SCHOOL AGE PROGRAMS. I give permission for photographs including my child to be used in brochures, magazines, newspapers or other publicity materials without payment to me.

Parent/Guardian Signature	Date

**SCHOOL INFORMATION:**

Child's Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Does your child receive specialized services at school? For example: individualized education plan (IEP), learning specialist, classroom assistant, guidance or counselor?  YES  NO

If  YES, please tell us what special needs your child may have in afterschool or extended day programs, and how we may best serve those needs.

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Who may we speak with to get more information?

Name: \_\_\_\_\_ Number: \_\_\_\_\_

**CHILD'S HEALTH HISTORY:**

1) Does your child have any known allergies?  YES  NO

If  YES, please list the allergies here:

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Has your child ever had an allergic reaction?  YES  NO

If  YES, please describe warning signs or indicators of allergic reaction in your child that we might see in the event of contact with the particular cause.

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Please speak to a site director about the specifics of the reaction, and provide written directions for staff, if appropriate or necessary.

2) Does your child have any medical conditions or diagnoses?  YES  NO

If  YES, please detail or describe.

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If you are unsure of whether or not your child's situation needs to be described here, please speak with a site director to clarify.

3) Does your child receive any medication -- for conditions listed above, or any other--- on a regular basis?

YES  NO

If  YES, please list below.

Name of Medication:	Taken For:	Dosage and Frequency:

**FAMILY INFORMATION:**

Our SCHOOL AGE PROGRAMS will be able to serve your child best if we can have a bit of information about family relationships and the people that are most important in their lives. Additionally, for safety and legality, we need brief, clear answers to the following questions.

1) Does your child have any siblings?  YES  NO

If  YES, please list their names and ages:

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2) Are the child's parents/guardians: Separated?  YES  NO Divorced?  YES  NO

If  YES, please briefly describe the child's custody and/or visitation arrangement.

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Please note: If one parent/guardian is not allowed to pick up the child, we must have a copy of the court order stating this in the child's file. Please advise of any changes as they occur.

Please describe the important people in the child's living situation, as part of the child's extended family—relatives, living collectively with others, etc. for example.

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