

MIDDLEBURY SUMMER 2024



ONE CHILD PER FORM/ ONE FORM FOR EACH CHILD is required.
 ~~This Enrollment Form is valid for one calendar year from the date of enrollment~~



Child's Legal Name: _____ **Preferred Name:** _____

Date of Birth with year: _____ **Age:** _____ **Gender:** _____

Parent/Guardian Name: _____ **Relationship to Child** _____

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

Parent/Guardian Name: _____ **Relationship to Child** _____

Best Phone #	2 nd 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	Phone #	Work Phone #	Relationship	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:** _____



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, and on page 1, 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 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:

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. Please advise of any changes as they occur during the year.

SIGNATURE: _____ **DATE:** _____



Parent/Guardian Permissions:

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 100 or above.

Parent Initial _____ **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 Initial _____ **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 Initial _____ **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 Repellent**

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:



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/ diagnosis**? Yes ____ No ____

If yes, please detail or describe here.

If you are unsure about whether this child’s situation needs to be shared with staff, please speak with a site director to help you decide.



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.

SIGNATURE: _____ **DATE:** _____

(Permissions granted here are valid for one year from the date listed above.)

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.

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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 Child is Attending: _____

Grade **Completed** by start of Summer Session: _____

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?

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.

Parent/Guardian Signature: _____

Date: _____

General Interest Survey Questions:

1) How can we best meet the needs of your child?

Likes _____

Dislikes _____

2) What techniques work best when your child is upset?

3) How does your child tend to enter group experiences?

4) Any other information you would like our staff to know?

5) What size shirt does your child wear?

Child: XS S M L XL

Adult: XS S M L XL

6) Are there any students your child desperately wants to be in the same room as them?

7) Are there any teachers your child wants to have?

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TENTATIVE WEEKLY ENROLLMENT

Summer Dates are not set in stone yet. This is a preliminary calendar of days that I wish to have program. We will know more once Winter is over and we can calculate snow days, etc.

Once we have a concrete Summer Camp schedule we will send out the Tuition Agreement with a calendar that will reflect correct Summer dates.

Please mark dates your child may/will attend with an X

WEEKS/DAY	Monday	Tuesday	Wednesday	Thursday	Friday
Week 0 June 10-14			Last Day of School as of 1/23/24	Last Day of School - Middle School & Educators	Room Leader Training
Week 1 June 17-21	Staff Training	Staff Training	First Day of Camp		
Week 2 June 24-28					
Week 3 July 2-5			No Program:	No Program: 4th of July	No Program:
Week 4 July 8-12					
Week 5 July 15-19					
Week 6 July 22-26					
Week 7 July 29- Aug 2					
Week 8 Aug 5-9					
Week 9 Aug 12-16					

Again, we may not be open every one of these days - we will build a more concrete schedule in the Spring.