



The Arlington Enrichment Collaborative
 at the Ottoson Middle School
 63 Acton Street
 Arlington, MA 02476

www.arlingtonenrichment.org
 781 643-4794 office
 781 859-7915 AEC mobile
 info@arlingtonenrichment.org

(Office Use Only) Start Date: _____
 Enrollment Date: _____

**Arlington Enrichment Collaborative
 Middle School Age Program
 2011-2012 School Year**

Child's Name: _____ Birth Date: _____
 Home Address: _____ Zip: _____ Phone: _____
 Child's School: _____ Sex: M F
 Primary Family Email: _____

General Description:

Eye Color _____ Skin Color _____ Hair Color _____
 Height _____ Weight _____
 Birth Marks: _____ Primary Language _____

Parent/Guardian: _____ Relation: _____
 Home Address: _____ Home Phone: _____
 _____ Pager/Cell: _____
 Business Name: _____ Work Phone: _____
 Business Address: _____ Work Hours: _____

Parent/Guardian: _____ Relation: _____
 Home Address: _____ Home Phone: _____
 _____ Pager/Cell: _____
 Business Name: _____ Work Phone: _____
 Business Address: _____ Work Hours: _____

Doctor's Name _____ **Phone:** _____
 Insurance Co: _____ Policy No.: _____
 Child's Allergies _____
 Allergy Reaction: _____
 Allergy Treatment: _____ Medications: _____

In the event of an emergency, the following people are authorized to be contacted and my child can be released to them when I cannot be reached. These contacts cannot be the guardians listed above and must be listed in the order they should be contacted.

1. Name: _____ Home #: _____
 Address: _____ Work #: _____
 Relationship: _____ Cell #: _____
2. Name: _____ Home #: _____
 Address: _____ Work #: _____
 Relationship: _____ Cell #: _____



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SCHOOL INFORMATION & TRANSPORTATION PLAN

My Child will be in grade _____ for the 2011-2012 school year
 attending _____ school.

My child is in Cluster # _____

My Child will arrive at the program by:

Unsupervised walk from
 the classroom: _____
 Other: _____
 Please Describe: _____

My Child will depart from program by:

Parent/Guardian pick-up: _____
 Other: _____
 Please Describe: _____

→ _____
Parent/Guardian Signature

_____ **Date**

DEVELOPMENTAL PROFILE

The following questions are designed to assist us in providing the best possible care for your child. All information is confidential. Please fill out this profile completely.

1. Is there documentation of a physical exam, immunization record, and lead screening on file at your child's school?
 YES ___ NO ___

2. Has your child had any chronic illnesses or hospitalizations? YES ___ NO ___
 If yes, please describe: _____

3. Has your child ever had surgery? YES ___ NO ___
 If yes, please describe: _____

4. Does your child have any disabilities or special needs that we should be aware of to help facilitate care for your child?
 YES ___ NO ___

If yes, please describe: _____

5. Does your child have an I.E.P. (Individual Education Plan) that AEC may access to help facilitate care for your child?
 YES ___ NO ___

6. Has your child had the chicken pox or the chicken pox vaccine (Varicella)? YES ___ NO ___

7. Is your child on a special diet? YES ___ NO ___
 If yes, please describe: _____



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8. Is your child taking daily or frequent medication? YES___ NO___
If yes, please describe: _____

9. Other than crying, how does your child act when nervous or scared? _____

10. Is your child receiving any on-going treatment that we should be aware of? YES___ NO___
If yes, please describe: _____

11. Please list the names and ages of your child's siblings, if any. Please add any information regarding siblings that may assist us in the care of your child.

12. Have there been any changes in the family status such as a recent move, a new sibling, a divorce, a separation, or the death of a loved one that we should be aware of? _____

13. Does your child have any allergies? YES___ NO___
If yes, please describe the **allergy**: _____

Please describe the allergy **reaction**: _____ Please describe the allergy
treatment: _____

14. If there is any other information you feel we (as a provider of care) should know about your child, please describe: _____

Release of Information

I give my permission to the staff and administration at Arlington Enrichment Collaborative to speak to teachers, administrators, and all other pertinent personnel at _____ school about my child who attends Arlington Enrichment Collaborative

I understand that this release form will be in full effect until I notify Arlington Enrichment Collaborative in writing of my intention to nullify the release of information form or I withdraw my child from the Program.

→ _____
Parent/Guardian Signature

Date



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- I understand that to terminate my child from the program, I must give a two-week notice of termination from the program to the AEC office. This notice must occur atleast two weeks before the next session. If no two-week notice is given at the AEC office, a \$50 fee applied will be applied to your last bill.
- Voucher payments are required to be kept current, a week in advance of services rendered, at all times. In place of a service fee for late payments, child care services may be terminated and my child care space may be forfeited due to late payments associated with my Voucher.
- I understand that payment is due in full the on each billing date of the session. A late fee of \$10 per week will be charged if I do not pay by the billing date.
- I understand that if I fall behind on tuition payments and do not arrange a payment plan with the administration of AEC to catch up, AEC will terminate my child care services, effective immediately. This action will not terminate my obligation to pay the amount owed and I will forfeit my deposit.
- I understand that I will be responsible for any and all court fees if I fail to fulfill my financial obligations to AEC Afterschool Child Care.
- I understand that my child can be terminated from care for inappropriate behavior by me or friends or family members of mine.



Parent/Guardian Signature

Date

#1 EMERGENCY MEDICAL TREATMENT RELEASE

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached, I give permission for AEC Afterschool personnel to call 911, or transport my child to the nearest hospital or _____ to obtain emergency treatment or medical/dental services for my child. I also authorize AEC staff, trained in CPR and First Aid, to administer CPR and/or First Aid techniques when necessary.

→Guardian Initials: _____

#2 PHOTOGRAPHY & VIDEO RELEASE

▶ YES ___ NO _____ Photographs/video of my child may be used in newspapers or other types of educational/marketing publications (ex: drama projects, art projects, bulletin boards, brochures, web albums).

I understand that every attempt will be made to shield participants from public photographs and/or video recordings when at public venues, but due to the public nature of field trips or outings Arlington Enrichment Collaborative cannot guarantee that your child's likeness will not be captured while in public.

→Guardian Initials: _____

#4 GENERAL EXCURSION PERMISSION SLIP

I give permission for the AEC Afterschool Child Care School staff to take my child off of the child care premises for the following specified excursions (if applicable): walks to local parks, local beaches, libraries, corner stores/food establishments and the AEC office.

I will be notified by permission slip if my child is to be taken on any field trips that require bus transportation or requires the children to walk to a different location other than those listed above.

→Guardian Initials: _____

I authorize consent as I have indicated on the above sections numbered 1 through 5



Parent/Guardian Signature

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Payment Options Form:

Parent/Guardian _____

Days of the week:

Child Name: _____ M TU W TH F

Payment is due on a Session Basis
 (a session is two months)

- Session I: Sept-October 31st
- Session II: Nov-December 31st
- Session III: Jan-February 28th
- Session IV: Mar-April 30th
- Session V: May-June 26th

The AEC afterschool program is closed for all school holidays and school emergency closed days.

Invoices will be sent out via email on the 3rd of every second month of the session. Payment is due in full by the 25th of that month for the next session. I.e. Invoice for Session II is issued on October 3rd and due on the October 25th.

<u>Option 1: Full Day After-School(2:30-6:30p)</u>	<u>Price</u>
Registration Fee	\$50.00
Nonrefundable Deposit	\$50.00
One-Time Insurance Fee	\$60.00
Session Fee One Day per Week	\$200.00
Session Fee Two Days per Week	\$395.00
Session Fee Three Days per Week	\$590.00
Session Fee Four Days per Week	\$785.00
Session Fee Five Days per Week	\$980.00
<u>Option 2: Enrichment Only(3:30-4:30p)</u>	<u>Price</u>
One-Time Registration and Insurance Fee	\$25.00
Session Fee One Enrichment Class	\$95.00
LARP Class	\$125.00
LARP Games	\$155.00
<u>Other Products</u>	<u>Price</u>
Adding an Extra Day	\$25.00
Adding an Extra Day on an Early Release Day	\$35.00

A grace period of one week after the billing date is allowed. After the grace period, a late fee of \$10/week will be added to your bill for every week we have not received payment. Payment plans can be set up so that you can pay by the month or the year, instead of the session.

Pick Up after 6:30p, results in a \$1/minute late fee charge

→ _____
Parent/Guardian Signature

Date