



Needham Children's Center, Inc.

Afterschool Enrollment Form

858 Great Plain Ave Needham, Ma 02052 (781)449-1694 and Office: (781) 449-4486 Email:office@needhamchildrenscenter.com

CHILD'S NAME: _____

Grade in September _____
School _____
Date _____

Today's Date _____
Starting

Birthdate _____
Place of Birth _____

CHILD'S SCHEDULE:

M	T	W	TH	F

Parent/Guardian Name _____
Home Address _____

Parent/Guardian Name _____
Home Address _____

Home Phone _____
Work Name _____
Work Address _____

Home Phone _____
Work Name _____
Work Address _____

Work Phone _____
Cell Phone _____
Email Address _____

Work Phone _____
Cell Phone _____
Email Address _____

The following persons can be notified to pick up my child, if I am unavailable. I understand that these persons will also be called if the NCC staff is unable to reach either parent in case of accident or illness.

NAME	RELATIONSHIP	ADDRESS	PHONE

The center staff will not release a child under any circumstances that in any person's judgment might jeopardize the safety of the child. It is assumed that both parents are permitted to pick up unless absent specific and documented information to the contrary.

MEDICAL INFORMATION

Child's
Doctor: _____ phone: _____

Application fee	
Date of admission	

Child's Name: _____

Eye color:	Height:	Weight:
Hair color:	Sex:	Skin Color:
Identifying Marks:	Comments:	

I have read, understand and will abide by the Center Health Rules as stated in the Parent Handbook

Signature and Date

I have read, understand and will abide by the Center Policies as stated in the Parent Handbook and all policy revisions that I receive in writing.

Signature and Date

I authorize the Needham Children's Center, Inc personnel to take my child to Beth Israel Deaconess Hospital Needham Campus (and/or my child's doctor of record and authorize treatment by the doctor on call).

Signature and Date _____

I authorize the Needham Children's Center, Inc personnel to administer first aid/CPR, if they feel it is warranted.

Signature and Date _____

I give the Needham Children's Center, Inc staff permission to take my child on walking excursions from the Center.

Signature and Date _____

I give the Needham Children's Center, Inc permission to photograph and videotape my child.

Signature and Date _____

On occasion local newspaper and television companies take group pictures or tape the children. I give the Needham Children's Center, Inc staff permission to decide if my child may participate.

Signature and Date _____