

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

Small Group and Large Group Transportation Plan and Authorization

CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE PROGRAM:

- ____ PARENT DROP OFF
- ____ SUPERVISED WALK
- ____ UNSUPERVISED WALK
- ____ PUBLIC/PRIVATE/VAN
- ____ PROGRAM BUS/VAN
- ____ CONTRACT/VAN
- ____ PRIVATE TRANS. ARRANGED BY PARENT
- ____ OTHER

MY CHILD WILL DEPART FROM THE PROGRAM:

- ____ PARENT DROP OFF
- ____ SUPERVISED WALK
- ____ UNSUPERVISED WALK
- ____ PUBLIC/PRIVATE/VAN
- ____ PROGRAM BUS/VAN
- ____ CONTRACT/VAN
- ____ PRIVATE TRANS. ARRANGED BY PARENT
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- ____ OTHER

PARENT /GUARDIAN SIGNATURE _____ DATE _____

REFER TO FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM FOR RELEASE INFORMATION

MEDIA RELEASE

I hereby give my permission to Boys & Girls Club of Greater Holyoke, Inc, to photograph, film, videotape and/or make sound recordings of my child, to quote or publish statements of my child and to use such photographs, films, videotapes, sound recordings and/or other statements for educational and promotional/advertising materials and for other purposes specified below. I understand that my child may be identified in any photographs, news stories or publications that the aforementioned institutions consider appropriate for release to magazines, newspapers, the World Wide Web sites of these institutions, and/or other publications. I further understand that any such photographs, films, videotapes, sound recordings and/or written works are the property of these institutions and that neither my child nor I am entitled to any compensation for or rights in these materials.

I release these institutions from all liability with respect to the matters covered by this release.

Child's Name _____

Date

Signature of Parent or Guardian

COMUNICADO DE PRENSA

Yo doy mi permiso para que el Boys & Girls Club of Greater Holyoke, Inc., tome fotos, video y l o. realizar grabaciones de sonido de mi hijo, para citar o publicar las declaraciones de mi hijo y utilizar fotografías, películas, cintas de video, grabaciones de sonido y lo declaraciones de otros materiales educativos y de promociones l publicidad y para otros fines que se especifican a continuación. Entiendo que mi hijo puede ser identificado en las fotografías as, noticias o publicaciones que las instituciones antes mencionadas consideran apropiado para el lanzamiento de revistas, periódicos, sitios de World Wide Web de estas instituciones, y l u otras publicaciones. También entiendo que cualesquiera fotografías, películas, videos, grabaciones de sonido y l o trabajos escritos son propiedad de estas instituciones y que ni mi hijo ni yo tengo derecho a ninguna compensación o derechos en estas materias.

Libero a estas instituciones de toda responsabilidad con respecto a los asuntos tratados en este comunicado.

Nombre del Nino _____

Fecha

Firma del Padre o Tutor

ORAL HEALTH NON-PARTICIPATION FORM

In January 2010, EEC issued new regulations for child care programs that include a requirement that educators assist children with brushing *their* teeth if children are in care for more than four hours or if children have a meal while in care [606 CMR 7.11(11)(d)]. This regulation is intended to:

- Help children learn about the importance of good oral health
- Provide information and resources regarding good oral health to child care programs and families
- Help address the high incidence of tooth decay among young children in Massachusetts, which is associated with numerous health risks.

EEC licensed programs must comply with this regulation. However, parents may choose that their child (ren) not participate in tooth brushing while present at the childcare program.

You do not need to fill out this form to have your child {ren} participate in tooth brushing while they are in childcare. However, if you do not want your child to brush his or her teeth while s/he is attending the childcare program, please fill out the information found below. A separate form must be filled out for each child in care. This form must be renewed annually and will be kept in your child's record at the program. Should you change your mind and wish for your child to participate in tooth brushing, this form may be withdrawn at any time by requesting in writing that it be removed from your child's file. Thank you.

I do not wish to have my child participate in tooth brushing while in care at

(Name of Program)

Child's Name: _____

Parent/Guardian's Name: _____

Signature: _____

Date: _____

If you have any questions or concerns, please call:

_____ at _____
(Contact Person at Program) (Phone Number)

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care
FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: _____

I authorize staff in the childcare program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

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 program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _____

Address: _____

Phone Number: _____

Child's Allergies: _____

Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

1. **Name:** _____

Address: _____

Relationship to child: _____

Do you give permission for child to be released to this person? Yes _____ No _____

2. **Name:** _____

Address: _____

Relationship to child: _____

Do you give permission for child to be released to this person? Yes _____ No _____

3. **Name:** _____

Address: _____

Relationship to child: _____

Do you give permission for child to be released to this person? Yes _____ No _____

Health Insurance Coverage: _____ Policy #: _____

Parent/Guardian Name: _____ Phone: _____ Cell: _____

Parent/Guardian Name: _____ Phone: _____ Cell: _____

Parent /Guardian Signature

Date (valid for one year)

This form is provided to comply with the U.S. Family Educational Rights and Privacy Act (FERPA), regarding the release of student records.
A summary of FERPA is available upon request.

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

To the School Official:

You are authorized to release school records requested for the student named below:

STUDENT NAME: _____ BIRTHDATE: _____

SCHOOL: _____ GRADES AS OF _____

Send:

- Attendance records
- Test records
- Academic grades and requirements met
- Discipline records
- Credits accrued and current GPA

Records to be released to:

Maria Baez, Program Coordinator
Boys & Girls Club of Greater Holyoke, Inc.
P.O. Box 6256
70 Nick Cosmos Way
Holyoke, MA 01041
Phone: 413-534-7366 ext. 114
Fax: 413-534-7369
mbaez@hbgc.org

Date of request _____

Print Parent/Guardian Name _____

Parent/Guardian Signature _____

Check one:

- Parent
- Guardian (provide legal documentation)
- Student 18 years or older



BOYS & GIRLS CLUB
OF GREATER HOLYOKE, INC.

IMMUNIZATION AND PHYSICAL EXAMINATION RECORDS

By signing this statement I confirm that my child's Immunization and physical examination records are at his or her school.

Parent signature _____

Child's name (s) _____

Parent's Phone Number: _____

OFF-SITE ACTIVITIES PERMISSION FORM SECTION 7 34(5) (C)

SACC Program: Holyoke Boys and Girls Club

Address: 70 Nick Cosmos Way

Child's Name: _____

_____, give permission for my child to participate in all of the regularly scheduled on-going Activities located at the following off-site facilities:

- All State Parks
- All State Pools
- Holyoke Public library
- Holyoke Fire & Police Stations
- Holyoke Children Museum
- Holyoke Area Parks
- Five Area Colleges
- Local Area Museums
- Holyoke City Hall

The Program will provide in writing a list of scheduled activities.

Parent or Guardian Signature

Date

SACCOffSiteActivitiesPermission20130901

If you have any questions Please speak with Maria Baez (534-7366 Ext. 114)

Thank You,

Maria Baez
After-School Program Coordinator