

Child Name: _____

Date of Application: ____/____/____



MARGARET FULLER NEIGHBORHOOD HOUSE

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Margaret Fuller Kids: After School Program Application

Required Documents Checklist

(We also require the additional documents listed below)

- Picture ID of parents or primary guardian(s)
- Birth Certificate/adoption papers/foster care documents, legal guardianship papers, etc.
- Utility bill/lease or notarized letter from landlord for address verification
- Income Verification – copies of most recent pay stubs for 1 month for any parents/guardians child lives with, records for child support, social security, disability, or any other income.

If parent(s) is/are self-employed:

- Most recent tax returns, copies of business registration with MA. Dept. of Revenue, as a (DBA) certificate, required licenses, certificate of incorporation, other documentation verifying the self-employment business.

If parent(s) is in school:

- A written statement for the school administrator noting the number of credits for which the student is enrolled.

If parent(s) is unemployed:

- Letter from employer documenting termination (voluntary/involuntary), letter from employer indicating maternity leave and documenting the duration of leave, if on paid or unpaid leave

Child Documents Checklist

(These additional documents are required regarding your children)

- Immunization records
- Doctor's note for medication
- Parent permission to administer medication
- A copy of your child(ren)'s IEP from their school (if applicable)

Child Information

Child's Name: _____ Gender (circle one): M / F
Date of Birth: _____ Age: _____ Last Grade Completed: _____
Grade As of Date of Application _____
Home Address: _____
Social Security: _____ Language(s) Spoken: _____

Parent/Guardian Information

Parent/Guardian Name: _____
Best Contact Phone Number: _____
Additional Phones (work, home, etc.): _____
Address: _____
Email: _____

Second Parent/Guardian Name: _____
Best Contact Phone Number: _____
Additional Phones (work, home, etc.): _____
Address: _____
Email: _____

School Information

Child's School: _____
Teacher(s) Names: _____

Does your child have an Independent Education Plan (IEP) at his/her school?
(Yes) (No)

If yes, please indicate the contents of the IEP/list the goals that your child is working towards.

Does your child see a therapist? (Please circle one) (YES) (NO)

Name: _____ Phone: _____

I give MFNH permission to contact staff at my child's school to discuss his/her behavior, homework, IEP, etc. including teachers, counselors, and principal. I also give MFNH permission to contact my child's therapist.

(sign here)

I do not wish MFNH to discuss my child in any of the situations I specified below:

(Please check off any boxes below if you **DO NOT** want MFNH to communicate with outside professionals regarding my child.)

- NO**, MFNH cannot contact my child's teacher(s) regarding behavior, homework, etc.
- NO**, MFNH cannot discuss my child's IEP with staff at his/her school.
- NO**, MFNH cannot discuss my child with his/her therapist

(sign here)

Please list/explain any additional information about your child that would help MFNH in caring for him/her (i.e. temperament, behavior, general concerns, medical restrictions, mental health diagnoses, etc.) Please include and list any medications and special instructions as they apply.

I want MFNH to contact these additional people regarding my child's development/experiences:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____

Email: _____ Email: _____

Family Information

Does your child have any siblings? (Yes) (No)

If so, how many?

What are their names and ages?

Do they live with you/your child?

Custody

This information is to give us a better idea of your child’s home life, as well as to make us aware of anyone who should **not** be with your child.

Who lives in the child’s household?

Child lives with: _____
Name Relationship to child

Child has contact with:

- Father only
- Mother only
- Both parents
- Neither parent

Parent/Guardian Financial Information

Parent/Guardian Name: _____

Primary Place of Work: _____

Business Address: _____

Total Weekly Hours: _____

Days/Times of Work: _____

| |
|--|
| <p>Income Sources (<i>check all that apply</i>):</p> <p><input type="checkbox"/> TANF/TAFDC <input type="checkbox"/> Housing <input type="checkbox"/> Food Stamps <input type="checkbox"/> Child Support <input type="checkbox"/> Social Security</p> <p>Income <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed</p> |
| <p>Income Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly</p> |

Second Parent/Guardian Name: _____

Primary Place of Work: _____

Business Address: _____

Total Weekly Hours: _____

Days/Times of Work: _____

Income Sources (*check off all that apply*):

TANF/TAFDC Housing Food Stamps Child Support Social Security Income
Employed Self-Employed

Income Frequency: Weekly Bi-Weekly Monthly

Is either parent/guardian in school?

If so, part time or full time?

Please circle any additional areas of service that your family might need:

Food Services Health Care/Medical Employment Education Judicial/Legal Housing

****Please explain any of the above that you circled and how Margaret Fuller can help your family.**

Medical Consent Form

I understand that the child care personnel at MFNH are trained in the basics of First Aid and I authorize them to give my child first aid when appropriate, including the application of sunscreen, bug-repellent and anti-bacterial ointment. 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 staff of the MFNH to administer first aid and to otherwise act on my behalf when I cannot be reached to when a delay would endanger the protection of my child. If I cannot be reached, I authorize MFNH staff to transport my child and arrange for the medical care including the administration of anesthesia if surgery is advised by a physician at the Windsor Clinic or Cambridge Hospital or the nearest care facility and/or to:

_____.

(Hospital of Choice)

I also understand that I am responsible for any and all medical costs for my child. _____
(initial here)

Physician Information

Child's Physician: _____

Physician's Facility: _____

Address: _____

Physician's Phone Number: _____

Health Insurance Carrier: _____

Policy Number: _____

Child's Health Profile

| Description: | Symptoms: | Treatment*: |
|--------------|-----------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**MFNH requires an additional consent form if medication must be distributed in program. Please contact a staff member for form.*

Please list any allergies to food, environment, medications, etc.

Emergency Contacts

*Please fill out **all three** contact spaces. The numbers indicate who MFNH will contact first in an emergency if we cannot reach you. If you do not have three contacts, please let a staff member know when submitting your application.*

1. Contact's Name: _____

Relationship to child: _____

Address: _____

Phone: _____

2. Contact's Name: _____
Relationship to child: _____
Address: _____
Phone: _____

3. Contact's Name: _____
Relationship to child: _____
Address: _____
Phone: _____

(signature)

_____._____._____
(date)

TRANSPORTATION AND RELEASE INFORMATION

My child will **ARRIVE** to the program by (check all that apply):

| | |
|--|-------------------------------------|
| _____ Parent/Supervised drop off | Approximate Time/Days: _____ |
| _____ Unsupervised walk | Approximate Time/Days: _____ |
| _____ Bus Drop off - Name of Bus: _____ | Approximate Time/Days: _____ |
| _____ MFNH supervised walk* | School to be picked up at: _____ |

**Please speak to a staff member to see if your child's school is eligible for this option*

The following people CAN pick up my child (please make sure to include any minors):

Name: _____

Relationship: _____

Copy of ID included?

Name: _____

Relationship: _____

Copy of ID included?

Name: _____

Relationship: _____

Copy of ID included?

Name: _____

Relationship: _____

Copy of ID included?

Name: _____

Relationship: _____

Copy of ID included?

My child is allowed to walk home by him/herself.

Yes No Only if parent calls staff on the day of departure

The following person(s) CANNOT pick up my child:

Name: _____

Relationship: _____

Name: _____

Relationship: _____

_____ I understand that if a child is not to be released to one of his/her parents, MFNH must have a certified court order and a photograph of the person in our records.

_____ I understand that my child must be picked up by 6:00pm. If he or she is not picked up, MFNH, Inc. will implement the emergency procedures as stated in the parent handbook. I also understand the late-pick up policy and consequences.

_____ I understand that my child is my responsibility until he/she is signed in at MFNH and that I am responsible for my child once he/she leaves the building at the end of the day.

_____ I have read the Margaret Fuller Neighborhood House School Age Program/Parent Handbook, health care policy, and registration form which include the program philosophy, its goals, policy statements, general operation and financial agreement.

_____ I understand and accept the conditions and terms stated within the above mentioned materials.
(Initial)

(Sign here)

_____._____._____
(Date)

Off-Site Activities Permission

As part of our regular program, we will be walking to surrounding locations to participate in activities. These include, but are not limited to, the following:

- | | |
|--------------------------------------|------------------------------|
| Norfolk Park | Magazine Street Pool |
| Columbia Street Park | Gold Star Pool |
| Cambridge Public Library (all sites) | Windsor Street Health Center |
| Cambridge Police/Fire Stations | Cambridge Public Schools |
| Harvard Street Park | |

_____ I give permission for my child to take walks in surrounding areas/neighborhoods.
(Initial)

_____ I give permission for my child to participate in all of the activities scheduled by the MFNH located at the off-site facilities mentioned above.

_____ I understand these trips will be covered by this permission slip, but any other trips will require separate permission slip forms which will be provided to me as needed.

(Parent/guardian signature)

_____._____._____
(Date)

Photo Permission

Print Publications:

Can MFNH use photographs of your child for print publications - agency press kits, brochures, reports, photo exhibits, and other printed materials? (Check and sign ONE option.)

YES _____ OR NO _____
(parent/guardian initial) (parent/guardian initial)

Digital Publications:

Can MFNH use photographs of your child for digital publications - our website, Twitter account, Facebook page, Flickr photo albums, and any other digital spaces? Note that we will never use your child's full name without your permission. (Check and sign ONE option.)

YES _____ OR NO _____
(parent/guardian initial) (parent/guardian initial)

Payment, fees, and explanation of payment scale

Per the Department of Early Education and Care (EEC), we charge the minimum for programming allowed by the state. We accept vouchers and have some slots for income eligible students. Please see the director for more information.

***The total cost of the Margaret Fuller Kids (MFK) Program is:

Partial Day (after school): \$105/week (\$21/day)

Full Day (summer camp and school vacation weeks): \$195/week (\$39/day)

Please note whether you have vouchers and from which agency (EEC, DTA, etc.).

Monthly Income: \$_____.
Number of family members in your household: _____

Please provide **ONE MONTH'S** worth of **pay stubs** and/or other proof of income as well as paperwork with proof of your address (ex. utility/phone bill). Please submit these documents with this application.

Full Day (6+ hours) Rate: \$39/day - \$195/week

A full day is when school is closed and kids are here during vacation days, summer, or early release days and their day at Margaret Fuller begins between 8am-1pm.

Partial Day (after school) Rate: \$21/day - \$105/week

A partial day is a regular after school day, where children arrive after school between 2-4pm and stay until pick-up at 6pm.

Approved by: _____ **Date:** _____.____._____