



# NGESC

Extended School Care

Childs' Name:	Date entered care:
Street Address:	Date of Birth:
Town, City, Zip:	Home Phone:
Parent/Guardian (1) Name:	Cell Phone:
Parent/Guardian (2) Name:	Cell Phone
What is the best way to reach you while your child is at NGESC? _____	

Incase of an emergency, I give permission for any of the following individuals to be contacted and my child(ren) may be released to any of them. (They will be asked to show a photo ID)  
Parent/Guardian signature: \_\_\_\_\_

Name:	Address:	Home Phone:
Relationship:		Cell Phone:

Name:	Address:	Home Phone:
Relationship:		Cell Phone:

Other than you, who has permission to pick up your child(ren)? (They will be asked to show a photo ID)  
Parent/Guardian signature: \_\_\_\_\_

Name:	Address:	Home Phone:
Relationship:		Cell Phone:

Name:	Address:	Home Phone:
Relationship:		Cell Phone:



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Child's homeroom teacher _____	Child's Grade (circle one): K 1 2 3 4 5
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Does your child have any allergies or food sensitivities? If yes, please specify. \_\_\_\_\_  
\_\_\_\_\_

Does your child take regular medicine? If yes, please specify. \_\_\_\_\_

Any other information you would like us to know about your child : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ (PRINT NAME), parent/guardian of \_\_\_\_\_ (PRINT NAME) hereby grant permission to NGESC to (Please initial each line you grant permission for):

\_\_\_\_\_ take and use photographs and/or digital images of my child for use in electronic publications shared with NGESC families and dojo displays for the duration of his/her time in the school.

\_\_\_\_\_ Walk students across the street to Damigella Field for outdoor play

\_\_\_\_\_ Take walks on the Rail Trail (accessible right behind the dojo)

\_\_\_\_\_ Take walks downtown (library, Goodwill park) on nice weather days

\_\_\_\_\_

\_\_\_\_\_

Parent Signature

Date



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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 child care 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: \_\_\_\_\_

Health Insurance Coverage \_\_\_\_\_ Policy # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_  
/Guardian Signature Date (valid for one year) \_\_\_\_\_ Parent

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### Small Group and Large Group Transportation Plan and Authorization

Child(ren)'s name: \_\_\_\_\_ Parent signature: \_\_\_\_\_

I acknowledge that my child will arrive at NGESC by a supervised walk from Miller or Placentino school with a NGESC staff member and my child will leave the program by parent pick-up.