



Childs' Name:	Date entering 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: _____	
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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: _____	
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Name:	Address:	Home Phone:
Relationship:		Cell Phone:

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





Child's homeroom teacher _____

Child's Grade (circle one): K 1 2 3 4 5

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 : _____



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 _____

Parent /Guardian Signature Date (valid for one year)

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

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.

NGESC 2025-2026 School Year Permission Form

Parent Name	
Child Full Legal Name	

Please review each item below and intimal to acknowledge each statement.

_____ Allow NGESC Staff to take/use photographs and/or digital images of my child for use in electronic publications shared with NGESC families (i.e. newsletters/desk fliers) for the duration of his/her time in the school

_____ Walk my child across the street to Damigella Field for outdoor play

_____ Take walks on the Rail Trail (accessible behind NGESC)

_____ Take walks to downtown (i.e. Library, Goodwill Park) on nice weather days

_____ Allow NGESC staff to serve an occasional birthday treat or special snack (nut free/dairy free) provided by staff or families

_____ I am aware that NGESC is a NUT FREE (including Tree Nuts) facility and any snack that I send in with my child will not contain nuts.

_____ I acknowledge that I am aware of and have reviewed the NGESC Parent/Student Handbook

_____ I am aware that all NGESC Tuition payments are due on the first of the each month and that payments can be made either by **Check, Cash or Direct Payment** from my bank (NGESC does not accept Credit Cards)

_____ I am aware that if my child is absent or dismissed from Holliston Public Schools (HPS), I must (in addition to notifying HPS) provide notification to NGESC (email or phone call).

_____ I am aware that NGESC closes **at 6:00 PM** and that my child must be picked up by that time and that if I am going to be late I will contact NGESC Staff by phone at **774-233-2111** and provide an approximate time of my arrival. **Late fee may apply.**

_____ I am aware that if there are repeated instances of the following items below could result in my incurring additional fees (see NGESC Parent/Student Handbook)

- my not providing proper notification of my child's absence
- not notifying NGESC Staff of late pick-up



NGESC
Extended School Care

_____ Parent signature _____ Date