

Walpole Public Schools Extended Day Program

415 Elm Street
Walpole, MA 02081
660-7361

Child's name: _____ D.O.B. _____
Home address: _____
Home phone: _____ Cell/beeper: _____
Parent/Guardian Name: _____
Business Name & Address (Mother) _____

Phone: _____
Business Name & Address (Father) _____

Phone: _____
Email address _____

Identifying Information:

Eye color: _____ hair color _____ height: _____ weight _____

Please list two neighbors and/or relatives for emergency contact.

Name: _____ Phone: _____ Relationship: _____
Address: _____

Name: _____ Phone: _____ Relationship: _____
Address: _____

SEPTEMBER 2018 Teacher _____ Grade _____ School _____

Please list all allergies, dietary restrictions, special limitations, and/or chronic health conditions.

Have you filed a Section 504 form? Yes _____ No _____

Other information, that would be important for staff members to be aware of i.e., (recent move, divorce, death in family, behavioral issues). This information is confidential! _____

Physician's name: _____ Phone: _____

Dentist's name: _____ Phone: _____

Authorized to Release Form:

I give my permission for my child to be released from the program and/or to be received at the end of the program to the following people:

Parents: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Name: _____

Relationship: _____

Address: _____

Telephone: _____

Parent/Guardian Signature

Date

Authorization and Consent Form

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, in the event I cannot be reached, I hereby authorize the Walpole Public School Extended Day Program to transport my child to the nearest hospital to secure for my child the necessary medical treatment. I understand the staff members in the center are trained in the basics of first aid and I authorize them to give my child first aid when appropriate.

Parent/Guardian Signature

Date

***Please provide a recent picture of your child.**

This signature indicates that all information stated on this application is accurate and complete. This signature also gives my child permission to participate in all Extended Day activities.

Parent/Guardian Signature

Date