

**WEEKLY 2011/2012 AFTER-SCHOOL SCHEDULE**

**CHILD 1:** Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

School Days Enrolled: (please circle/check) **M T W TR F**

Allergies / special diets \_\_\_\_\_

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**CHILD 2:** Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

School Days Enrolled: (please circle/check) **M T W TR F**

Allergies / special diets \_\_\_\_\_

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**CHILD 3:** Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

School Days Enrolled: (please circle/check) **M T W TR F**

Allergies / special diets \_\_\_\_\_

**MAPLEWOOD ENRICHMENT CENTER  
CHILD'S FACE SHEET/ENROLLMENT FORM**

**Program** \_\_\_\_\_ Group Day Care \_\_\_\_\_ School Age Care \_\_\_\_\_

Child's Name \_\_\_\_\_ Eye Color \_\_\_\_\_ Skin Color \_\_\_\_\_

Home Address \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_

Telephone \_\_\_\_\_ Sex \_\_\_\_\_ Weight \_\_\_\_\_

**Date of Admission:** \_\_\_\_\_ Age at Admission \_\_\_\_\_ Grade at Admission \_\_\_\_\_

Date of Birth \_\_\_\_\_ Primary Language \_\_\_\_\_

Identifying Marks \_\_\_\_\_

**Parent / Guardian Information:**

**Primary Email Address:** \_\_\_\_\_

Parent / Guardian Name _____	Parent / Guardian Name _____
Relationship to child _____	Relationship to child _____
Home address _____	Home address _____
Home Telephone # _____	Home Telephone # _____
Cell Phone # _____	Cell Phone # _____
Business Name _____	Business Name _____
Business Address _____	Business Address _____
Business Phone # _____	Business Phone # _____
Hours at work _____	Hours at work _____

**Additional Information:**

Child's Physician/Clinic \_\_\_\_\_  
Name Address Phone

Allergies / special diets \_\_\_\_\_

Individual Health Plan for child with a chronic health condition? If yes, please attach \_\_\_\_\_

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?  
If yes, please attach \_\_\_\_\_

Special limitations or concerns \_\_\_\_\_

School Age Only:

Current School \_\_\_\_\_ School Address \_\_\_\_\_ Phone # \_\_\_\_\_

I certify that documentation of physical examination and immunization in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school. **Parent / Guardian initials** \_\_\_\_\_

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
Date

**MAPLEWOOD ENRICHMENT CENTER**

**First Aid and Emergency Medical Care**

**Consent Form 102 CMR 7.09(3)**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I authorize staff in the child care program who are trained in the basics of first aid to give my child first aid 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 to my child.

Child's Physician Name \_\_\_\_\_ Phone number: \_\_\_\_\_

Address \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Chronic Health Conditions \_\_\_\_\_

(if none please indicate none)

**Emergency Contacts (in order to be contacted)**

Name: \_\_\_\_\_ Address : \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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

Name: \_\_\_\_\_ Address : \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Name: \_\_\_\_\_ Address : \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone # \_\_\_\_\_

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

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

Parent(s) Name \_\_\_\_\_ Phone (w) \_\_\_\_\_

Phone (h) \_\_\_\_\_

Phone (c) \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Phone (w) \_\_\_\_\_

Phone (h) \_\_\_\_\_

Phone (c) \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**MAPLEWOOD ENRICHMENT CENTER**

**Medication Consent Form**

**Consent Form 606 CMR 7.11(2)(b)**

Name of Child: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Unanticipated Non- Prescription for mild symptoms: \_\_\_\_\_ Oral/ Non-Prescription: \_\_\_\_\_

Topical Non- Prescription (**applied to open wound/broken skin**) \_\_\_\_\_

My child has previously taken this medication \_\_\_\_\_

My child has not previously taken this medication, but this is an emergency / medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan. \_\_\_\_\_

Dosage: \_\_\_\_\_

Date(s) medication to be given: \_\_\_\_\_

Time(s) medication to be given: \_\_\_\_\_

Reason(s) for medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Directions for storage: \_\_\_\_\_

Name and phone number of the health care practitioner: \_\_\_\_\_

Child's Health Care Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, (parent or guardian) gives permission to  
(print name)

authorize staff member(s) to administer medication to my child as indicated above.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For topical, non-prescription **NOT** applied to open wound / broken skin (**parent signature only**)

See reverse side of form for Medication Policies

## Medication Policies

### **Prescription and Non-Prescription Medication:**

- Requires specific written instructions signed by the physician and authorization by a parent or guardian for administration by the director or person designated to give medication at Maplewood Enrichment Center.
- 105 CMR 430 160(A) – Medication prescribed for children shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statement, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medication for children shall be kept in the original container, containing the original label, which shall include the directions for use.
- If a liquid medication is to be administered at the Maplewood Enrichment Center, the parent must provide the administration device with clear marked measurements (medicine sip-vial, medicine cup, dropper or syringe)
- 105 CMR 430 160(C) – Medication shall only be administered by the health supervisor\* or by a licensed health care professional authorized to administer prescription medications. If the health care professional authorized to administer prescription medications, the administration of medication shall be under the professional oversight of the health care consultant. Medication prescribed for children brought from home shall only be administered from its original container, there is written permission from the parent/guardian and the health care consultant approved in writing the administration of the medication.
- Non-prescription ointment, topical lotion requires only a note signed by a parent, specifying time and dosage (not to exceed 3 months). It must be in original container with legible label and child's name.
- 105 CMR 430 160(D) – When no longer needed, medications shall be returned to a parent or guardian whenever possible the medication cannot be returned, it shall be destroyed.

\* Health supervisor - A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.

**MAPLEWOOD ENRICHMENT CENTER**  
**Transportation Plan and Authorization**  
**7.09(3) AND 7.12(1)**

Child's Name: \_\_\_\_\_

**My Child will arrive at the program by:**

- \_\_\_\_\_ Unsupervised Walk
- \_\_\_\_\_ Supervised Walk (Who \_\_\_\_\_)
- \_\_\_\_\_ School Bus Drop Off
- \_\_\_\_\_ Program Bus
- \_\_\_\_\_ Program Van
- \_\_\_\_\_ Parent Drop Off
- \_\_\_\_\_ Other (Describe \_\_\_\_\_)

**My Child will depart from the program by:**

- \_\_\_\_\_ Parent Pick Up
- \_\_\_\_\_ Unsupervised Walk
- \_\_\_\_\_ Supervised Walk (Who \_\_\_\_\_)
- \_\_\_\_\_ School Bus Drop Off
- \_\_\_\_\_ Program Bus
- \_\_\_\_\_ Program Van
- \_\_\_\_\_ Other (Describe \_\_\_\_\_)

I give my permission for my child to be released from the program at the end of the day as stated above and/or I give permission to the following people to receive my child at the end of the day. (If no one is authorized, please indicate below by writing "NO ONE")

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one year from the date of signature.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



**Items not allowed at Maplewood:** Cell Phones, Cameras, iPods, MP3 Players, electronic games, or personal toys from home.

**Cell Phone Policy:** Use of cell phones will not be permitted at Maplewood Enrichment Center. If you as a parent feel the need for your child to bring a cell phone with them –they will be required to follow the guidelines listed below:

1. The phone **MUST** remain in their bags at Maplewood as well as the bus ride to Maplewood.
2. They cannot make calls, check phone messages, text or take pictures.
3. They cannot allow any other person to use their phone for any reason.
4. Violation of this policy: the phone will be turned into the office and the parent will be required to pick it up at the end of the day.

Please understand, children are always allowed access to the phone in the office. If there is an emergency/problem Maplewood Staff will make the necessary call and allow the children to speak with an adult as needed.

We would ask for the parent's full cooperation in helping us to adhere to this policy.

I have read and understood the above stated policies and agree to be bound by its terms.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**



PHOTOGRAPH AUTHORIZATION RELEASE:

I authorize Maplewood Enrichment Center, Inc. to have, use, publish and reproduce photographs, slides, moving pictures or television video tape of the child (without using names) as may be necessary for its records or public relations programs, including the Internet.

Date: \_\_\_\_\_ Signature of Parent or Legal Guardian: \_\_\_\_\_

EMAIL INFORMATION:

We plan to “keep in touch” with you by E-mail as well as in our Print Literature and at our website ([www.maplewoodyearround.com](http://www.maplewoodyearround.com)). In order to receive our newsletters, special announcements and Maplewood emails add [info@maplewoodyearround.com](mailto:info@maplewoodyearround.com) to your address book.

Please assist us by completing this form, which asks for your current e-mail address. If you should change your e-mail address at any time, do let us know so we can update our records.

Name of Parent: \_\_\_\_\_

Name of Child: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

(One e-mail address per household)

Thank you in advance for completing and returning this form

**CLIMBING CLASS / CHALLENGE COURSE  
RELEASE AND ASSUMPTION OF RISK**

Camp Maplewood, Inc. is sponsoring this Climbing Class, which includes class instruction and voluntary use of a climbing wall and challenge course (the "Activity"). On behalf of my child, I acknowledge that use of the climbing wall and challenge course involves known and unanticipated risks which could result in physical or emotional injury paralysis, death or damage to my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the wall climbing and challenge course activity. The risks include, among other things; falling on the ground; falling on others' others falling on my child; exposure to the forces of nature; participating beyond my child's personal limits; musculoskeletal injuries; head injuries; or my child's own or other persons' negligence.

On behalf of my child, I expressly agree and promise to accept and assume all of the risks existing in the Activity. My child's participation in the Activity is purely voluntary, and I elect to allow my child to participate notwithstanding the risks.

On behalf of myself, my child and any person representing myself or my child, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Camp Maplewood, Inc., Maplewood Country Day Camp, Inc. and Maplewood Enrichment Center, Inc. (collectively called the "Released Parties") and their respective shareholders, directors, officers, employees and agents, from and against any and all claims, demands or causes of action which are in any way connected with my child's participation in the Activity or my child's use of equipment or facilities, including any such claims which allege negligent acts or omissions by and of the Released Parties. I also promise that neither I, my child, nor any other person, will bring any lawsuit or other legal proceeding against any Released Party based on my child's participation in the Activity or specifically my child's use of the climbing wall.

I certify that I have adequate insurance to cover any injury or damage my child may cause or suffer while participating and in all events agree to bear the costs of such injury or damage myself. I further certify that my child has no medical or physical conditions, which could interfere with my child's safety in the Activity or use of the climbing wall and challenge course, or if my child does have such a condition, I assume – and bear the costs of – all risks that may be created, directly or indirectly, by the condition.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child's participation in the Activity or use of the climbing wall and challenge course, I, my child and any other person claiming for my child or myself, have waived the right to maintain a lawsuit against any Released Party on the basis of any claim from which I have released it herein.

The Agreement is a Massachusetts contract and will be governed and interpreted in accordance with the laws of the Commonwealth of Massachusetts. Any provision of this Release deemed invalid or unenforceable will not render invalid any other provision or term hereof which will remain in full force and effect throughout.

I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Name of Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name

**According to our Child Care License through Massachusetts Early Education of Children parents/guardians must give expressed permission for the following activities:**

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**POOL/SWIMMING:**

I understand that there may be occasions when the Maplewood **Afterschool** Program will use the pool (“club pool”) for recreational swim.

I give \_\_\_\_\_ my permission to use the **pool** located on the grounds of Maplewood.

I DO NOT give \_\_\_\_\_ my permission to use the **pool** located on the grounds of Maplewood.

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**POND/BOATING**

I understand that there may be times when the programs at Maplewood use the pond for boating purposes

I give \_\_\_\_\_ my permission to participate in **boating** activities at Maplewood.

I DO NOT give \_\_\_\_\_ my permission to participate in **boating** activities at Maplewood.

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**SUNSCREEN:**

I give \_\_\_\_\_ my permission to have sunscreen (brand supplied by the program) applied to my child when participating in outdoor activities at Maplewood.

I prefer that \_\_\_\_\_ use sunscreen (provided by me) for application when participating in outdoor activities

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**BUG SPRAY:**

I give \_\_\_\_\_ my permission to have bug spray (brand supplied by the program) applied to my child when participating in outdoor activities at Maplewood.

I prefer that \_\_\_\_\_ use bug spray (provided by me) for application when participating in outdoor activities

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**HAND SANITIZER:**

Although each program encourages proper hand washing procedures throughout the day- there may be occasions when supervised use of hand sanitizer will be used ( **with children 5 yrs. and older**) to help stop the spread of germs.

I give \_\_\_\_\_ my permission for supervised use of hand sanitizer occasionally.

I DO NOT give \_\_\_\_\_ my permission for supervised use of hand sanitizer

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\_\_\_\_\_  
Parent/legal guardian Signature

\_\_\_\_\_  
Date

# MAPLEWOOD'S AFTER SCHOOL PROGRAM

## AFTER SCHOOL

PLAYING



LEARNING

## CREATING

### AFTERSCHOOL FEES:

- 5-Days: \$22.65/day
- 4-Days: \$23.15/day
- 3-Days: \$24.00/day
- 2-Days: \$24.65/day
- 1-Days: \$25.20/day

ENROLL TODAY  
508-238-2387

NEW

## ACADEMIC LEARNING CENTER

Academic Small Group Tutoring with Jeannie Baxter & Ann Weintrob, Certified Teachers

### Targeted Instruction based on student need

- Comprehension skills and strategies
- Phonics / Word Analysis
- Oral Reading Fluency
- Written Language
- Math Computation
- Math Concepts and Applications
- Vocabulary Development
- Home Project Support (Research/ Organization)
- MCAS Preparation

Special offer

**Tuesday or Thursday: 7 weeks, 7 one hour sessions for \$70**

Sign up for your first session and get your next session Free! (your cost \$5 per class)

**Individual Tutoring:** One-on-one intensive work in specific subjects to advanced studies in areas of special interest **Wednesday: \$50 per hour**

The Academic Learning Center is also available for children that do not participate in our after-school program. Call for pricing and additional information.

☀️ 30 acres of Indoor & Outdoor Fun

- Gymnastics
- Sports
- Drama
- Arts & Crafts
- Dance
- Rock Climbing
- Boating
- Nature and so much more!

📖 Homework Assistance

- Support for completion of homework
- Small staff-to-child ratios
- Quiet study centers
- Access to reference materials and computers

😊 Flexible Schedule

😊 Small child to staff ratios

😊 Transportation Provided

😊 Open until 6:30 pm

😊 Discounted Fee - Small Group Tutoring



Dear Parents:

Welcome to Maplewood Academic Programs. Please refer to our flyer for a complete description of our services. We offer primary support for the completion of daily and long-term Homework Assignments. Among our resources, we provide a quiet place to work; small staff-to-student ratios; and a relaxed environment with access to reference materials, computers, and educational software. Homework Help includes clarification of directions; individual assistance with specific assignments, as needed; and confirmation that assignments have been completed appropriately. Behavioral Norms in the Studies Center are defined in a separate enclosed statement, entitled Student Guidelines and Social Expectations.

Please indicate whether or not you would like your child to participate in our Homework Help Program by checking the appropriate circle below:

- I would **LIKE** my child to complete his/her homework at Maplewood.
- I would **NOT** like my child to complete his/her homework at Maplewood.

If you would like to provide any other information that would help us as we work with your child (e.g., learning issues), please contact the Director.

Lee Pinstein  
Director

Telephone: (508) 238-2387, x105  
E-mail: [info@maplewoodyearround.com](mailto:info@maplewoodyearround.com)

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_

E-mail: \_\_\_\_\_