

Child Name: _____

Date of Application: ____/____/____



MARGARET FULLER NEIGHBORHOOD HOUSE

71 Cherry St. Cambridge, MA 02139

Contacts: Pierre Balthazar, Director of Programs: *pbalthazar@margaretfullerhouse.org*

Ben Pickard, Program Manager: *bpickard@margaretfullerhouse.org*

Telephone: (617) 547-4680

Leaders of Today Peace Academy: Out of School Time Program Application for 2019-20

Required Documents Checklist

- Picture ID of parents or primary guardian(s)
- Child's Birth Certificate/adoption papers/foster care documents, legal guardianship papers, etc.
- Child's Social Security Card
- Immunization records
- Utility bill/lease/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 from the school administrator noting 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

- Doctor's note for medication (if applicable)
- Parent permission to administer medication (if applicable)
- A copy of your child's IEP from 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.

Child's Name: _____

Does your child see a therapist? (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.

(signature)

(date)

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

(signature)

(date)

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. Please list the *adults* living in the child’s household.

Child lives with: _____

Adult’s Name

Relationship to child

Adult’s Name

Relationship to child

Child has contact with:

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

Any other important custody information:

Parent/Guardian Financial Information

Parent/Guardian Name: _____

Primary Place of Work: _____

Business Address: _____

Total Weekly Hours: _____

Days/Times of Work: _____

Income Sources (*check all that apply*):

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

Income Frequency: Weekly Bi-Weekly Monthly

Second Parent/Guardian Name: _____

Primary Place of Work: _____

Business Address: _____

Total Weekly Hours: _____

Days/Times of Work: _____

Income Sources (*check 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? (Yes) (No) If so, part time or full time? _____

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

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

Description:	Symptoms:	Treatment*:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MFNH requires an additional consent form if medication must be distributed in program.*

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. The contacts listed have permission to pick up your child.*

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? Yes/No

Name: _____ Relationship: _____

Copy of ID included? Yes/No

Name: _____ Relationship: _____

Copy of ID included? Yes/No

Name: _____ Relationship: _____

Copy of ID included? Yes/No

Name: _____ Relationship: _____

Copy of ID included? Yes/No

My child is allowed to walk home by him/herself. **(Only for children ages 9 and older.)**

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: _____ *

**We require a photo of any prohibited person.*

Policy Agreements

_____ I understand that if a child is not to be released to one of his/her parents, MFNH must have a certified
(initial) 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/she is not picked up, MFNH, Inc. will
(initial) 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
(initial) 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
(initial) 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)

(signature) (date)

Off-Site Activities Permission

As part of our regular program, we will be walking to surrounding locations to participate in activities.

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

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

_____ I understand trips out of walking distance will require a separate permission slip forms.
(initial)

(signature) (date)

Photo Permissions

_____ I give permission for video or photography of my child to be used in MFNH print and digital (initial) publications.

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): \$110/week (\$22/day)

Full Day (summer camp and school vacation weeks): \$210/week (\$42/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: \$42/day - \$210/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: \$22/day - \$110/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: _____.____._____

