



Payment Type: \_\_\_\_\_ PVT \_\_\_\_\_ Slot \_\_\_\_\_ Voucher \_\_\_\_\_ Supp \_\_\_\_\_



**Weekly Sessions:**

June 26 – June 30 (closed June 26)    July 3 – July 7 (closed July 4)    July 10 – July 14    July 17 – July 21  
July 24 – July 28    July 31 – Aug 4    Aug 7 – Aug 11    Aug 14 – Aug 18

*(Please circle the sessions that your child will be attending)*

**ABC SCHOOL AGE ENRICHMENT PROGRAM AT  
PITTSFIELD  
2017 SUMMER ONLY**

**Child Information Form 7.09 (a) (c)**

**Child Information:**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Age: \_\_\_\_\_

Is their documentation of physical exam, immunization records, and lead screening on file at the child's school: YES \_\_\_\_\_ No \_\_\_\_\_

Child's identifying information (required by the Department of Early Education and Care regulations) and/or current picture (if available).

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Sex \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ Skin Color \_\_\_\_\_  
Identifying Marks \_\_\_\_\_ Primary Language: \_\_\_\_\_

**Parent /Guardian Information:**

**Please fill out both Columns. Write in "Not Known" or "Not Available" if necessary.**

|                               |                               |
|-------------------------------|-------------------------------|
| <i>Parent/Guardian Name:</i>  | <i>Parent/Guardian Name:</i>  |
| <i>Home Mailing Address:</i>  | <i>Home Mailing Address:</i>  |
| <i>City, State, Zip</i>       | <i>City, State, Zip</i>       |
| <i>Relationship to Child:</i> | <i>Relationship to Child:</i> |
| <i>Home Telephone:</i>        | <i>Home Telephone:</i>        |
| <i>Cell Phone Number:</i>     | <i>Cell Phone Number:</i>     |
| <i>Business Name:</i>         | <i>Business Name:</i>         |
| <i>Business Address:</i>      | <i>Business Address:</i>      |
| <i>Business Telephone:</i>    | <i>Business Telephone:</i>    |
| <i>Hours at Work:</i>         | <i>Hours at Work:</i>         |
| <i>Email address:</i>         | <i>Email address:</i>         |

**If ANY information in this packet changes, you must update the information with the Program Director.**

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



**Gladys Allen Brigham Community Center-ABC SCHOOL AGE ENRICHMENT PROGRAM  
First Aid & Emergency Medical Care Authorization and Consent Form 7.09(3)(A)(1)(2)  
2017 Summer Only**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Child's Home Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

I understand the staff in the school age childcare program are trained in the basics of First Aid and I authorize to them 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 (please describe) \_\_\_\_\_.

Child's Physician Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Child's Allergies: \_\_\_\_\_  
Chronic Health Conditions or any diagnosed disorders: \_\_\_\_\_  
Does child have an IEP or 504 plan: \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone Work \_\_\_\_\_  
Phone Home \_\_\_\_\_  
Phone Cell \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone Work \_\_\_\_\_  
Phone Home \_\_\_\_\_  
Phone Cell \_\_\_\_\_

**Emergency Contacts (In order to be contacted) (Parent/Guardian contacted first)**  
**YOU MUST HAVE AT LEAST ONE CONTACT OTHER THAN THE PARENT/GUARDIAN  
IN CASE OF AN EMERGENCY**

1) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (C) \_\_\_\_\_  
Phone (W): \_\_\_\_\_  
Do you give permission for your child to be released to this person? Yes \_\_\_ No \_\_\_

2) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (C) \_\_\_\_\_  
Phone (W): \_\_\_\_\_  
Do you give permission for your child to be released to this person? Yes \_\_\_ No \_\_\_

3) Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (C) \_\_\_\_\_  
Phone (W): \_\_\_\_\_  
Do you give permission for your child to be released to this person? Yes \_\_\_ No \_\_\_

**Insurance Information (Optional)**

Health Insurance Coverage: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Parent/ Guardian Name: \_\_\_\_\_ Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_  
Parent/ Guardian Name: \_\_\_\_\_ Phone (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

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

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



**Gladys Allen Brigham Community Center- ABC SCHOOL AGE ENRICHMENT PROGRAM**  
**Transportation Plan & Alternative Transportation Plan (7.12 1 (a,b,c)**  
**2017 Summer Only**  
**Transportation Plan**

**Child's Name** \_\_\_\_\_

Reminder: to ABC SCHOOL AGE ENRICHMENT PROGRAM parents/guardians you are required to sign in and out your child/ren to the program otherwise Gladys Allen Brigham Community Center IS NOT responsible for the care and whereabouts of your child/ren.

**Morning (only in need of morning care)**

My child will arrive at the program by:

- Unsupervised Walk (Must have permission form)
- Supervised Walk (Who \_\_\_\_\_)
- Parent Drop Off
- Other (Describe \_\_\_\_\_)

My child will depart from the program by:

- Unsupervised Walk (Must have permission form)
- Supervised Walk (Who \_\_\_\_\_)
- School Bus Pick up \_\_\_\_\_ School name
- Other (Describe \_\_\_\_\_)

**Afternoon**

My child will arrive at the program by:

- Unsupervised Walk (Must have written permission form)
- Supervised Walk (Who \_\_\_\_\_)
- School Bus Drop off \_\_\_\_\_ School name
- Parent drop off
- Other (Describe \_\_\_\_\_)
- Brigham Community Center Van (only if child cannot get on a school bus)

My child departs from the program by:

- Parent Pick up
- Supervised Walk (Must have written permission form)
- Supervised Walk (Who \_\_\_\_\_)
- Other (Describe \_\_\_\_\_)

Approved by the ABC SCHOOL AGE ENRICHMENT PROGRAM Director \_\_\_\_\_ Date \_\_\_\_\_



**Gladys Allen Brigham Community Center**  
**ABC SCHOOL AGE ENRICHMENT PROGRAM**  
**OFF SITE ACTIVITIES PERMISSION FORM -**  
**2017 Summer Only**  
**SECTION 7.34 (5)(c)**

Gladys Allen Brigham Community Center of the Berkshire: 165 East Street Pittsfield, MA. 01201

I, \_\_\_\_\_ (Parent/Guardian) give permission for my child to participate in all of the regularly scheduled on-going activities located at the following off-site facilities:

- “Kids Common” Park, First Street, Pittsfield, MA.
- The Library, East Street, Pittsfield, MA.
- Berkshire Museum, South Street, Pittsfield, Ma.
- Walk around the area near center
- Van trips within the Pittsfield area.
- Scheduled bus field trips
- Other local places near the center

The program will provide in writing a list of scheduled activities when possible.

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

\_\_\_\_\_  
Date

**If ANY information in this packet changes you must update the information with the Program Director.**



**Gladys Allen Brigham Community Center**  
**ABC SCHOOL AGE ENRICHMENT PROGRAM**  
**2017 Summer Only**  
**Release**

I hereby release to Gladys Allen Brigham Community Center the use of mine or my child's photograph, interview, taped testimonial to be utilized in ways Gladys Allen Brigham Community Center deems appropriate use of the media. No monetary compensation will be paid for this service to the Gladys Allen Brigham Community Center. I will not hold the Gladys Allen Brigham Community Center responsible for any said effects of the above approval.

Child's Name (print) \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_  
Date \_\_\_\_\_

Please check the line below if you **would** or **would not** like your picture or your child's picture taken for Gladys Allen Brigham Community Center purposes.

\_\_\_\_\_ No pictures  
\_\_\_\_\_ Yes pictures

**MOVIES**

\_\_\_\_\_ Yes I will allow my child to view, on some occasions, PG or PG13 movies at the Gladys Allen Brigham Community Center. (Note- PG/PG-13 will be shown at the judgment of the Gladys Allen Brigham Community Center based on appropriateness)

**OR**

\_\_\_\_\_ No I do not want my child viewing PG or PG 13 movies at the Gladys Allen Brigham Community Center on occasions.

**NON-PRESCRIPTION TOPICAL OINTMENTS, SPRAYS AND CREAMS  
PERMISSION SLIP  
(Creams, Lotions, Sunscreen, insect spray)**

Topical, non-prescription creams, sprays, and lotions may be applied to my child as needed.

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

\_\_\_\_\_  
Date



**Release Form**

**Gladys Allen Brigham Community Center**

**ABC School Age Enrichment Program**

I hereby authorize the Gladys Allen Brigham Community Center, ABC School Age Enrichment Program to release any social, education, developmental, and/or medical information on my child

\_\_\_\_\_ to \_\_\_\_\_  
(Child's Name) (Person/Agency Retrieving Information)

**Gladys Allen Brigham Community Center**

**ABC School Age Enrichment Program**

I will allow my child \_\_\_\_\_ to be part of a whole classroom observation by a special consultant that we may hire to assist teachers or by student interns who need to prepare observation papers for class. In no way will your child be singled out or his/her name be used. All interns are mentored and supervised by the teacher in the classroom. If a specific child warrants observation and documentation additional permission from the parent will be requested.

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

\_\_\_\_\_  
Date

**ONSITE & OFFSITE SWIM CONSENT FORM**

I, \_\_\_\_\_ (Parent/Guardian) give permission for my child \_\_\_\_\_ to swim at the Gladys Allen Brigham Community Center pool and Onota Lake at Camp Stevenson-Witawentin.

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

\_\_\_\_\_  
Date

**\*\*Each child is responsible for the following items: Bathing Suit AND Towel**

I acknowledge receipt of the Orientation Packet which includes welcome letter, private published rates and the payment and fee policy for the Gladys Allen Brigham Community Center, Inc.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (Please Print)



Dear Parent / Guardian,

It is very important that the **final page** of this packet is **completed** upon submission, as this information is used to satisfy the requirements for our funding. Included is the **Client Demographic Worksheet**. Please be sure to complete each section on the demographic sheet with information about your household. Your name will not be associated with the information provided.

For any questions please contact Sharra or Ileana at  
442-5174 ext. 18 or 22



# DEMOGRAPHIC INFORMATION

## **GENDER**

Male \_\_\_\_\_  
Female \_\_\_\_\_  
Transgender \_\_\_\_\_  
Unknown Gender \_\_\_\_\_

## **AGE GROUP OF PARTICIPANT**

Under 5 years \_\_\_\_\_  
5 through 9 \_\_\_\_\_  
10 through 14 \_\_\_\_\_  
15 through 19 \_\_\_\_\_  
20 through 24 \_\_\_\_\_  
25 through 59 \_\_\_\_\_  
60 through 64 \_\_\_\_\_  
65+ \_\_\_\_\_  
Unknown Age \_\_\_\_\_

## **GRADE LEVEL OF PARTICIPANT**

Infant/toddler (birth – 3) \_\_\_\_\_  
Preschool (3, 4 and 5) \_\_\_\_\_  
K – 5<sup>th</sup> \_\_\_\_\_  
6<sup>th</sup> – 8<sup>th</sup> \_\_\_\_\_  
9<sup>th</sup> – 12<sup>th</sup> \_\_\_\_\_  
Post-graduate college and/or university \_\_\_\_\_  
Other \_\_\_\_\_  
Unknown \_\_\_\_\_

## **RACIAL BACKGROUND**

American Indian or Alaska Native \_\_\_\_\_  
Asian \_\_\_\_\_  
Black or African American \_\_\_\_\_  
Native Hawaiian/Pacific Islander \_\_\_\_\_  
White/Caucasian \_\_\_\_\_  
Multi-Racial \_\_\_\_\_  
Other Background \_\_\_\_\_  
Unknown Background \_\_\_\_\_

## **ETHNICITY**

Hispanic \_\_\_\_\_  
Non-Hispanic \_\_\_\_\_  
Unknown Ethnicity \_\_\_\_\_

## **ORIGIN OF BIRTH**

Born in the US \_\_\_\_\_  
Born Outside the US \_\_\_\_\_  
Unknown \_\_\_\_\_

## **HOUSEHOLD INCOME**

\$Less than \$10,000 \_\_\_\_\_  
\$10,000 - \$14,999 \_\_\_\_\_  
\$15,000 - \$24,999 \_\_\_\_\_  
\$25,000 - \$34,999 \_\_\_\_\_  
\$35,000 - \$49,999 \_\_\_\_\_  
\$50,000 - \$74,999 \_\_\_\_\_  
\$75,000 and over \_\_\_\_\_  
Unknown Income \_\_\_\_\_

## **MARITAL STATUS OF HOUSEHOLD**

Married \_\_\_\_\_  
Single/Never Married \_\_\_\_\_  
Divorced/Separated \_\_\_\_\_  
Widowed \_\_\_\_\_  
Co-Habitating/Living w/Partner \_\_\_\_\_  
Other Status \_\_\_\_\_  
Unknown Status \_\_\_\_\_

## **FAMILY LIVING CONFIGURATION**

Two Parents \_\_\_\_\_  
Mother Only \_\_\_\_\_  
Father Only \_\_\_\_\_  
Joint Custody \_\_\_\_\_  
Neither Parent \_\_\_\_\_  
Unknown \_\_\_\_\_

## **EDUCATIONAL ATTAINMENT OF HOUSEHOLD**

(Highest level of education completed in the home)  
Less than 9<sup>th</sup> grade \_\_\_\_\_  
9<sup>th</sup> through 12<sup>th</sup> grade \_\_\_\_\_  
H.S. Graduate/Equivalent \_\_\_\_\_  
Some College (no degree) \_\_\_\_\_  
Associate's Degree \_\_\_\_\_  
Bachelor's Degree \_\_\_\_\_  
Post Graduate Degree \_\_\_\_\_  
Unknown Education \_\_\_\_\_