

# LATER @ LONGFELLOW

## APPLICATION FORM 2024 - 2025

Entering Grade\_\_\_\_\_ Teacher\_\_\_\_\_ School\_\_\_\_\_

CHILD'S FULL NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

CHILD'S ADDRESS: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_

PARENT'S NAME: MOTHER\_\_\_\_\_ FATHER\_\_\_\_\_

PARENT EMAIL FOR NEWSLETTERS: -

\_\_\_\_\_  
\_\_\_\_\_

**DAYS YOU WANT YOUR CHILD ENROLLED: (PLEASE CIRCLE)**

MON

TUE

WED

THU

FRI

### Monthly Fees:

2 DAYS.....\$299.00

3 DAYS.....\$449.00

4 DAYS.....\$539.00

5 DAYS .....\$629.00

- SIBLINGS RECEIVE A DISCOUNT OF 10%
- FULL FAMILY MEMBERS RECEIVE DISCOUNT OF 10%
- PAYMENTS ARE BASED ON AN ANNUAL FEE DIVIDED INTO 10 EQUAL MONTHLY PAYMENTS.

**\$50.00 (per child) NON-REFUNDABLE REGISTRATION  
FEE FOR NEW FAMILIES.**

DROP OFF OR EMAIL OR MAIL TO: 'DIRECTOR - LATER @ LONGFELLOW  
THE LONGFELLOW HEALTH CLUB, 203 OAK STREET, NATICK. MA. 01760'  
ANY QUESTIONS PLEASE CONTACT CAROLINE AT 508-653-4633 OR BY  
EMAIL - LONGFELLOWKIDS.GMAIL.COM

# GROUP CHILD CARE AND SCHOOL AGE CHILD CARE CHILD'S ENROLLMENT FORM

<b>Program:</b> Later @ Longfellow School Age Care		
<b>Child's Name:</b>	<b>Eye Color:</b>	<b>Skin Color:</b>
<b>Date of Admission:</b>	<b>Hair Color:</b>	<b>Height:</b>
<b>Date of Birth:</b>	<b>Sex:</b>	<b>Weight:</b>
<b>Age at Admission</b>	<b>Primary Language:</b>	
<b>Identifying Marks:</b>	<b>Gender:</b>	
<b>Allergies / special diets:</b>		
<b>Are Medications Needed at after school?</b> (Separate forms will be sent)		

## PARENT/GUARDIAN INFORMATION:

<b>Parent/Guardian Name:</b>	<b>Parent/Guardian Name:</b>
<b>Business Name:</b>	<b>Business Name</b>
<b>Business Address:</b>	<b>Business Address</b>
<b>Business Telephone #:</b>	<b>Business. Telephone #:</b>
<b>Hours you work:</b>	<b>Hours you work:</b>
<b>Email:</b>	<b>Email:</b>
<b>Cell:</b>	<b>Cell:</b>

Is your child on an IEP or receive services from the NPS? \_\_\_\_

If either is a yes, a conversation with the Director may be required before enrollment, to ensure we can make accommodations, if needed.

## Please Check School Child will be attending:

- \_\_\_ Brown School - 1, Jean Burke Drive Natick MA 01760
- \_\_\_ Ben-Hem School - 22, East Evergreen Road Natick MA 01760
- \_\_\_ Lilja School - 41, Bacon Street Natick MA 01760
- \_\_\_ Wilson Middle School - 22 Rutledge Road Natick MA 01760

I certify that documentation of physical examination, immunizations and lead poisoning accordance with public school health requirements are on file at my child's school.

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

**GROUP CHILD CARE AND SCHOOL AGE CHILD CARE FIRST  
AID AND EMERGENCY MEDICAL CARE  
CONSENT FORM 102 CMR 7.09(3)**

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

I authorize staff in the childcare program **"Later @ Longfellow"** that are trained in CPR/First Aid to give my child CPR/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 or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

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

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

Phone Number: \_\_\_\_\_

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

Any Health Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

**Emergency Contacts (NOT PARENTS)** They must be aware that they are emergency contacts and live close by. If you wish you may write "No One"

1. Name: \_\_\_\_\_

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

Town they live in: \_\_\_\_\_

Can they pick up your child? \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Town they live in: \_\_\_\_\_

Can they pick up your child? \_\_\_\_\_

Health Insurance Provider: -	Policy #:
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Subscriber:
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**Signature:** \_\_\_\_\_

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

# 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 \_\_\_\_\_)  
\_\_\_\_\_ PROGRAM BUS  
\_\_\_\_\_ PARENT DROP OFF  
\_\_\_\_\_ OTHER (DESCRIBE \_\_\_\_\_)

## MY CHILD WILL DEPART FROM THE PROGRAM BY:

\_\_\_\_\_ PARENT PICK UP  
\_\_\_\_\_ UNSUPERVISED WALK  
\_\_\_\_\_ SUPERVISED WALK (WHO \_\_\_\_\_)  
\_\_\_\_\_ OTHER (DESCRIBE \_\_\_\_\_)

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

☐ Check here if same as Emergency Contacts

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
2. 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 PROGRAM YEAR FROM THE DATE OF SIGNATURE.

I UNDERSTAND THAT MY VEHICLE AND EVERY VEHICLE THAT PICKS UP MY CHILD FROM LATER @ LONGFELLOW FOR **THE CURBSIDE PICK UP**, IS REQUIRED TO HAVE A 'LATER @ LONGFELLOW' STICKER AUTHORIZING THE ADULT TO PICK UP. TWO STICKERS WILL BE GIVEN ON REGISTRATION.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# PARENT/GUARDIAN AGREEMENT

I have received and read the Parent Handbook and fully understand the policies, guidelines and the information regarding payments, transportation, holidays, early releases, switching days and snow days.

I understand that I will receive any updates or changes to the 'Parent Handbook' in a timely manner, and understand that the 'Parent Application Forms' will need to be completed again in full, each year that my child attends.

I agree to all the policies, guidelines and regulations noted in the Handbook.

I agree that my child may swim at Longfellow with Staff, and Lifeguard supervision in lessons, or free swim, and participate in classes like Yoga, Gym time etc.

I agree for Later @ Longfellow staff to apply sunscreen as needed. Parents must provide sunscreen. I agree that my child can receive ice, band-aids for boo boos after washing with water etc.

I understand that my vehicle is required to have a 'Later @ Longfellow Authorized Pick Up' Sticker to authorize pick up.

I agree that Longfellow has permission to photograph my child for program promotional purposes only with NO names or tags. (After School Brochures; After School Literature, camp brochure; Later @ Longfellow Facebook Page and Longfellow Health Club website).

I understand all information regarding after school news (health issues, pesticide application notifications, school holiday programs, upcoming events, staff changes, introduction of pets, policy changes, etc.) will be sent via E-MAIL. I will be responsible for notifying the program if my email or other contact information changes.

Children age 7 or older may, with written parental consent, participate in activities within the approved indoor space without 'constant' visual supervision by the educator. Staff must be aware of the child's location, monitor the child's activity at regular intervals, be available to assist children, as needed, and able to respond immediately to an emergency situation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_