



KidsArts! Vacation Day Program
Jamaica Plain Multicultural After School Arts Program
 P.O. Box 301252
 Jamaica Plain, MA 02130

CHILD'S INFORMATION FORM

p. (617) 524-0818
f. (617) 524-4042
www.jpkidsarts.org

(Please Complete One Form Per Child)

CHILD INFORMATION:

Child's Name: _____ Date of Birth: _____

Home Address: _____ City/Zip: _____

Telephone: _____ Primary Language Spoken at Home: _____

Date your child will begin KidsArts! this year: _____ Age & Grade of child on that date: _____

Name & Address of School Child will be Attending: _____

Is there documentation of a physical exam, immunization record, and lead screening on file at child's school?

Yes _____ No _____

Child's Identifying Information (**REQUIRED** by state regulatory agency) and **current picture**.

PLEASE NOTE: you **MUST** include child's height & weight.

Eye Color _____ Hair Color _____ Sex _____ Height _____

Weight _____ Skin Color _____ Identifying Marks _____

ADDITIONAL INFORMATION:

Please list any special limitations your child has, including dietary restrictions (if none, please indicate by writing "none"): _____

Please list any special interests your child may have. _____

Is there any other information you would like us to know about your child?

Parent/Guardian Signature _____ **Date** _____

For office use only: _____



**KidsArts! TRANSPORTATION PLAN 7.12 (1) and ALTERNATIVE
TRANSPORTATION PLAN (INCLUDING DESIGNATED ADULT) 7.12 (1)**

1. Child's Name: _____

2. My child will arrive at the program with his/her parent/guardian **YES** **NO**

3. My child will depart from the program with his/her parent guardian. **YES** **NO**

I give my permission for my child to be released from the program at the end of the day as stated above and I give my permission to the following people, **in addition to parents/guardians**, to receive my child at he end of the day (**if no one is authorized please indicate below by writing "NO ONE"**):

Name: _____ Work Phone: _____

Relationship to Child: _____ Home Phone: _____

Address: _____

Name: _____ Work Phone: _____

Relationship to Child: _____ Home Phone: _____

Address: _____

Name: _____ Work Phone: _____

Relationship to Child: _____ Home Phone: _____

Address: _____

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 all summer program weeks that my child is registered at KidsArts!

6. Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name: _____



KidsArts! OFF-SITE ACTIVITIES PERMISSION FORM - Section 7.34 (5) (c)

School Vacation Day Program

SACC Program: KidsArts!

Address: PO Box 301252, Jamaica Plain, MA 02130

(no mail here: 6 Eliot St., Jamaica Plain)

**I, _____ (parent/guardian name), give permission for my child
_____ to participate in all the regularly scheduled on-going
activities**

located at the following off-site facilities:

- Agassiz School playground
- Arnold Arboretum
- Burroughs Street playground
- Curtis Hall
- Eliot School
- Footlight Club
- Green Street Playground
- Jamaica Plain business district
- Jamaica Plain Library, Sedgwick Street Branch
- Jamaica Plain Library, Connolly Branch
- Jamaica Pond
- Spontaneous Celebrations - Danforth St.
- Green Street Park
- Stony Brook Park
- Boston Common
- Boston Parks
- Other trips (Boston Museums and other educational sites)

We will be providing you with additional field trip forms when necessary.

(Parent/Guardian Signature)

(Date)



KidsArts! FAMILY DEMOGRAPHIC PROFILE

In order to compete for numerous grants, such as those we need to provide financial aid, KidsArts! is required to provide a great deal of information about our families. Much of this information is very personal; be assured that all information in your child's file is confidential. We must receive a completed form from each and every family. Thank you for your cooperation in making KidsArts! accessible to all. Please feel free to call the Director if you have any questions or concerns.

Parent/Guardian Name: _____

Child Name: _____

1. Child's Sex: Male _____ Female: _____

2. Race/Ethnicity Please check the slot which most closely describes your child:
African-American _____ Caucasian _____ Latino/Latina _____
Haitian _____ Native American _____ Asian/Pacific Rim _____
Other (please specify): _____

3. Special Needs

Does your child have a diagnosed special need? Yes _____ No _____

Please Specify: ADD/ADHD _____ At Risk Behavior _____ Physical Disability _____

Other (please specify) _____

4. Family Income Level

a) How many people are in your household (how many adults & children does your household income support): _____

b) Household Income Level (please check one)

| | | |
|--------------------|--------------|--------------|
| At or Below | _____ 22,116 | _____ 37,584 |
| | _____ 27,312 | _____ 46,428 |
| | _____ 32,508 | _____ 55,272 |
| | _____ 37,716 | _____ 64,104 |
| | _____ 42,912 | _____ 72,948 |
| | _____ 43,884 | _____ 74,604 |
| | _____ 44,856 | _____ 76,216 |

Above _____ 76,216



KidsArts! ENROLLMENT AGREEMENT CONTRACT

I agree to be bound by the rules and policies of KidsArts! Vacation Day Program which include but are not limited to, the following:

1. I agree to notify KidsArts! in the event that my child(dren) will be absent for any reasons.
2. I understand there is no refund for absences and that I am responsible for the entire fee.
3. I understand that all sessions must be paid in full before my child(ren) may begin after school/camp.
4. I agree that if my child(ren) is not at KidsArts! by 9:00am s/he may be sent home at the director's discretion (*vacation week/summer camp only.*)
5. I agree to arrange for my child(ren) to leave the program no later than 6:00pm or I am responsible for paying a late fee of \$5.00 for the first 5 minutes or any portion thereof, plus \$1.00 per minute additional fee for each minute thereafter. I understand that persistent lateness may lead to an increase in this fee.
6. I understand that my child will not be allowed to leave KidsArts! with any person not on the pick-up list (pg 4) I have provided, unless I provide a separate **WRITTEN** notice.
7. I understand that my child(ren) must be free of head lice and nits for 24 hours before returning to KidsArts!.
8. I understand that my child(ren) will not be admitted to KidsArts! without a portable lunch. I understand that staff will not purchase or assist child(ren) in purchasing lunches, even if money is provided from home (*vacation week/summer camp only.*)
9. I understand that if my child was absent due to illness, s/he may not attend KidsArts! that day, even if s/he is feeling better.
10. I understand that I am financially responsible for any damage done to the facility (First Church) by my child(ren). I understand that children are not allowed to bring balls, Frisbees or other sports equipment to KidsArts!.
11. I understand that failure to comply with this agreement and all other rules and policies as described in the Parent Handbook may result in the dismissal from the program without refund.

Name of Child _____

Parent/Guardian Signature _____ **Date** _____



KidsArts! THE KIDSARTS! BASICS

CHILDREN & PARENTS MUST SIGN THIS FORM and return before the start of the program:

The following rules & consequences should be understood by all KidsArts! parents & children before the start of the program each year. Please discuss the meaning of these "**Basics**" with your child. Examples you may want to discuss:

Hands off or gentle touch

Do not hurt others physically; respect the wishes of people who do not want to be touched, hold hands, or play a physical game. OK to do: ask to hold hands, play physical games, etc.

Respect

Make KidsArts! a great place for all kids to come - be nice to each other. Do not touch things that do not belong to you. Take care of supplies.

- No hurting words or actions (i.e. no calling names, excluding others from activities, teasing)
- Gentle touch or hands off
- Take care of materials, rooms, art work, activities
- Listen - take care/turns speaking

Create

It can be frustrating when you don't get your first choice for classes, or when the project you are working on seems difficult. The most important thing is to relax and try your best. KidsArts! is a great place to experiment.

- Class time is art time - participate
- Do your best - Try! Experiment! Enjoy!
- Sign your name on your art work & take it home

Cooperate = help out, stay safe & listen to teachers, do not disrupt classes.

- Put away coats, books, toys
- Help set up and clean up
- Stay out of areas that do not belong to KidsArts!
- Use inside voice in the classrooms
- Follow teachers' instructions

WHEN RULES ARE DISREGARDED

1. Warning-Reminder:

Student will be reminded about the rules and the reason for the particular rule in question.

2. Time Out:

If the rule is broken again, a 5-10 minute time out will be assigned.

3. Out For Class:

If the rule is disregarded again, the student will have a time-out for the rest of the class/activity.

4. Three Times Out:

If a student must be out of class/activity 3 times, parents will be consulted about continuation at KidsArts!.

5. Physical Aggression - Danger:

Time out immediately for this! Parents should always be notified.

We have read & discussed the above "Basics"

Parent/Guardian and child's Signature

Date



KidsArts! RELEASE FORM

Please check the appropriate line next to each statement and sign at the bottom of this form.

DIRECTORY RELEASE

_____ I give permission

_____ I do not give permission

for my name and telephone number to be given to other parents/guardians in the program and to be published in a directory.

PHOTO/AUDIO RELEASE

_____ I give permission

_____ I do not give permission

for photographs, slides and video or audio tapes taken of my child to be used for public relations purposes at KidsArts!.

Parent/Guardian Signature _____

Date _____