

B
E
L
M
O
N
T

A
F
T
E
R

S
C
H
O
O
L

E
N
R
I
C
H
M
E
N
T

C
O
L
L
A
B
O
R
A
T
I
V
E

EMERGENCY ENROLLMENT FORM

Student name _____
School year/Grade _____ Teacher (Homeroom) _____
Previous school attended _____
Home address _____
Phone _____
Date of Birth _____ Male _____ Female _____

Eye Color _____ Hair Color _____
Height _____ Weight _____

Student's physician/clinic _____
Physician/clinic address _____
Phone _____
Insurer/policy name and # _____
Dentist _____ Phone _____

Special concerns or limitations: i.e., dietary restrictions, allergies, chronic health problems, and special emotional, learning (IEP, tutoring, etc.) family issues. *PLEASE NOTE if your student takes any medication during program hours, you will be required to fill out separate consent form.*

I certify that documentation of physical examination and immunizations 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:** _____

Emergency authorization:

I understand that every effort will be made to contact my/our family or emergency back up people if there is an emergency requiring medical attention for this student. If I cannot be reached, I authorize the ChenEx staff to have this student transported to the Mt. Auburn (or other _____) Hospital and to secure for this student necessary medical treatment. I also authorize the Chen-Ex staff trained in first aid to attend to this student when appropriate. Parent/Guardian initials _____

Communication: To ensure thorough care for my/our student, I/we give permission to ChenEx staff members to communicate and participate with my/our student's classroom teachers, principal, guidance counselor, school nurse, etc., as needed. I understand that the school will be informed of this consent.

(Please note: the ChenEx staff uses a separate release form for private physicians, therapist, psychologists, etc.) Parent/Guardian initials _____

Local Field Trip Permission: I/we give permission for this student to go on walks with the program, chaperoned by the ChenEx staff. I/we understand that these walks are in the general neighborhood of the Chenery Middle School, i.e., the Library (Concord Ave. branch), Belmont High School, Grove Street Park, etc. I understand that all field trips using school bus transportation will require a separate consent form. Parent/Guardian initials _____

Website Release: Throughout the year, BASEC will post photographs of students doing the activities available at ChenEx. All the photos we will use will be without names. Please mark out the below release permitting your child to be displayed on the site.

_____ I give permission to use the image of my child on the program's website.
_____ I do **not** give permission to use the image of my child on the program's website.

Family Information

PLEASE PRINT CLEARLY

*Parent or guardian's name _____
*Address _____
*Home Phone _____
Work Place and Address _____
Work Phone _____ ext _____
Email address _____
Cell phone _____

*Parent or guardian's name _____
*Address _____
*Home Phone _____
Work Place and Address _____
Work Phone _____ ext _____
Email address _____
Cell phone _____

* I authorize the ChenEx staff to use this *asterisked information in the
ChenEx Family Directory

Yes _____ No _____

Yes with the following exceptions _____

Emergency Contact Release:

PLEASE NOTE: At least one emergency back up name & number must be provided. All others able to
pick up your student, please list on **Consent To Leave Form.**

Name _____ Relationship _____

Address _____

Home Phone Number () _____

Cell Phone Number () _____

Work Home Number () _____

ANY CHANGES OR ADDITIONS TO THIS FORM MUST BE MADE IN WRITING

Please notify ChenEx if any person(s) may NOT pick up your student per 209A (restraining order)
Commonwealth of Massachusetts.

I/we have read and completed (initialed where necessary) this form.

Signature _____ Date _____