



2026-2027 CHILD INFORMATION FORM
MEDFIELD AFTERSCHOOL PROGRAM, Inc.
P.O. Box 18, Medfield, MA 02052.

MAP MUST HAVE THESE COMPLETED FORMS PRIOR TO ATTENDANCE IN THE PROGRAM

**Please complete, sign, save & send to your child's program director: JS-K-1: meghan.map@comcast.net
2-3: alex.23map@gmail.com 4-6: kurt14.map@gmail.com OR PRINT & MAIL to MAP @ above address**

Questions, please contact Annette Gallagher, Executive Director annette.map@comcast.net (508) 359-0003

Child's Name: _____ Date of Birth: _____ Age: _____
Home Address: _____ Primary Language: _____ Grade: _____
Telephone: _____ School Attending: _____
Eye Color: _____ Hair Color: _____ Skin Color: _____ Sex: _____ Height: _____ Weight: _____
(please provide current picture of child if possible) Identifying marks: _____
Sibling's Names & Ages: _____
(Please let us know if they attend MAP and what program they attend)

PARENT/GUARDIAN INFORMATION: Please put the person we should call/contact first as #1. Please indicate if parent #2 is authorized to pick up. ***Please be sure to provide multiple ways for MAP to reach you.***

#1 Parent/Guardian Name: _____	#2 Parent/Guardian Name: _____
Relationship to Child: _____	<i>Authorized to pick up?</i> _____ Relationship to Child: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____
Cell Number: _____	Cell Number: _____
Business Name: _____	Business Name: _____
Occupation: _____	Occupation: _____
Phone Number: _____	Phone Number: _____
Hours at Work: _____	Hours at Work: _____
Preferred E-Mail: _____	Preferred E-Mail: _____
Alternate E-Mail: _____	Alternate E-Mail: _____
Who does your child live with? _____	

Other persons authorized to pick up your child from MAP on a long term/regular basis (grandparent, nanny, sitter, other):

Name: _____	Address: _____	Relationship: _____	Phone: _____
Name: _____	Address: _____	Relationship: _____	Phone: _____

Families must notify their child's program via email or phone, if there is a pick-up change. If emailing, please make sure you receive confirmation that we received the information. **All those picking up children from MAP should have proof of identification (we will check it prior to releasing your child).**

Please let us know if there is anyone who is NEVER authorized to pick up: _____
MAP must have copies of any custody agreements, court orders, and/or restraining orders that pertain to your child.

Parent /Guardian Signature: _____ Date: _____

EMERGENCIES

Child's Name: _____

I understand that emergency medical treatment will not be provided without parent/guardian consent, except in life-threatening situations. In the event of an emergency, MAP will make every effort to contact the parent/guardian first. I authorize MAP staff who are certified in First Aid and CPR to provide care as needed. I also authorize MAP to arrange emergency transportation (e.g., via ambulance) and seek medical care at the nearest appropriate facility if necessary. If the parents/guardians cannot be reached, I give MAP permission to contact and release my child to the individuals listed below, in the order they should be called:

Name: _____ Address: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Address: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

MEDICAL - HEALTH - SAFETY

Child's Physician: _____ Phone: _____

Clinic/Office Address: _____

Health Insurance: _____ Policy number: _____

Special limitations, health concerns, & information MAP should be aware of: (developmental, behavioral, speech, physical, dietary, allergies, illness, etc.). If your child has a severe allergy, a chronic health condition or health issue that may require specialized care or medication to be administered at MAP, home or school, please contact your child's program director to set up a time to meet.

MAP's Health Care Policy & required forms are available at www.medfieldafterschoolprogram.com

Individual Health Care Plan (For any chronic medical or health condition which has been diagnosed by a doctor or licensed health care practitioner, including but not limited to serious allergies, anaphylaxis, asthma, ADD/ADHD, celiac disease, diabetes, epilepsy, physical disabilities, etc. which may or may not require medical treatment and or medication). **Medication Consent form** (for both prescription and non-prescription medications that are NOT for a severe allergy or chronic condition ~ibuprofen, antibiotics, etc.). If you have any questions, please contact your child's program director.

PLEASE INITIAL: MAP will encourage hand washing whenever possible. MAP will use hand sanitizer for children & staff when soap and water are not available. _____

I certify that documentation of physical examination, current immunizations, and lead poisoning screening in accordance with public school and public health requirements are on file at my child's school. I also understand that the nurse at my child's school may contact, inform or consult the MAP staff about any concerns, injuries, or medication administered to my child during the school day. ***Jump Start families must provide MAP with a copy of their child's most recent physical & a developmental history** (available at www.medfieldafterschoolprogram.com)

Parent /Guardian Signature: _____ Date: _____

Child's Name: _____

RELEASE STATEMENT

I acknowledge that my child's participation in MAP is voluntary. In consideration thereof, I hereby release the Medfield Afterschool Program, Inc. and their employees from any and all claims which I or my child _____ may have as a result of suffering personal injury or infection from COVID-19 or other contagious disease in any way arising from or related to participation in the above-described activity, resulting from any act or omission of the Medfield Afterschool Program, Inc. and/or their employee(s).

I have read, understand, and agree to the above statement

Parent/Guardian Signature

Date

EDUCATION/EXPERIENCE: Please share any information that will help us to better understand your child:

Is your child on an Individualized Education Plan? _____ If so, please provide MAP with a copy in order for us to best support your child.

INFORMATION & COMMUNICATION:

MAP's Family Handbook, Calendar, Tuition Policy, Special Sign up Forms, and other important information are available on the MAP web page, www.medfieldafterschoolprogram.com. It is the responsibility of the parent/guardian to notify MAP if they do not have access to the internet.

MAP desires to partner with you to assure your child's success in our after school program. ***PLEASE INITIAL: I will keep MAP informed of any issues that occur that may affect my child (a recent move, parent/guardian traveling, injuries, illness, exposure to and/or a positive case of COVID-19, losses, separation/divorce, etc.):*** _____

Additionally, because your child spends part of their day in school, open communication and information sharing between MAP staff and the Medfield Public School personnel will assist MAP in providing your children with quality care, consistency, and support for both you and them during their time at MAP. (including but not limited to the principal, teachers, aides, nurse, aides, etc.) ***PLEASE INITIAL: I authorize MAP staff and the Medfield Public School to communicate and share information in regards to my child:*** _____

FUNDRAISING: On occasion, the MAP children may participate in fundraising for either the program or for other charities (selling handmade crafts, lemonade, baked goods for a charitable cause, etc.).

PHOTO POLICY:

MAP may use photographs of your child in a variety of formats, including on our website, in program newsletters and emails, in an end-of-year video yearbook, and in local newspapers. Please note that these images will not include any identifying information. If you do not wish for your child's photo to be used in any of these materials, please provide written notice to your child's program director by September.

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____

TRANSPORTATION PLAN: Families must notify their child's school & teacher of their attendance at MAP. Please indicate their MAP days using the school dismissal manager.

Children attending the Blake Middle School: Bus transportation will be provided from school to MAP. Bussing may be delayed at the start of the school year, due to space availability. More information will be provided as we get closer to the start of the school year. Upon arrival to MAP at the Dale Street School (45 Adam's St.), attendance will be taken.

4th & 5th graders attending the Dale St. School: At dismissal, children will walk to a designated location at the school where they will be met by MAP teachers and attendance will be taken.

2nd & 3rd graders attending the Wheelock School: At dismissal, children will walk to a designated location in the school where they will be met by MAP teachers and attendance will be taken.

Kindergarten & 1st graders attending the Memorial School: At dismissal, children will walk to a designated location in the school where they will be met by MAP teachers and attendance will be taken.

Children attending Jump Start MAP: Are dropped off/picked up from MAP by the parent/guardian/authorized person and must be signed in/out.

School Use: MAP leases and utilized shared space in the Medfield Public Schools (cafeteria, gym, library, classrooms, etc.) for our daily program operations at the Memorial School (59 Adams St.) for our Jump Start Kindergarten & First Grade Program, at the Wheelock School (17 Elm St.) for our Second & Third Grade Program, and at the Dale Street School (45 Adams St.) for our Fourth through Sixth Grade Program. Signing below I give permission for MAP have my child in the school daily for various programming and activities.

Arriving & Departing MAP: Parents/guardians are responsible for notifying the MAP program in advance if their child(ren) will be absent from MAP or arriving late on any given day. Parents/guardians are also responsible for picking up their child(ren). If someone else will be picking up your child or if your child has permission to leave the program independently (e.g., walking, biking, etc.), please inform MAP in advance.

Field Trips: MAP transports children by hired school bus only. Permission slips must be signed in advance by the parent/guardian in order for children to participate. Walking trips around the local area are taken during the year. These may include walks to the fire/police station, library, Vine Lake Cemetery, playing fields, Hinkley Playground/Pond, nature walks, and around the school, etc.

TUITION POLICY: By signing below, I acknowledge that I have read and understand the MAP tuition policies, available & outlined on the MAP website at www.medfieldafterschoolprogram.com. I agree to adhere to its terms, including payment deadlines, late fees, schedule changes, and withdrawal notice requirements. I understand that failure to comply with the Tuition Policies may result in the termination of my child's enrollment.

Parent/Guardian Signature: _____ Date: _____

Once completed, please sign, save & send to your child's program director:

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OR PRINT & MAIL to MAP PO BOX 18 Medfield, MA 02052

For office use only: Date of admission to MAP _____