

# LEAP

## Registration Packet



*Please carefully read all pages, sign each section and submit to LEAP via email, mail or in person. If you submit via email, please call to confirm receipt.*

Child's name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

School attending \_\_\_\_\_ Primary language spoken \_\_\_\_\_

Primary address \_\_\_\_\_ Home phone \_\_\_\_\_

Name of parent/guardian #1 \_\_\_\_\_

Home address \_\_\_\_\_ Email \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name of parent/guardian #2 \_\_\_\_\_

Home address \_\_\_\_\_ Email \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Gender \_\_\_\_\_ Eye color \_\_\_\_\_ Hair color \_\_\_\_\_ Birthmark(s) \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Skin color \_\_\_\_\_

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### **Parent/Guardian Contact Information** (parent or guardian **MUST** complete)

Parent #1 employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work address \_\_\_\_\_

Work phone \_\_\_\_\_ Work days/hours \_\_\_\_\_

Parent #2 employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work address \_\_\_\_\_

Work phone \_\_\_\_\_ Work days/hours \_\_\_\_\_

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**Emergency Contacts** (if parent or guardian cannot be reached)

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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**Health Information**

Primary care provider's name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist's name \_\_\_\_\_ Phone \_\_\_\_\_

Orthodontist's name \_\_\_\_\_ Phone \_\_\_\_\_

Physical exam, lead screening and immunization records on file at school? Yes \_\_\_\_\_ No \_\_\_\_\_

Special limitations or concerns (dietary restrictions, allergies, medication, physical limitations, etc.) \_\_\_\_\_

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**WAIVER**

*I release the Lincoln Extended-day Activities Program, Inc. (also known as LEAP) and any of its volunteers or employees from liability for injuries which may be suffered by my child during this program.*

*In the event of an emergency medical situation, the following procedure will be conducted by LEAP employees:*

- 1. Contact Emergency Services (911)*
- 2. Contact parent or emergency contact person*
- 3. Arrange to have child transported to the nearest hospital by emergency personnel.*

*I permit LEAP, Inc. and any of its employees to contact emergency services and transport my child to the nearest medical facility.*

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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**Your Child's Schedule**

Please circle the day(s) your child will be attending LEAP:

MONDAY      TUESDAY      WEDNESDAY      THURSDAY      FRIDAY

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**End-of-day Release Authorization**

All children **must** be picked up from LEAP by their parent or guardian unless otherwise authorized. Parents must speak with a teacher and complete the designated sign-out sheet before taking a child home. Any transportation requests must be stated in writing and placed in your child’s file. The LEAP day ends at 6pm; if we feel there is a pattern of late pick-ups, you will be contacted by the program and ongoing issues will result in late charges.

I hereby give consent to LEAP to release my child to the following additional persons or agencies who are authorized to take or receive my child from the program at the end of the day:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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**Authorization for Release and Exchange of Information**

LEAP may need information about your child from other authorities such as the Lincoln School administration or nurse’s office, health care providers. etc.

I hereby authorize the following organizations to share and exchange information for my child with the members of the LEAP staff.

\_\_\_\_\_ Lincoln School \_\_\_\_\_ Other individuals or organizations: \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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**Payment and Withdrawal**

I understand and agree to the following:

- I am assuming responsibility for all tuition payments.
- Tuition payments are due on the 10th of each month.
- It is presumed that my child is enrolled in LEAP for the full academic year. If withdrawal from the program is necessary, **one month’s notice to the office is required.**

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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**Field Trip Permission**

I give permission for my child to be taken on field trips on Wednesdays, either by foot or in an authorized vehicle, and supervised by the Lincoln Extended-day Activities Program staff. Field trip destinations include the Lincoln Public Library, Pierce Park, museums, bowling alleys and other destinations deemed appropriate by LEAP staff. I understand that I will be notified by the first of each month about which trips my child may be attending.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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**Photography and Social Media Release**

*In order to better engage with parents and the Lincoln community, photographs and videos are taken of children during LEAP activities. We display these photographs on the LEAP website, Facebook page, twitter and Instagram. These photographs are sometimes used in presentations, displays, or published in local newspapers. Occasionally, when photographs are displayed or published, the children are identified by name in a caption. Please check the appropriate response and sign below.*

\_\_\_\_\_ I hereby **allow** my child to be photographed/videotaped for any and all uses.

\_\_\_\_\_ I hereby **allow** my child to be photographed/videotaped for the LEAP website and all social media sites.

\_\_\_\_\_ I hereby **allow** my child to be photographed/videotaped for the LEAP website only.

\_\_\_\_\_ I hereby **deny** permission for my child to be photographed/videotaped.

**Parent/guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Sunscreen Permission**

*LEAP staff members are happy to assist your child with applying sunscreen throughout the day. However, to authorize this, you must sign this permission form and send sunscreen to LEAP with your child.*

I hereby give permission for the Lincoln Extended-day Activities Program staff to apply sunscreen to my child as needed throughout the day.

**Parent/guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Insect Repellant Permission**

*LEAP staff members are happy to assist your child with applying insect repellant as needed throughout the day. However, to authorize this, you must sign this permission form and send insect repellant to LEAP with your child.*

I hereby give permission for the Lincoln Extended-day Activities Program staff to apply insect repellant to my child as needed throughout the day.

**Parent/guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Brushing Teeth**

*The Massachusetts Department of Early Education and Care requires that all children brush their teeth after eating lunch. Since we have lunch at LEAP on Wednesday, each child is required to brush, and you must provide a toothbrush for your child. If you decide that your child does not need to brush his or her teeth after lunch, please check the appropriate box and sign below.*

\_\_\_\_\_ I hereby allow my child to skip brushing his or her teeth on Wednesday afternoons.

\_\_\_\_\_ I want my child to brush his or her teeth after lunch on Wednesday afternoons. I will provide a toothbrush in his or her lunch box and will be responsible for bringing it home and sanitizing it every week.

**Parent/guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_