

**WBCC: Winn Brook Child Care
Before School – After School**

97 Waterhouse Road Belmont, MA 02478
WinnBrookCC.org (617) 489-5153 info@winnbrookcc.org

STUDENT INFORMATION FORM

Student name _____
School year/Grade _____
Home address _____
Phone _____
Date of Birth _____ Male _____ Female _____
Eye Color _____ Hair Color _____ Height _____ Weight _____

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

Special concerns or limitations: e.g. dietary restrictions; allergies; health problems; and special emotional, learning or family issues. PLEASE NOTE: if your child requires emergency medication during program hours, please fill out separate consent form.

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 Winn Brook Child Care Program (WBCC) 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 WBCC 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 WBCC 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 WBCC staff uses a separate written release form for private physicians, therapists, 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 WBCC staff. I/we understand that these walks are in the general neighborhood of the Winn Brook School (e.g. Belmont Center, Belmont Public Library). I understand that all field trips using school bus or other transportation will require a separate release form.

Parent/Guardian initials _____

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 _____

Emergency Contact Release/Authorized Pickup Release:

In the event of an emergency or my inability to pick up my child from WBCC, I hereby authorize the WBCC staff to release my child to the following people. I understand that these authorized persons may be asked to provide identification to the WBCC staff. **PLEASE NOTE: WBCC requires at least one emergency back-up name and number. Please see the WBCC Director if you cannot provide this information.**

Name _____ Relationship _____
Address _____
Home phone _____ Work/Cell phone _____

Name _____ Relationship _____
Address _____
Home phone _____ Work/Cell phone _____

Name _____ Relationship _____
Address _____
Home phone _____ Work/Cell phone _____

Any changes or additions to this form must be made in writing

Please notify WBCC of any person(s) who may NOT pick up your child per 209A (restraining order) Commonwealth of Massachusetts

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

Signature _____ Date _____