

**LYNCH AFTER SCHOOL PROGRAM**  
**10 Brantwood Road**  
**Winchester, MA 01890-3311**  
**Phone: 781-721-7125**  
**Fax: 781-721-7129**

**LYNCH 2020-2021 School Year**

The Lynch after school/Recreation department would like to welcome you to the after school program, quality extended care options for Kindergarten through Grade 5<sup>th</sup>.

Enclosed please find The Lynch After-School Program information packet. In order to prepare for the 2020-2021 school year, we ask that all information be submitted as soon as possible **\*PLEASE MAKE SURE ALL PAPER WORK IS FILLED OUT AND IT MUST ALL BE DATED OR IT WILL BE SENT BACK TO YOU. Thank you!**

Payments for the Program(s) that you have chosen must be made through **Automatic Monthly Payments with a credit card.**

If you have any further questions. Please call the Recreation Office at (781) 721-7125 and ask for Pat Winn or Jen Mahoney.

Questions about the program contact 781-721-7125 or 781-721-7013 x 161 (after 1:30)

Thank You,

Lisa Paganis  
After-School Director

**LYNCH AFTER SCHOOL**  
**781-721-7125**  
**Enrollment Form**  
**2020-2021 School Year**

Child's Name:	Eye Color:	Skin Color:
Home Address:	Hair Color:	Height:
Telephone:	Sex:	Weight:
Date of Admission:	Age at Admission:	
Date of Birth:	Primary Language:	
Identifying Marks:		
Allergies/special diet:		
If your child has Allergies forms must be filled out ( <b>Health Care Form Attached</b> )		

**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian Name:	Parent/Guardian Name:
Date of Birth:	Date of Birth:
Relationship to child:	Relationship to child:
Home Address:	Home Address:
Home Telephone#	Home Telephone#
Cell Phone#	Cell Phone #
Email:	Email:
Business/Work Name:	Business/Work Name:
Business/Work Address:	Business/Work Address:
Business Telephone:	Business Telephone:

## Medical Information

Child's Physician:
Phone #
Address:
Chronic Health Conditions:
Special Limitations or concerns:
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. <b>Please Initial</b> _____

Name of school your child will be attending in September 2020:
School Address:
Grade:
Days your child will be attending: please check the days of the week they will be in attendance. We are a 2 or 4 day program*

Monday

Tuesday

**\*NO WEDNESDAYS**

Thursday

Friday

**Lynch After School  
10 Brantwood Road  
Winchester, MA 01890  
After School Child Care Payment Authorization Form**

Date: \_\_\_\_\_

Child's Name:

\_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work:

\_\_\_\_\_

Program name: \_\_\_\_\_ Lynch After School

*By signing below:*

I understand that the above program is to be paid on an automatic monthly basis, to be spread over the school year. The initial payment is due upon registration and will be applied to the first month. Subsequent payments will be charged to this account on the first of each month, beginning on the second month of the program. I understand that withdrawal from the program before the first of the month will result in a one month forfeit of tuition unless the opening can be filled by an incoming student.

I understand that enrolling my child/ren in a child care program during a Covid-19 pandemic has inherent risks. Refunds to groups that have been exposed to or have a positive covid-19 case will not be issued due to quarantine or lost time due to sickness. The Recreation Department has fixed costs associated with this program, and therefore we cannot issue refunds based on quarantines. I understand I will be granted refunds/not charged for time if there is a municipal or statewide shutdown of childcare programs similar to what was mandated last March 2019.

I authorize this account for automatic monthly payments.

\_\_\_ Mastercard      \_\_\_ Visa

Credit card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

# Individual Health Care Plan Form 2020-2021

(ONLY NEEDS TO BE FILLED OUT IF YOUR CHILD HAS A HEALTH CARE PLAN)

*Plan must be renewed annually or when child's condition changes*

Check all that apply by....Plan is maintained by:

Parent \_\_\_\_\_ Director \_\_\_\_\_

—

Doctor or Licensed Practitioner  Assistant Director

Program's Health Care Consultant  Child's Educator

Older school age child (9+ years of age)  Other: \_\_\_\_\_

Name of child: \_\_\_\_\_ Date: \_\_\_\_\_

Any changes to the child's Health Care Plan?

Yes (indicate changes below)      No (updated physician/parental signatures required)

Description of chronic health care condition:

Symptoms:

Medical treatment necessary while at the program:

Potential side effects of treatment:

Potential consequences if treatment is not administered:

Name of educators that received training addressing the medical condition:

Person who trained the educator (child's health Care practitioner, child's parent, program's Health Care Consultant)

Name of Licensed health Care Practitioner (print name) \_\_\_\_\_ Date \_\_\_\_\_

Licensed Health Care Practitioner consent:  
 \_\_\_\_\_ Date \_\_\_\_\_

Parental/Guardian  
 Consent: \_\_\_\_\_ Date \_\_\_\_\_

For Older Children ONLY (9+ years of age)

With written parental consent and authorization of a licensed health care practitioner, this individual Health Plan permits older school age children to carry their own inhaler and /or epinephrine auto-injector an use them as needed without the direct supervision of an educator.

The educator is aware of the contents and requirements of the child's Individual Health Plan specifying how the inhaler or epinephrine auto-injector will be kept secure from access by the other children in the program. Whenever an Individual Health Care Plan provides for a child to carry his or her own medication. The licensee must maintain a back-up supply of the medication for use as needed.

Age of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Back-up medication received? Yes  or No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's signature: \_\_\_\_\_ Date \_\_\_\_\_

## Transportation Plan and Authorization

### 2020-2021 School Year

Child's Name: \_\_\_\_\_

My child will arrive at the program by: (must check off) \_\_\_\_\_ PARENT \_\_\_\_\_ SCHOOL BUS DROP OFF

My child will depart from the program by: (check all that apply) \_\_\_\_\_ UNSUPERVISED WALK (5th and 6<sup>th</sup> Graders ONLY) \_\_\_\_\_ SUPERVISED WALK with \_\_\_\_\_

I give permission for my child to be released from the program at the end of the day as stated above and/or I give permission to the following people to receive my child at the end of the day. (If no one is authorized, please indicate below by writing "NO ONE.")

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

5. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

6. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

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 one program year from the date of Signature.

\_\_\_\_\_

Parent/Guardian Signature

Date \_\_\_\_\_

# Off Site Activities, Media & Special Services Form 2020-2021

Child's Name: \_\_\_\_\_

## OFF SITE ACTIVITIES PERMISSION:

I \_\_\_\_\_, give permission for my child to participate in all of the regularly scheduled on-going activities located at the following off site facilities "please mark with an X"

- Ginn Field
- Lincoln School Park
- Downtown Winchester & Stop & Shop
- Grounds of Mystic School
- Neighborhood Surrounding Mystic School
- Grounds of McCall Middle School
- Winchester Public Library
- Post Office Wedge Pond
- Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## MEDIA RELEASE INFORMATION:

I give permission for Winchester Recreation After -School Program to use images and/or written articles that mention my child \_\_\_\_\_ for the following purposes

**(Mark an "X" for all that apply):**

\_\_\_\_\_ In-House (e.g. Holidays, classroom bulletin boards, newsletters) \_\_\_\_\_

Marketing material (e.g. Brochures & Winchester Recreation website) -

photo and name Marketing material - photo only \_\_\_ Newspaper - photo and name

\_\_\_ Newspaper - photo only \_\_\_\_\_

All of the above \_\_\_\_\_

\_\_\_\_\_ None of the above

**(Note: your child will NOT be allowed to take part in ANY IN-HOUSE media if you choose this option)**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## SPECIAL SERVICES:

Does your child receive special services? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain what services \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**LYNCH**  
**AFTERSCHOOL PROGRAM**  
**PHONE DIRECTORY 2020-2021 SCHOOL YEAR**

Parent 1 Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Child's Name \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

I give permission to the above information in the Lynch After School. Directory. I understand that the directory will only be distributed to current Lynch After School families for personal use only

Parent signature \_\_\_\_\_ Date: \_\_\_\_\_





## **SUNSCREEN**

### **School year 2020-2021**

We expect that all children will arrive daily with sunscreen already applied. If during the course of the afternoon your child needs to reapply sunscreen they may do so independently. If your child will need assistance from a staff member, we must receive prior authorization to do so. You must send your child in with a bottle of sunscreen labeled with their name on it.

Lynch After School is only allowed to help your child reapply sunscreen if the following section is checked off and signed. If you do not wish for the staff to help your child apply sunscreen please check off the appropriate box.

- I hereby authorize The Lynch After School to reapply sunscreen on my child as needed.
  
- I **do not** authorize The Lynch After School to apply sunscreen on my child.

Parent/Guardian Signature \_\_\_\_\_

Date: \_\_\_\_\_



## Tooth Brushing Authorization/Waiver

### School Year 2020-2021

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In January 2010, the Department of Early Education and Care (EEC) issued new regulations for child care programs that include a requirement that all educators assist children with brushing their teeth if they are in care for more than four hours or children have a meal while in care [606 CMR 7. 11(11)(d)]. This includes after school kindergarteners that attend more than four hours a day and on early release days. You are asked to provide a toothbrush for your child and replace it every three months or after an illness (i.e. strep throat)

As an EEC licensed program the Lynch After School must comply with this regulation. However, parents may choose to have their child **not participate** in tooth brushing while present at the Program.

Please fill out this form indicating whether your child will be participating in tooth brushing while present at the program. A separate form must be filled out for each child in care. This form must be renewed annually and will be kept in your child's folder here at the Program.

Please check one:

- I **do not** wish to wish to have my child participate in tooth brushing while in care at The Lynch After School
- I **wish** to have my child participate in tooth brushing while in care at The Lynch After School. I understand I am responsible for providing a toothbrush labeled with my child's name and replace it every three months or after an illness.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_



## Sledding Permission Form 2020-2021 School Year

Name of Student \_\_\_\_\_

Full Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

I give permission for \_\_\_\_\_ to go to sledding during the winter months while he/she attends The Lynch After School Program 2019-2020 school year. I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to The Lynch After School Staff to provide my child with the utmost care needed.

Signed \_\_\_\_\_

Date \_\_\_\_\_

(Parent or legal guardian)

### Waiver of Liability Statement

I, the parent or legal guardian of the child listed below, release The Lynch After School Program together with the staff in charge, from any and all claims resulting from injury or damage that may be sustained by my child while participating in the activities listed below.

Name of Student \_\_\_\_\_

Valid for Sledding during the winter months of December 2020, January, February and March 2020

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Teacher's Emergency Card

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

## Emergency Contacts

1. Parent/Guardian \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Employer & Town \_\_\_\_\_

Work Phone \_\_\_\_\_

2. Parent/Guardian \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Employer & Town \_\_\_\_\_

Work Phone \_\_\_\_\_

3. Parent/Guardian \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Employer & Town \_\_\_\_\_

Work Phone \_\_\_\_\_

## SIDE A

Child's Name \_\_\_\_\_

### MEDICAL INFORMATION

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Plan# \_\_\_\_\_

Date of Last Tetanus Immunization: \_\_\_\_\_

### ALLERGERIES (CHECK THOSE APPLICABLE OR SPECIFY TYPE)

Penicillin Reaction \_\_\_\_\_ Food Allergies \_\_\_\_\_

Bee Sting Reaction \_\_\_\_\_

Asthma \_\_\_\_\_ Other: \_\_\_\_\_

### SPECIAL HEALTH CONCERNS or MEDICAL CONDITIONS:

I/WE hereby confirm that my child has been examined by a physician within the last two years and that there are no apparent reasons for his/her not participating in routine physical activities.

I also give permission for my child to be transported to The Winchester Hospital for immediate attention if deemed necessary by the program staff and that, in case of injury or illness, emergency medical care may be administered in the event that one of the contacts designated above cannot be reached promptly.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_