

**2022-2023 Afterschool Program Registration From**

**Little Panda Early Learning and Care Center**

**小熊猫幼儿早教中心**

**322 Tremont St, Boston MA 02116**

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| **Student Information** |
| Student’s Name: |
| Date of Birth: Gender: ­ |
| Name of the Day School: Current Grade: ­­­­­­­­­­­­­­­­­­­­ |
| Address: |
| Student Dietary Restrictions: |
| Student Health Information (Please attach a copy of Doctor Sign Health Form) |

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| **Student’s Parent/Guardian Information** |
| Name: |
| Relation to student: |
| Phone Number: |
| Email: |
| Address: |
| **Student’s Parent/Guardian Information** |
| Name: |
| Relation to student: |
| Phone Number: |
| Email: |
| Address: |

**Parent/Guardian Permission**

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| I agree to take full responsibility for my children to obey WSCC rules during school time. I agree to take full responsibility for the safety of myself and all members of my family while attending WSCC. I will not hold WSCC liable for any personal injury, any personal property damage, accident, illness or any unexpected things, which may occur in the premise during school time. I agree to take full responsibility for any damage caused by me, or by any of my family members to the facilities used by WSCC during school time. |
| Parent/Guardian Print Name:  Parent/Guardian Signature: |
| Date: |

**OFFICE USE ONLY**

Class:

* PK/Kindergarten
* Grade 1&2

Tuition:

$500/month $50 Registration Fee

Total Amount: $550

* Little Panda Student 5% discount

Tuition Fee Pay By:

* Check
* Cash

**FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM**

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

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and to secure necessary medical treatment for my child.

Child's Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chronic Health Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts (In order to be contacted)**

|  |
| --- |
| Name: |
| Address: |
| Relationship to child: |
| Home Phone: Cell Phone: |
| Do you give permission for child to be released to this person? Yes\_\_\_\_\_ No\_\_\_\_\_\_ |
|  |
| Name: |
| Address: |
| Relationship to child: |
| Home Phone: Cell Phone: |
| Do you give permission for child to be released to this person? Yes\_\_\_\_\_ No\_\_\_\_\_ |
|  |
| Name: |
| Address: |
| Relationship to child: |
| Home Phone: Cell Phone: |
| Do you give permission for child to be released to this person? Yes\_\_\_\_\_ No\_\_\_ |

|  |
| --- |
| Health Insurance Coverage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_ |

­­­­­Parent/Guardian Signature Data (valid for a year)



**Off-Site Activates 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:**

* **Mass Pike Tower Playground**
* **Eliot Norton Park**

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

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

**Photo Release Form**

**Permission to Use Photograph**

* I grant Little Panda Early Learning and Care Center, the right to take photographs of my child.

I agree that Little Panda Early Learning and Care Center may use photographs of my child for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Website content.

* I do not grant Little Panda Early Learning and Care Center, the right to take photographs of my child.

I have read and understand the above:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Student Transportation Authorization**

**Program Name**: Little Panda Early Learning and Care Center

**My child will arrive at the program by means of:**

* Parent/guardian drop-Off
* Pick up by Little Panda Stuff at Josiah Quincy Elementary School
* Pick up by Little Panda Stuff at school bus location

**My child will depart from the program by parent/guardian/authorized person pick up.**

**Parents/Guardian/authorized person Information:**

|  |  |  |
| --- | --- | --- |
| Name: | Phone: | Relationship: |
| Name: | Phone: | Relationship: |
| Name: | Phone: | Relationship: |

I give permission to the people list above to pick up my child at the end of the day.

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

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_