



Westport Community Schools - Out of School Time Program

Child's name _____ Age ____ Sex ____ Birth date _____

Home address _____ City/Zip _____

Primary language spoken at home _____

Parent /Guardian Name _____

Home Phone _____ Mobile _____ Work _____

Email Address _____

Home Address _____ City/Zip _____

Parent/ Guardian Name _____

Home Phone _____ Mobile _____ Work _____

Email Address _____

Home Address _____ City/Zip _____

1. Out of School Time payments can be made by cash or check, made payable to: **Town of Westport**
2. We are open Monday through Friday during the school year. Morning care begins at 7AM (no earlier) and is held at the Westport Elementary School (380 Old County Rd). Kindergarteners are transported to the Macomber Primary School at approximately 8:10AM.
3. Aftercare Program runs until 5:30PM (no later), and is held at the Former High School (19 Main Rd). Children are transported daily.
4. Please mark the days of the week you will need childcare. Please circle **AM** or **PM**, or both.
 - Monday
 - Tuesday
 - Wednesday
 - Thursday
 - Friday

Tuition payments must be paid by the 10th of each month beginning September 10, 2023.

Note: To figure out your monthly payment, you will do the following (25\$ per afternoon × # of school days per month. Or, 12\$ per morning x # of school days per month). If you are enrolled in both, please reach out. Please note that during months with school vacations and holidays, your tuition will vary. **Please Initial _____**

*****If late pickups become a regular occurrence, the Westport Community Schools, Out of School Time Program, reserves the right to terminate childcare. Please be mindful of staff time when scheduling your day.**

Parent Signature _____ Date _____



Westport Community Schools - Out of School Time Program

Physical description:

Child's Name: _____ Date of Birth _____

Identifying Marks: _____ Eye Color: _____ Hair Color: _____

Skin Color: _____ Height: _____ Weight: _____

Child's Physician: _____ Address: _____

Child's Dentist: _____ Address: _____

Address: _____ Phone Number: _____

Please list any Allergies/Special Diets? _____

Does your child have any Chronic Health Conditions? _____

Additional information about your child:

How would you describe your child? _____

Favorite toys and activities: _____

Fears (the dark, animals, etc.): _____

How do you comfort your child? _____

What would you like your child to gain from the Westport Community Schools, Out of School Time experience?

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.

Parent/Guardian Signature _____ Date _____



Westport Community Schools - Out of School Time Program

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT

Child's Name: _____ Date of Birth: _____

I authorize staff in the Westport Community Schools, Out of School Time 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. **Please Initial** _____

Emergency Contact and Alternate Pick-up Authorization (OTHER THAN Parent/Guardian)

1. Name _____ Relationship to child _____
Phone _____ Do you give permission for child to be released to this person?
Yes _____ No _____

2. Name _____ Relationship to child _____
Phone _____ Do you give permission for child to be released to this person?
Yes _____ No _____

3. Name _____ Relationship to child _____
Phone _____ Do you give permission for child to be released to this person?
Yes _____ No _____

4. Name _____ Relationship to child _____
Phone _____ Do you give permission for child to be released to this person?
Yes _____ No _____

Parent /Guardian Signature _____ **Date** _____



Westport Community Schools - Out of School Time Program

Westport Community Schools, Out of School Time Program, Transportation Consent

I hereby give my permission for my child _____ to travel by bus to the Westport Community Schools, Out of School Time Program, located at 19 Main Rd, Westport, MA 02790, from (check school that applies):

Macomber Primary School (154 Gifford Rd, Westport, MA 02790) _____

Westport Elementary School (380 Old County Rd, Westport, MA 02790) _____

I further agree that in the event disciplinary action may be necessary, a meeting may be requested by the Director of the Out of School Time Program, as well as the Principal of my child's school. **Please Initial** _____

The following are optional; please initial those you choose. I give permission for:

_____ My child to attend all walks within the distance of the school (Field trips will have prior permission forms)

_____ Administrators or teaching staff to access any record (enrollment forms, assessments, any medical documentation) from my child's file

_____ The Westport Community Schools Out of School Time Program to use my child's picture in publicity and media promotions (including social media)

_____ The Westport Community Schools to use my child's picture inside the school building

_____ My child to interact with authorized student interns and volunteers

_____ My child to use small electronic devices at the program, only during designated days/times, and while being supervised by Staff.

_____ My child to be outdoors for group activities

_____ The CPR/First Aid staff to perform CPR/First Aid if needed and in an emergency. Examples of First Aid include application of Band-Aids, cleaning off scrapes/cuts, applying ice-packs to injured areas, etc.

Parent Guardian Signature _____ **Date:** _____