

**GIRLS INCORPORATED OF LYNN MEMBERSHIP APPLICATION 7.09 (2)**

SCHEDULE: M T W TH FRI

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

NAME \_\_\_\_\_ SEX \_\_\_\_\_ AGE \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ SKIN COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

IDENTIFYING MARKS \_\_\_\_\_ PRIMARY LANGUAGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ HOME PHONE \_\_\_\_\_

SCHOOL \_\_\_\_\_ SCHOOL ADDRESS \_\_\_\_\_ GRADE \_\_\_\_\_

-----  
1. PARENT/GUARDIAN NAME \_\_\_\_\_ (with whom child lives)

RELATION TO MEMBER \_\_\_\_\_ SS# \_\_\_\_\_ PRIMARY LANG. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PLACE OF EMPLOYMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ PH# \_\_\_\_\_ HRS \_\_\_\_\_

2. 2<sup>ND</sup> PARENT/GUARDIAN \_\_\_\_\_ RELATION TO MEMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ TEL # \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_ ADDRESS \_\_\_\_\_

PH# \_\_\_\_\_ HRS \_\_\_\_\_ PRIMARY LANGUAGE \_\_\_\_\_

**IN CASE OF AN EMERGENCY, WHEN PARENT CANNOT BE REACHED, PLEASE NOTIFY AND RELEASE MY CHILD TO THE FOLLOWING PERSON:**

1. NAME \_\_\_\_\_ RELATIONSHIP TO MEMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ TEL # \_\_\_\_\_

2.  MY CHILD IS NOT TO BE RELEASED TO ANY PERSON BUT MYSELF.

MEMBER'S PHYSICIAN/CLINIC: \_\_\_\_\_ PH # \_\_\_\_\_

ADDRESS : \_\_\_\_\_ (OPTIONAL) MEDICAL INSURANCE \_\_\_\_\_

I certify that there is a record of my child's current physical exam and immunizations at school

Date of last physical \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Guardian initials: \_\_\_\_\_

**SPECIAL LIMITATION OR CONCERNS, IE, DIETARY RESTRICTIONS OR ALLERGIES, CHRONIC HEALTH CONDITIONS. PLEASE DESCRIBE IF ALLERGIC TO EMI/RESTRICTIONS & TREATMENTS (Please complete medical alert form)**

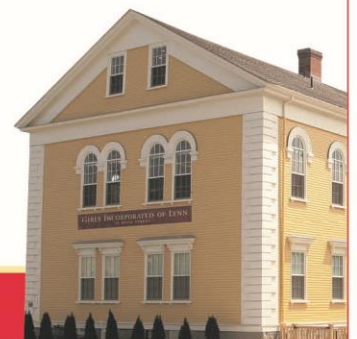
\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



Girls Incorporated® of Lynn • 50 High Street • Lynn, MA 01904 • 781.592.9744 • www.girlsinclynn.org

Inspiring all girls to be strong, smart, and bold<sup>SM</sup>



**AUTHORIZATION FOR RELEASE OF PHOTOGRAPHS**

I hereby authorize the taking of photographs of my daughter for purposes of publication in newspapers, magazines or other printed media or broadcast by television for the purpose of promotion of Girls Inc. activities.

PARENT/ GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**VAN INFORMATION**

I authorize Girls Incorporated of Lynn to transport my daughter to and from the locations below. I understand that a designated adult must be waiting to receive my daughter when she is dropped off, unless other requested by the undersigned.

School weeks pick up \_\_\_\_\_

School weeks drop off \_\_\_\_\_

Vacation weeks pick up \_\_\_\_\_

Vacation weeks drop off \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**EMERGENCY TREATMENT AUTHORIZATION**

As parent or guardian of the participant, I hereby authorize Girls Incorporated of Lynn to carry out any measures deemed necessary should an emergency occur. These measures may include administration of first aid and /or CPR by Girls Incorporated staff, transportation to the nearest medical facility by ambulance or van, and seeing and/or securing appropriate medical treatment for the participant, at the expense of the undersigned. I hereby release Girls Incorporated of Lynn, its employees and agents from any and all liability or claims arising out of participant’s engagement in the above described events.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ETHNIC BACKGROUND:** (African-American) \_\_ (Caucasian) \_\_ (Hispanic) \_\_ (Asian) \_\_ (Bi-racial) \_\_ (Other) \_\_\_\_\_ SINGLE PARENT FAMILY?  Yes  No Number in family \_\_\_\_\_

Please list all children in family from oldest to youngest.

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_

**ANNUAL FAMILY INCOME**

- Under \$10,000
- \$10,001- \$15,000
- \$15,001-\$20,000
- \$20,001-\$25,000
- \$25,000-30,000
- over \$30,000

What special interests or hobbies does your daughter enjoy? \_\_\_\_\_

What are your hopes for your daughter? \_\_\_\_\_

Are you or any other family member, a veteran?  Yes  No

If so, who? \_\_\_\_\_

**TRANSPORTATION PLAN 7.12 (1)**  
**AND**  
**ALTERNATIVE TRANSPORTATION PLAN**  
**(INCLUDING DESIGNATED ADULT) 7.12 (1)**

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

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

\_\_\_\_\_ Unsupervised walk  
\_\_\_\_\_ Supervised walk. With who \_\_\_\_\_  
\_\_\_\_\_ Lynn Public School bus drop off \_\_\_\_\_ Program bus \_\_\_\_\_  
\_\_\_\_\_ Program van \_\_\_\_\_ Parent drop off \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

My child will **depart** from the program by:

\_\_\_\_\_ Parent pick up \_\_\_\_\_ Unsupervised walk  
\_\_\_\_\_ Supervised walk. With who \_\_\_\_\_  
\_\_\_\_\_ Program bus \_\_\_\_\_ Program van \_\_\_\_\_  
\_\_\_\_\_ Other Describe \_\_\_\_\_

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 by writing "no one".

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ 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 year from the date of signature.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**OFF SITE ACTIVITIES PERMISSION FORM**  
**SECTION 7.34 (5) ©**

**SACC PROGRAM:** GIRLS INCORPORATED OF LYNN  
**ADDRESS:** 50 High Street, Lynn, MA 01902

**CHILD'S NAME:** \_\_\_\_\_

**I, \_\_\_\_\_, GIVE PERMISSION FOR MY CHILD TO  
PARTICIPATE IN ALL OF THE REGULARLY SCHEDULED ON-GOING ACTIVITIES LOCATED  
AT THE FOLLOWING OFF- SITE FACILITIES:**

**The following locations are frequent field trip locations that Girls Incorporated members participate in:**

- |                        |                            |                       |                     |
|------------------------|----------------------------|-----------------------|---------------------|
| * Nahant beach         | *Roller World              | *YMCA Lynn            | * Children's Museum |
| * High Rock Tower Park | *Lynnway bowling           | *New England Aquarium | *Science Museum     |
| *Peabody Museum        | *Operation Bootstrap       | * Children's Museum   |                     |
| *Lynn Library          | *Lynn Arts Inc.            | *Goldfish Pond        |                     |
| *Lucky Strike Bowling  | *Neighborhood nature walks |                       |                     |

**The program will provide a list in writing of scheduled activities.**

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**THE DEPARTMENT OF EARLY EDUCATION AND CARE  
SUBSIDIZED CHILD CARE  
ATTENDANCE NOTIFICATION AGREEMENT**

All children who receive EEC child care subsidies are expected to attend the early education and care program, in accordance with the terms of the child care authorization. Child care educators/ providers are required to make every effort to ensure that each child care slot is filled or each voucher is used at all times.

***Excessive absences may result in the termination of your child care subsidy.*** The Massachusetts subsidized child care regulations and policies define excessive absences as:

- More than 30 absence days in a 6 month period (i.e. January to June; July to December). For families who are not authorized at the start of a 6 month period, allowable absence days will be pro-rated at 5 days per month; OR
- More than 3 consecutive unexplained absence days (Explained absences are children's absences due to child illness or medical condition, death in the family, emergency circumstances, religious holidays, and up to 10 vacation days in a 12 month period. All other absences are considered unexplained.)

Families experiencing excessive absences will be issued a Notice of Termination. Your child care services will end on the date listed on the Notice, unless you contact the child care agency before the end date to either:

- 1) Explain your child's absence; or 2) request a Review of the termination decision. To ensure that you do not lose your child care subsidy for excessive absences, you must:
  1. Ensure that your child(ren) attend (s) the early education and care program, in accordance with the terms of your child care authorization;
  2. Immediately notify your child care program to explain your child(ren's) absence(s); and
  3. Provide at least 2 weeks' notice if you plan to remove your child(ren) from the child care program.

***My signature below indicates that I understand the information in this document and agree to comply with the requirements set forth above.***

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***Signature of Parent/ Guardian***

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***Date***

**GIRLS INCORPORATED OF LYNN**  
**ATTENDANCE AGREEMENT**

Because United Way funding pays a portion of \_\_\_\_\_'s child care, including explained absences due to illness, emergencies, or a maximum of two weeks' vacation per year, I \_\_\_\_\_, agree to the following:

1. To notify Girls Incorporated of Lynn at least two (2) weeks in advance prior to a planned termination, so that another child can benefit by immediate enrollment and money is not expended on a vacant slot.
2. To notify Girls Incorporated of Lynn immediately to explain any absence of my child so that the program is assured that I plan to continue services.
3. To call the program before **1:00 pm during school weeks and before 8:15 am during vacation weeks** to notify them of my daughter's absence.
4. I understand that my daughter is allowed 30 absence days in a 6 month period (i.e. January to June; July to December). For families who are not authorized at the start of a 6 month period, allowable absence days will be pro-rated at 5 days per month.
5. I understand that excessive absences, which indicate to a reasonable person misuse of services, will result in an advance Notice of Termination.
6. I also understand that after three (3) consecutive days of unexplained absences at any time the child care agency will send me an Advance Notice of Termination, to become affective fourteen (14) calendar days from the date of the notice, unless I contact them to explain my child's absences, or request a fair hearing within the fourteen day period.
7. I also understand that I must notify the agency immediately upon receipt of a Termination Notice if I have withdrawn my child from services.

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

\_\_\_\_\_  
Date

## **Girls Incorporated of Lynn Behavior Management and Discipline Policy**

As required by the Department of Early Education and Care. The following acts are prohibited:

- \*abuse and neglect
- \*cruel, unusual, severe or corporal punishment
- \*physical hitting of any manner upon the body
- \*verbal abuse, ridicule or humiliation
- \*denial of food, rest, bathroom facilities
- \*punishment for soiling, wetting, or not using the toilet
- \*punishment for eating/ not eating food

Girls Incorporated of Lynn programs are designed to maximize girl's choice, participation and interest. Through creative learning programs and informal activities many behavioral problems are alleviated. However, in the unfortunate event of a problem, the following policy has been designed to encourage positive behavior while discouraging negative behavior. The policy is as follows:

### **Rules for general behavior:**

1. **Resolve conflicts peacefully.** Talk it out and get help from the staff. No physical violence- (hitting, pushing, kicking etc.)
2. **Use safe behavior at all times.** Walk while going from one room to another, no jumping or standing on chairs or tables, use program equipment (scissors, carpentry equipment, etc.) only under staff supervision.
3. **Treat others with respect.** Include others in activities. Girls Inc. is for all to enjoy, speak to others as you would like them to speak to you, no gossiping, screaming or yelling at others.
4. **Use Girls Inc. supplies and equipment only at Girls Inc., under staff supervision.** Only library books may be checked out of the library and returned to Girls Inc. No equipment or supplies are to be used without permission from staff, and *NO EQUIPMENT* is to be taken home or away from Girls Inc. Return materials, games and equipment to their proper place when done using them.
5. **Ask permission from the adult staff in your area before leaving a room.** If you need to get water, use the restroom, or go to another program space, you must first tell the staff person in charge of the area so we will know where you are and that you are safe at all times.
6. **Go directly to your assigned room with your staff when returning from every trip outside the building.** After the staff has taken attendance, you can ask to get water, go the bathroom, or collect your things.
7. **Tell Program Assistant before leaving the program for the day.** When being picked up

from Girls Inc., or before walking home **if you have written permission**, you must the Program Assistant you are leaving, so that we know who you are leaving with and what time you are leaving in order to ensure your safety. A parent/guardian or designated person must sign out the child at the end of the day.

8. **Listen when staff members are speaking to you.** This includes during informal time, program activities, and circle time. Maintain eye contact and remain quiet until the person is done speaking. Do not turn your back; roll your eyes, read, or do homework, or the like when staff is speaking to you as an individual or a group.

### **Consequences for behavior**

1. When a member breaks a rule, she will be given a verbal warning first, and if the action is **repeated**, she will be asked to take a **5 minute time out** in the room but away from the group. She may return to the group/activity when she is able to follow the rules. During a time out, members can reflect on their behavior and think of alternate ways of behaving. When the time out is over, the member and the staff person will review the incident and alternate ways of behaving.

2. Each girl aged 6-9, who has three (3) time outs within one activity session, will be sent to the Program Director to review the rules and discuss better ways to follow them. A notice will be set home to inform the parent/ guardian of the behavior problem. Each girl aged 10-13 who has more than 1 time out within one activity session will be sent to the Program Director to review the rules and discuss better ways to follow them. Parents/ guardians will be notified in writing of the behavior problem.

3. A member who is sent to the Program Director 3 times within one week gets an in house suspension. Parent/guardian will also receive a notice. A behavioral contract specific to the child will be drawn up and signed by all parties.

4. If behavior is repeated, a mandatory meeting will be set up to see if outside collaboration is required in order for the member to continue attending program.

### **All efforts will be made to have member continue attending program.**

5. Any act of violence to another member may result in **immediate suspension** from the program for one to five days. Acts of violence include hitting, kicking, or threatening other members. The decision to suspend a member will be at the discretion of the Program Director or Designee.

6. In an emergency situation, which Girls Inc. of Lynn defines as **a situation that poses**



**imminent threat of physical harm to property, environment, self, or others,** Girls

Incorporated staff will provide safety for all members by one or more of the following methods: Discussion, a brief time out, implementation of a behavior plan. In all cases, staff will use the least restrictive or least intrusive method of intervention first. If a member demonstrates a pattern of behavior problems, a behavior plan designed for that individual member will be used to help modify behavior. If a member does not modify her behavior, after all avenues have been exhausted, she will be referred to another program to better suit her needs.

***We have read, understand and agree to follow the general rules for behavior as stated in the Girls Incorporated of Lynn's Behavior Management and Discipline Policy.***

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member's signature

\_\_\_\_\_  
Date

**EMERGENCY CARD INFORMATION**

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

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

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

**INSTRUCTIONS TO REACH PARENT/ GUARDIAN**

1. \_\_\_\_\_  
Name, address, phone #

2. \_\_\_\_\_  
Name, address, phone #

**PEDIATRICIAN/ SOURCE OF HEALTH CARE**

\_\_\_\_\_  
Doctor's name, address, phone #

**EMERGENCY CONTACT PERSON/S**

1. \_\_\_\_\_  
Name, address, phone #

2. \_\_\_\_\_  
Name, address, phone #

**MEDICAL EMERGENCY TREATMENT**

I hereby give girls Incorporated of Lynn permission to administer basic first aid and/ or CPR to my child \_\_\_\_\_, and/or to take my child to a hospital and to secure medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

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

\_\_\_\_\_  
Date

**ALLERGIES, CHRONIC HEALTH CONDITIONS:** \_\_\_\_\_

**SPECIAL NEED OF CHILD:** \_\_\_\_\_

Insurance information (optional):

Company name: \_\_\_\_\_ Participating hospital: \_\_\_\_\_

Policy #: \_\_\_\_\_ Special instructions: \_\_\_\_\_

**MEDICAL ALERT FORM**

DATE: \_\_\_\_\_

According to the information indicated in your daughter's registration packet, she has the following allergy/ medical condition:

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Or

Disability:    Learning    Developmental    Visual    Hearing    Mobility

In order for the Girls Incorporated of Lynn School Aged Program to take the proper precautions to ensure your daughter's health and safety in the program, please specify the disability or symptoms of a reaction and the procedures that staff should follow in the event that your daughter has a reaction while at the program.

Does she have    An EpiPen?    Insulin?    None

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Respectfully,

Girls Incorporated of Lynn  
50 High Street  
Lynn, MA  
01902

**MEDICAL CONSENT FORM**  
**102 CMR 7.05 (2) (C)**

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

Name of medication: \_\_\_\_\_

Prescription \_\_\_\_\_ Non prescription \_\_\_\_\_

Dosage: \_\_\_\_\_

Date/s medication to be given: \_\_\_\_\_

Times medication to be given: \_\_\_\_\_

Reason/s for medication: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Name and phone number of prescribing physician: \_\_\_\_\_

\_\_\_\_\_

Directions for storage: \_\_\_\_\_

I, \_\_\_\_\_, give permission to the authorized staff members to administer medication to my child as indicated above.

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

\_\_\_\_\_  
Date

Doctor's signature: \_\_\_\_\_





Dear Parent/guardian,

Girls Incorporated of Lynn would like your permission to contact your daughter's teacher to determine if our School Aged Program is helping her get her homework completed as well as to determine what other areas your daughter could use extra help in. Please feel free to call me at 781-592-9744 x 224 if you have any questions.

Thank you for your support and cooperation.

Sincerely,

---

Maria Manzueta

Program Director

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I hereby grant Girls Incorporated of Lynn permission to contact my daughter's teachers and to receive copies of her report card in order to assess her academic status and assist her where needed academically. I understand that the information shared between her teachers and Girls Incorporated staff regarding her academic progress will be kept confidential.

School Aged Member: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Special Education Services:  IEP plan  504 plan  None

Please describe the type of services your daughter currently receives

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Parent/guardian signature: \_\_\_\_\_

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

## GIRLS INCORPORATED OF LYNN

### Salud Oral Formulario de No-Participación

En enero del 2010, EEC emitió nuevas reglamentaciones para programas de atención de niños que incluyen un requisito que los educadores ayudaran a los niños a cepillarse los dientes si los niños están en atención durante más de cuatro horas o si los niños tienen una comida mientras están en el programa [606 CMR 7.11(11) (d)]. Este Reglamento pretende:

- Ayudar a que los niños aprendan acerca de la importancia de la buena salud oral
- Proporcionar información y recursos sobre la buena salud oral a programas de atención de niños y familias
- Ayudar a direccionar la alta incidencia de caries entre los niños pequeños en Massachusetts, que está asociado con numerosos riesgos para la salud

Programas con licencia de EEC deben cumplir con este Reglamento. Sin embargo, los padres pueden elegir que su hijo (a) no participen en cepillarse los dientes mientras están presente en el programa de cuidado de niños. Usted no necesita completar este formulario para que su hijo (a) participen en cepillado de dientes mientras están en el cuidado de los niños. Sin embargo, si no desea que su hijo se lave los dientes mientras está en el programa de cuidado de niños, por favor, complete la información que se encuentra a continuación. Debe completar un formulario independiente para cada niño en atención. Este formulario debe renovarse anualmente y se mantendrá en el registro de su hijo en el programa. Si usted cambia de opinión y desea que su niño participe en el cepillado dental, este formulario podrá ser retirado en cualquier momento mediante la solicitud por escrito que se eliminarán de archivo de su hijo.

Gracias,

*No quiero* que mi hijo participe en cepillado dental cuando se encuentre en el programa en: Girls Incorporated of Lynn.

**Nombre de padre/encargado:** \_\_\_\_\_

**Nombre de niña:** \_\_\_\_\_

**Firma:** \_\_\_\_\_

**Fecha:** \_\_\_\_\_

**Si tiene alguna pregunta o inquietud, por favor llame a:** Maria Manzueta en 781-592-9744 ext. 224



## GIRLS INCORPORATED OF LYNN

### Oral Health Non-Participation Form

In January 2010, EEC issued new regulations for child care programs that include a requirement that educators assist children with brushing their teeth if children are in care for more than four hours or if children have a meal while in care [606 CMR 7.11(11)(d)]. This regulation is intended to:

- Help children learn about the importance of good oral health
- Provide information and resources regarding good oral health to child care programs and families
- Help address the high incidence of tooth decay among young children in Massachusetts, which is associated with numerous health risks

EEC licensed programs must comply with this regulation. However, parents may choose that their child(ren) not participate in tooth brushing while present at the child care program. You do not need to fill out this form to have your child(ren) participate in tooth brushing while they are in child care. However, if you do not want your child to brush his or her teeth while s/he is attending the child care program, please fill out the information found below. 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 record at the program. Should you change your mind and wish for your child to participate in tooth brushing, this form may be withdrawn at any time by requesting in writing that it be removed from your child's file. Thank you.

I *do not* wish to have my child participate in tooth brushing while in care at: Girls Incorporated of Lynn

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

**Parent/Guardian's Name:** \_\_\_\_\_

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

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

**If you have any questions or concerns, please call:** Maria Manzueta at 781-592-9744 Ext. 224