



# CHILD INFORMATION FORM- WPC After School Enrichment Program 2024-2025

## PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_  
 Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Best # to Reach: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_  
 Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Best # to Reach: \_\_\_\_\_ Email Address: \_\_\_\_\_

**CHILD 1** School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher/Team: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_  
 Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
 Identifying Marks: \_\_\_\_\_  
 Please list any medical needs, dietary restrictions, allergies, etc. \_\_\_\_\_  
 Does your child carry an EpiPen®? Yes \_\_\_\_\_ No \_\_\_\_\_  
 \*PLEASE NOTE: If your child carries an EpiPen® one must be supplied to the WPC site\*  
 Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Movie Rating: I give my child permission to watch movies with the following ratings (check all that apply). G \_\_\_\_\_ PG \_\_\_\_\_ PG13 \_\_\_\_\_

Please attach a current photograph.

**CHILD 2** School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher/Team: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_  
 Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
 Identifying Marks: \_\_\_\_\_  
 Please list any medical needs, dietary restrictions, allergies, etc. \_\_\_\_\_  
 Does your child carry an EpiPen®? Yes \_\_\_\_\_ No \_\_\_\_\_  
 \*PLEASE NOTE: If your child carries an EpiPen® one must be supplied to the WPC site\*  
 Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Movie Rating: I give my child permission to watch movies with the following ratings (check all that apply). G \_\_\_\_\_ PG \_\_\_\_\_ PG13 \_\_\_\_\_

Please attach a current photograph.

**CHILD 3** School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher/Team: \_\_\_\_\_  
 Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ M/F: \_\_\_\_\_  
 Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  
 Identifying Marks: \_\_\_\_\_  
 Please list any medical needs, dietary restrictions, allergies, etc. \_\_\_\_\_  
 Does your child carry an EpiPen®? Yes \_\_\_\_\_ No \_\_\_\_\_  
 \*PLEASE NOTE: If your child carries an EpiPen® one must be supplied to the WPC site\*  
 Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Movie Rating: I give my child permission to watch movies with the following ratings (check all that apply). G \_\_\_\_\_ PG \_\_\_\_\_ PG13 \_\_\_\_\_

Please attach a current photograph.

**PLEASE COMPLETE BOTH SIDES**

**\*ADDITIONAL PICK-UP CONSENT:** In the event that I cannot pick up my child(ren) for any reason, I authorize the WPC After School Enrichment Program and/or Westford Recreation to release my child(ren) to the following individuals:

\*(Will NOT be used for "EMERGENCY CONTACTS")

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_ Phone: \_\_\_\_\_

**\*EMERGENCY CONTACTS:** If parent(s)/guardian(s) cannot be reached in the event of an emergency, please notify the following:

\*(Will NOT be used for "ADDITIONAL PICK-UP CONSENT")

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

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

Hospital Preferred: \_\_\_\_\_ Health Insurance Carrier & Policy #: \_\_\_\_\_

**CONSENT:** I authorize WPC staff to give my child(ren) first aid when appropriate. If my child(ren) require further medical attention, 911 will be called and I will be notified immediately. I understand if I cannot be reached, one of the emergency contacts will be notified. If my child(ren) need to be taken to the nearest medical care facility or to my preferred hospital listed above by ambulance, one qualified staff person will accompany my child(ren) to the hospital. I also give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child(ren) as indicated. I will accept responsibility for any expenses incurred in handling this emergency care.

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

### Release of Information

For the purpose of continuity of care, I hereby give permission for Westford Public Schools to release information to the WPC Director and my child(ren)'s Site Director(s) for my child(ren): \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ . Information may be shared in written or verbal format.

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

**PUBLICITY/PHOTO RELEASE:** I understand that my child(ren) may be photographed or videotaped by Westford Recreation or newspaper/television staff, should they feature our program and that my child's image may appear on Westford Recreation's website and/or publications.

I do \_\_\_\_\_ I do NOT \_\_\_\_\_ give permission for my child(ren) to be photographed/videotaped.

### PARENT HANDBOOK ACKNOWLEDGEMENT

The Parent Handbook was created to outline the policies and procedures of the Westford Partnership for Children After School Enrichment Program. It is important that you understand and become familiar with them.

Your signature below indicates that you have read the 2024-2025 Parent Handbook, understand, and agree to abide by the policies of WPC.

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

**PLEASE COMPLETE BOTH SIDES**