



**Exempt Emergency Program**  
***(Updated May, 2020)***

**FAMILY WELCOME LETTER**

Dear Parent/Guardian,

Welcome to For Kids Only Afterschool (FKO).

FKO has been approved by the Department of Early Education and Care to operate a license-exempt Emergency Child Care Program during the COVID-19 State of Emergency. We are committed to providing a safe environment for your child(ren) and supporting essential workers and vulnerable families that have no other option for childcare services.

Prior to your child attending our program, you must complete the attached enrollment form in its entirety and confirm receipt and understanding of all policies and procedures.

We look forward to getting to know your child(ren)!

If you have any questions, please contact me at 617-201-4652 or 617-846-5079 or by email at [dkneeland@fkoafterschool.org](mailto:dkneeland@fkoafterschool.org).

May you be healthy and well.

Sincerely,

A handwritten signature in brown ink that reads 'Deborah Kneeland Keegan'.

Deborah Kneeland Keegan  
Executive Director



# The Commonwealth of Massachusetts

## Department of Early Education and Care

FORM	
Subject: Child Enrollment Form for Emergency Child Care Program	Emergency Child Care
Effective Date: updated March 21, 2020	

### Child Enrollment Form for Emergency Child Care Program

#### Child Information

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

Age at Admission: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

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

Primary Language: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

School Information: \_\_\_\_\_

Immunization Information: \_\_\_\_\_ Lead Screening: \_\_\_\_\_

#### Reason Eligible

DCF Involved: ☐ DTA/TAFDC Involved: ☐ Homeless: ☐ Critical worker: ☐

Explain: \_\_\_\_\_

#### Parent/Guardian Information

Parent/Guardian #1:

Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

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

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

Occupation: \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

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

Hours at Work: \_\_\_\_\_

Parent/Guardian #2:

Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

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

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

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

Occupation: \_\_\_\_\_

Employer Name and Address: \_\_\_\_\_

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

Hours at Work: \_\_\_\_\_

**Additional Information**

Special Diet? \_\_\_\_\_

Allergies: ☐ If yes, describe: \_\_\_\_\_

Epipen: ☐ If yes, describe \_\_\_\_\_

Individual Health Plan for child with a chronic health condition? If yes, please attach. \_\_\_\_\_

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach. \_\_\_\_\_

Medications and side effects: \_\_\_\_\_

Special limitations or concerns? \_\_\_\_\_

\_\_\_\_\_

**I acknowledge that this care is being provided in a state of an emergency pursuant to Governor Baker's Executive Order. EEC's Emergency Child Care Program is not subject to EEC licensure and does not require that the program meet all requirements in EEC regulations. I recognize that this child care is being offered on a temporary basis.**

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

\_\_\_\_\_  
Date

## Emergency Card Information

**Reminder:** This emergency card information is for the educator's first aid kit. The educator must take this first aid kit when leaving the child care premises to ensure child safety.

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

**Child's Home Address:** \_\_\_\_\_

\_\_\_\_\_ **Phone:** \_\_\_\_\_

### Instructions to Reach or Guardian:

1. \_\_\_\_\_  
(Name, Address, Home, and Cell Phone #)

2. \_\_\_\_\_  
(Name, Address, Home, and Cell Phone #)

### Contact Information for Physician or Health Care Professional

1. \_\_\_\_\_  
(Physician's Name, Address, Phone #)

### Emergency Contact Person(s)

1. \_\_\_\_\_  
(Physician's Name, Address, Phone #)

2. \_\_\_\_\_  
(Physician's Name, Address, Phone #)

### Emergency Medical Treatment

I hereby give staff of For Kids Only Afterschool permission to administer basic first aid/or

CPR to my child \_\_\_\_\_  
(Name)

and/or take my child \_\_\_\_\_ to a hospital for medical treatment  
(Name)

when I cannot be reached or when delay would be dangerous to my child's health.

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

\_\_\_\_\_  
Date

**Medical Insurance Information (Optional)**

Subscriber Name\_\_\_\_\_

Type of Insurance\_\_\_\_\_

Policy Number: \_\_\_\_\_

☐ Copy of Insurance Card

Other Pertinent Medical Information:

## **POLICIES AND PROCEDURES**

### **Enrollment Policies and Attendance Procedures:**

- This program is being offered to families who do not have alternative care for their children with priority going to vulnerable children and the children of families who work.
- Families are to let us know if your child has any allergies, medications or health conditions so we can assess if his/her needs can be met while attending.
- Families must call 617-201-4652 prior to bringing your child to the program to receive approval to attend.
- Parents will be asked to prove eligibility by showing proof of employment or having a referral from state agency (i.e. DCF, DTA).
- Parents/authorized adults will not be allowed to enter the facility. Upon arrival, a staff member will greet the family in the front vestibule or at the front door and the child will be screened and escorted into the building. Parents will be required to wait until the child passes screening. At dismissal, families will be asked to wait in the vestibule or at the front door until their child is ready to be dismissed.

### **Health and Safety Guidance:**

- If your child is feeling unwell in any way, s/he should NOT attend. All families are asked to regularly monitor their children for COVID-19 symptoms (fever, cough, and/or shortness of breath) and to communicate in the event any symptoms occur.
- All children and staff will have their temperature taken upon arrival to the program. Children or staff with a fever (over 100.0) will not be allowed to enter the program.
- You should be prepared to pick up your child at any time (within one hour of phone call) in the case that s/he gets sick or that our program needs to close for any reason.
- Should a child or family member test positive for COVID-19, you must notify us immediately.
- In the event that a child, family member or staff tests positive, all families and staff who have attended the program in the past 14 days will be informed that they may have been exposed to COVID-19 and that they should monitor for symptoms.
- Families are asked to limit bringing items from home, with the exception of a change of clothing that should be stored in a plastic bag.

### **Program Safety Precautions:**

1. Group sizes will be limited to no more than 10 in a group including adults and children.
2. Children will be kept apart as much as possible and frequently reminded not to hug, high-five, or have any other physical contact.
3. Children and staff will wash their hands often, making sure to wash all surfaces of their hands (front and back, wrists, between fingers, etc.) for a minimum of 20 seconds.
4. Children will be instructed to cover their mouth when sneezing or coughing with a tissue or their elbow. They will wash their hands immediately afterwards.
5. Staff will regularly check children for symptoms of illness such as coughing, shortness of breath, or fever.
6. The facility will be cleaned frequently throughout the day with special attention to high-touch surfaces, and every evening, in accordance with DPH guidelines.
7. Staff and children will be required to wear face coverings when social distancing is not obtainable.
8. Materials used in the program will be limited to those that are easy to clean. No soft or cloth toys will be used.

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Name of Participating Child

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Name of Parent / Legal Guardian

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Signature of Parent / Legal Guardian

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Date



## WAIVER AND ACKNOWLEDGEMENT

I understand that I am enrolling a child in a license-exempt emergency program being provided by For Kids Only Afterschool.

In order to participate in this program being offered by For Kids Only Afterschool, I, as the parent or legal guardian of the participating child, agree to the following:

In consideration of accepting this registration and to the extent permitted by law, I hereby agree to release, indemnify, defend and hold harmless on behalf of myself, and the participating child, For Kids Only Afterschool and its officers, directors, agents, staff and employees from and against any and all liabilities, claims, penalties, losses, or expenses (including attorneys' fees), of any kind or nature whatsoever, whether related to bodily injury, property damage or any other form of injury or loss (including contraction of any virus, including, but not limited to, COVID-19) to myself and the participating child caused by any negligent act or omission of the For Kids Only Afterschool or its officers, directors, agents, staff or employees, arising out of or in any way related to participation in the program for which I and the participating child I am enrolling. I acknowledge that the activity to which this release applies could be dangerous, and as a result of signing below, I am accepting and assuming all risks for myself and for the participating child. I give permission to For Kids Only Afterschool to take photographs of the participating child while participating in the program for use in future For Kids Only Afterschool publicity and understand that I will not receive any compensation for such use.

By signing below, I am also agreeing to the For Kids Only Afterschool **Policies and Procedures** for this program.

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Name of Participating Child

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Name of Parent / Legal Guardian

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Signature of Parent / Legal Guardian

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Date