

**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**

<https://www.littlepandachildcare.com/>

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| **Student Information** |
| Student’s Name: |
| Date of Birth: Gender: ­ |
| Name of the Day School: Current Grade: ­­­­­­­­­­­­­­­­­­­­ Age: |
| 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** |
| Full Name (Print): |
| Relation to student: |
| Phone Number: |
| Email: |
| Address: |
| **Student’s Parent/Guardian Information** |
| Full Name (Print): |
| Relation to student: |
| Phone Number: |
| Email: |
| Address: |

**Program Sessions:**

* Full Program 8 weeks: July 1st ,2024 - August 23rd ,2024 Or check that apply (Closed July 4)

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| * **Week 1**:July 1 –5 | * **Week 5**: July 29 – Aug 2 |
| * **Week 2**: July 8 – 12 | * **Week 6**: August 5 – 9 |
| * **Week 3**: July 15 – 19 | * **Week 7**: August 12–16 |
| * **Week 4**: July 22 – 26 | * **Week 8**: August 19–23 |

**Parent/Guardian Permission**

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| I agree to take full responsibility for my children to obey Little Panda Learning& Care Center rules during school time. I agree to take full responsibility for the safety of myself and all members of my family while attending Little. I will not hold Little Panda Learning& Care 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 Little Panda Learning& Care during school time. |
| Parent/Guardian Print Name:  Parent/Guardian Signature:  Date: |

**OFFICE USE ONLY**

Tuition:

* One week: $600 (Tuition is None-refundable)
* Registration Fee: $100 ( Early Birds: register before March 31, free register fee)

Discount (Only Apply One):

* Register all 8 weeks $200 OFF
* Little Panda Members 5% OFF, if register all 8 weeks.

Tuition Fee Pay By:

* TUIO

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**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)**

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| --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**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**
* **Boston Common**
* **Boston Garden**

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:**

* Parent/guardian drop-Off

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

* Parent/guardian pick-up

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

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

I give permission to the people list above to drop off/pick up my child at the beginning / the end of the day. **These people may be asked to show proof of identification.**

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

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



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| Time | Monday | Tuesday | Wednesday | Thursday | Friday |
| 8:30-9:30 | Camp Arrival – Drop Off  Morning Snack | | | | |
| 9:30-10:30 | Chinese Club | Chinese Club |  |  | Chinese Club |
| 10:20-10:40 | Break | Break |  |  | Break |
| 10:40-11:40 | Imagination Station | Kung Fu Class |  | TADpole Playground at Boston Common & Outdoor Activities (Frog Pond Water Play ) | Yoga and Music |
| 11:40-12:40 | Lunch | Lunch | Field Trip | Lunch | Lunch |
| 12:40-2:00 | Outdoor/Sport/  Games | Outdoor/Sport/  Games |  | Outdoor/Sport/  Games | Outdoor/Sport/  Games |
| 2:00-2:45 | Rest /snacks / silent reading |  |  | Rest /snacks / silent reading |  |
| 2:45-3:45 | Art Studio | Food Science |  | Science Academy | Movie |
| 3:45-4:45 | Free Choice | Free Choice |  | Free Choice | Free Choice |
| 4:45-5:30 | Closing Circle + Pick up | | | | |