



C.H.A.P.S INC.
 Children's Afterschool Programs Inc.
 78 Main Street -Town Hall
 Hudson, Massachusetts 01749
 (978) 568-0274
 www.hudsonchaps.com

Office Use Only
Admit _____
Date: _____

Child's Name: _____ Age: _____ DOB: _____

Home Address: _____ Phone: _____

1. Parent/ Guardian Name: _____ Relationship to Child: _____

Address: _____ Home Phone: _____

Name/Address of Business: _____

Hours: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

2. Parent/Guardian Name: _____ Relationship to Child: _____

Address: _____ Home Phone: _____

Name/Address of Business: _____

Hours: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Child's Physician/Clinic: _____

Address: _____ Phone Number: _____

Chronic Health Conditions: _____

Special limitations or concerns: _____

Child's School: _____ Phone: _____

Physical Exam & Immunization on file at school? _____ Yes _____ No

May we share information with your child's school? _____ Yes _____ No

May your child's school share information with CHAPS? _____ Yes _____ No

Parent/Guardian Signature: _____ Date: _____

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CHILD'S NAME: _____

MY CHILD WILL ARRIVE AT THE CHAPS PROGRAM BY: (check all that apply)

_____ PARENT DROP OFF (Before School, Vacation, In-service Days & Summer)

_____ UNSUPERVISED WALK FROM CLASSROOM (After School)

_____ OTHER _____

MY CHILD WILL DEPART FROM THE CHAPS PROGRAM BY: (check all that apply)

_____ SUPERVISED WALK TO MORNING RECESS BY CHAPS STAFF (Before School)

_____ PARENT PICKUP (After School & Summer)

_____ OTHER _____

I give my 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 below by writing "NO ONE")

1. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

2. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

3. NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

4. 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: _____

****Please attach a recent photo of your child****