



BOYS & GIRLS CLUB
OF EAST PROVIDENCE

Boys & Girls Club
115 Williams Avenue
East Providence, RI 02914
Tel 401-434-6776
Fax 401-431-1106
www.epbgc.org

BEFORE/AFTER SCHOOL CHILDCARE

**You may submit a copy of your child's most recent immunization records
with the date of their last physical (must be within past year) on it instead of this form.**

PREADMISSION IMMUNIZATION RECORD AND HEALTH EXAMINATION

CHILD'S NAME _____ DATE OF BIRTH _____

ADDRESS _____

VACCINE	MONTH/DAY/YEAR ADMINISTERED				
DTP					
POLIO					
MMR					
HIB					
HBV					

DTP: Diphtheria, Tetanus, Pertussis

MMR: Measles, Mumps, Rubella (second dose required before 13 years of age or entry to 7th grade)

HIB: Haemophilus b Conjugata Vaccine (Hib vaccine is given as either a 4 dose schedule or a 3 dose schedule, depending on the type of vaccine used)

HBV: Hepatitis B Vaccine (recommended)

Tuberculin skin test: Date: _____ Results: _____

Lead screening test: Date: _____ Results: _____

Date of rescreening: _____

Health examination: Date: _____ Results: _____

Does your child have any conditions or limitations which a caregiver should be aware such as allergies, seizures etc.? _____ yes _____ no

Physician Signature

Date



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FIELD TRIP PERMISSION FORM

I give my child, _____ permission to go to an area park, with a staff member, for outdoor athletic and recreational activities. These parks may include Pierce Field, Hull Street, Silver Spring, or Kent Field.

I give my child, _____ permission to walk to Central Avenue playground, with a staff member, for outdoor activities.

I give my child, _____ permission to attend schedule field trips as part of the Kindercare and After School Childcare Programs. I realize that if there is a fee involved, I may be expected to defray the cost of the trip.

Parent/Guardian Signature

Date



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POLICIES AND PROCEDURES AGREEMENT

I have read the parent handbook and understand the policies of the Boys and Girls Club of East Providence. I have read and understand the policies regarding guidance and discipline, the administering of medications, inclement weather, and payment of fees.

Parent/Guardian Signature

Date