



Judge Baker Children's Center
 53 Parker Hill Avenue, Boston, Massachusetts 02120
 Tel: 617-278-4119 / Fax: 617-232-3394
 E-mail: nextstep@jbcc.harvard.edu

ENROLLMENT FORM: ACADEMIC YEAR 2016-2017

Student Name:		Date of Birth:		Male <input type="checkbox"/>	
				Female <input type="checkbox"/>	
Name of Parent(s) / Guardian(s)			Relationship to Student:		
Name of Non-Custodial Parent (if different from above):			Relationship to Student:		
Parent Address (if different from student):					
Home Telephone:	Mother / Guardian Work Telephone:	Father / Guardian Work Telephone:	Mother / Guardian Cell Number	Father / Guardian Cell Number:	
Mother / Guardian Email Address:			Father / Guardian Email Address:		
Primary Language of Student:					
Color of Eyes:			Height:		
Identifying Marks:					
Allergies (eg. environmental, food, medication):					
Other Medical Conditions and/or Medical Requirements (eg. seizures, asthma):					
Emergency Contact #1 Name:			Relationship to Student:		
Emergency Contact #1 Home Telephone:	Emergency Contact #1 Work Telephone:		Emergency Contact #1 Cell Number:		
Emergency Contact #2 Name:			Relationship to Student:		
Emergency Contact #2 Home Telephone:	Emergency Contact #2 Work Telephone:		Emergency Contact #2 Cell Number:		
Current Medication (including times and dosages):					
Prescribing Physician Name and contact number:					



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Student's Name: _____ **DOB:** _____

Address: _____

School: _____ **Grade:** _____

Saturday Sessions: **January 21st** **March 4th** **May 6th**

Admission Fee: \$375.00 ea.

Program Session: Sunday - Friday, July 30st to August 4th

Admission Fee: \$2,650.00

(Please do not submit any payments until after in-person interview has taken place)

Method of Payment: **Cash** **Check** **Credit Card**

Credit Card Payment:

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____

E-mail: _____

Name of Organization: _____

Service: Next Step: College Success & Independent Living

Payment by Credit Card: _____ **Visa** _____ **MasterCard (NO AMEX)**

Credit Card #: _____ **Expiration Date:** _____

Name as it appears on Credit Card: _____

Address, if different from above: _____

Parent Signature

Date



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Photo/Video Release Form

From time to time, the Judge Baker Children's Center uses photos or videos of children in The Next Step program for promotional purposes. We would like your permission to include your child, provided that we never use your child's name. Please read the terms that follow and, if you agree, sign below.

Photo/Video Release For: (student name) _____

As the parent or legal guardian of the child named above, I give my permission for the Judge Baker Children's Center to take photographs, videos, audio tapes, or slides of my child. Judge Baker Children's Center may make unlimited, worldwide, perpetual use of these materials, and I release Judge Baker Children's Center from all claims arising from such use. All copyrights and other rights in these materials are the sole property of Judge Baker Children's Center, which has the sole right to edit and display these materials as it deems fit.

Parent/Guardian Signature

Print Name of Above Signature

Date



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Medical Treatment Form

I hereby give permission for _____
(Student's name)

to receive routine or emergency medical treatment or care. In the event of a serious emergency, the student will be transported by ambulance to the Children's Hospital Emergency room or nearest hospital.

Date:

Signature of Parent or Guardian

Insurance Policy #

Name of Insurance Company

Mail, E-mail or Fax this form with payment to:

Judge Baker Children Center, 53 Parker Hill Ave., Boston MA 02120

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