

**ENROLLMENT FORM: ACADEMIC YEAR 2019-2020**

Student Name:		Date of Birth:	Male <input type="checkbox"/>	
			Female <input type="checkbox"/>	
			Non-binary <input type="checkbox"/>	
Name of Parent(s) / Guardian(s):			Relationship to Student:	
Name of Non-Custodial Parent (if different from above):			Relationship to Student:	
Home Address:				
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:				
Preferred Pronoun: <input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> They <input type="checkbox"/> Ze <input type="checkbox"/> A pronoun not listed <input type="checkbox"/> No pronoun preference				
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:				



**Judge Baker Children's Center**  
 53 Parker Hill Avenue  
 Boston, Massachusetts 02120  
 Tel: 617-278-4119 / Fax: 617-232-8399  
 E-mail: [nextstep@jbcc.harvard.edu](mailto:nextstep@jbcc.harvard.edu)



Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Saturday Sessions: February 1<sup>st</sup>  April 4<sup>th</sup>

Admission Fee: \$400 per session

Summer Program Session: Boston College Sunday - Friday, July 19 – July 24, 2020\*

*\*Summer program dates are tentative, final dates to be announced by early 2020*

Admission Fee: \$3,000\*\*

*\*\*Please view our website for early registration and package discount information*

*(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)**

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As the parent or legal guardian of the child named above, I give my permission for 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.

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**Parent/Guardian Signature**

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**Print Name of Above Signature**

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**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 completed enrollment form with payment\* to:**  
**Judge Baker Children Center, 53 Parker Hill Ave., Boston MA 02120**  
**Fax: (617)-232-8399 or [nextstep@jbcc.harvard.edu](mailto:nextstep@jbcc.harvard.edu)**

*\*Please do not submit payment until after in-person interview has taken place.*