



Next Step: College Success & Independent Living

at THE BAKER CENTER

The Baker Center
53 Parker Hill Avenue
Boston, Massachusetts 02120
Tel: 617-278-4119
Fax: 617-232-8399
E-mail: nextstep@bakercenter.org

ENROLLMENT FORM: ACADEMIC YEAR 2023-2024

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:	Parent / Guardian 1 Work Phone:	Parent / Guardian 2 Work Phone:	Parent / Guardian 1 Cell Number:	Parent / Guardian 2 Cell Number:	
Parent / Guardian 1 Email Address:			Parent / Guardian 2 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:					



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Photo/Video Release Form

From time to time, The Baker 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 Baker Center to take photographs, videos, audio tapes, or slides of my child. The Baker Center may make unlimited, worldwide, perpetual use of these materials, and I release The Baker Center from all claims arising from such use. All copyrights and other rights in these materials are the sole property of The Baker 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 completed enrollment form with payment*

to: The Baker Center, 53 Parker Hill Ave, Boston MA 02120

Fax: (617)-232-8399 or nextstep@bakercenter.org

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



Participant Supplemental Information Form

Student's Name _____ DOB _____

Home Address: _____

School: _____

Grade: _____

Parent/ guardian email address: _____

Participant email address: _____

Participant cell phone number: _____

If graduating high school, will the participant be attending college in the Fall of '24 _____

If "yes", to which school will the participant be matriculating? _____

About the participant:

Interests, hobbies, favorite activities to do in spare time:

Has the participant had the COVID-19 vaccination?

No ___ First dose ___ Second dose ___ Two weeks postsecond dose ___ Booster ___

Are there any health or dietary concerns for the participant? (The program will include eating lunch out and both walking and public transportation travel)

OPTIONAL: How would you describe the participant's race/ethnicity? _____