



# SUMMER STUDENT INFORMATION SHEET

Child's Name \_\_\_\_\_ Today's date \_\_\_\_\_

Grade in Fall 2012 \_\_\_\_\_ School \_\_\_\_\_

Home address \_\_\_\_\_

Birth date \_\_\_\_\_ Start date \_\_\_\_\_ Age at Admission \_\_\_\_\_

Birthplace \_\_\_\_\_ Primary Language \_\_\_\_\_

Does your child have a sibling enrolled in the Tobin Family of Schools? If so, where? \_\_\_\_\_

**Does your child have any disabilities or chronic medical problems which require special consideration or care by the school? Any medications taken on a recurring basis? Any restrictions we should know about? If so, please detail below:**

• **Allergies:** \_\_\_\_\_

Does your child have an Epi-pen? \_\_\_\_\_

Has an Epi-pen ever been used on your child? \_\_\_\_\_

• **Asthma:** Has your child ever had to use an inhaler/nebulizer? \_\_\_\_\_

Does your child have an inhaler/nebulizer? \_\_\_\_\_

When/how often is it administered? \_\_\_\_\_

• **Special diet or other medical conditions (if yes, please explain):** \_\_\_\_\_

• **Hearing, Vision or Speech Problems (if yes, please explain):** \_\_\_\_\_

• **Any recurring medications ( If yes, please explain):** \_\_\_\_\_

Have you ever met with a specialist such as a PT, OT, behaviorist, child psychologist, etc. If so, please explain. \_\_\_\_\_

Has your child ever been diagnosed with any special needs or other diagnoses? Does your child have an IEP (Individualized Education Plan)? If so, please explain. \_\_\_\_\_

**Guardian 1:** \_\_\_\_\_

(Name) / (Relationship to child)

Home address:  same as child \_\_\_\_\_

Home phone # \_\_\_\_\_

Personal cell phone # \_\_\_\_\_

Employer \_\_\_\_\_

Business address \_\_\_\_\_

Business phone # \_\_\_\_\_

Other cell / pager \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Guardian 2:** \_\_\_\_\_

(Name) / (Relationship to child)

Home address:  same as child \_\_\_\_\_

Home phone # \_\_\_\_\_

Personal cell phone # \_\_\_\_\_

Employer \_\_\_\_\_

Business address \_\_\_\_\_

Business phone # \_\_\_\_\_

Other cell / pager \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Child's pediatrician:** \_\_\_\_\_

Practice name and address: \_\_\_\_\_

Phone # \_\_\_\_\_

Insurance provider \_\_\_\_\_ Policy number \_\_\_\_\_

**Child's Identifying Information (required by the Department of Early Education and Care):** Please attach your child's picture

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_

Identifying marks \_\_\_\_\_

**AUTHORIZATIONS, POLICIES & PROCEDURES**

**Hospital Transportation / Medical Treatment** I authorize the staff at The Tobin School to perform First Aid and CPR on my child as needed. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I authorize the Local Fire Department emergency personnel to transport my child to the closest medical facility as deemed by the Local Transport Team. I authorize Tobin Family of Schools and the Local Fire Department emergency personnel to secure necessary medical treatment by the doctor/pediatrician on call.

**Summer Tuition** I understand that the summer tuition payment or any part of it is non-refundable for any reason. I also understand to abide by all Tobin Family of School's admission and tuition policies.

**Parent Handbook** I have received, read, understand and agree to abide by the policies and procedures in the Parent Handbook.

**Peanut/Nut Avoidance** I have read and understand the peanut/nut policy. I agree to avoid using or sending in any tree nuts, peanuts, peanut oil or any other nut products to Tobin.

**Off-Site Walking** I give my child permission to participate in off-site activities. This includes walks on sidewalks with crossings at designated crosswalks within a 2 mile radius of the School.

**Photo Release – OPTIONAL** At times photographs and videos are taken at The Tobin School and used for marketing purposes.

\_\_\_\_\_ I authorize my child to be included in such photos and videos.

\_\_\_\_\_ I request my child not be included in such photos and videos.

**Sunscreen and Insect Repellent**

I authorize Tobin Afterschool to apply sunscreen and insect repellent to my child while at the program

\_\_\_\_\_ I will provide my child's sunscreen and insect repellent.

\_\_\_\_\_ Please apply Tobin Afterschool's sunscreen and insect repellent.

I request that sunscreen and insect repellent **not** be applied to my child while at the program. \_\_\_\_\_

**Tooth Brushing**

\_\_\_\_\_ I would like my child to participate in the tooth brushing program at Tobin. I will be responsible for providing an acceptable toothbrush (and replacing it as required).

**Child Release** I authorize the following persons, in addition to Guardian 1 & 2 on the front of this form, to pick up my child from The Tobin Schools. I understand that those authorized will be called if the School is unable to reach either parent in case of accident or illness.

Name(s)

Telephone Number(s)

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In case of an emergency that requires widespread evacuation, please list below, in addition to authorized people listed above, friends/relatives/neighbors that you would authorize to take temporary custody of your child/children:

PLEASE INCLUDE SOMEONE OUTSIDE OF EASTERN MASSACHUSETTS IF POSSIBLE.

Name(s)

Telephone Number(s)

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I have read and agree to all of the above-mentioned authorizations, policies and procedures:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Summer at Tobin 2012 Transportation Plan

### Individual Signed Plans

Each child will have in his or her file a signed plan indicating how the child will arrive at the program, how the child will depart from the program and who is authorized to pick their child up. This authorization is valid for 1 year from the date signed by the parent. Any other transportation requests must be stated in writing and maintained in the child's file or the current transportation plan will be implemented.

Emergency Transportation    Emergency transportation will be by ambulance or rescue vehicle responding to the call for emergency help.

### Field trip Transportation

I give permission for my child to attend all summer trips on days they are scheduled to attend. Sojourn Transportation will provide transportation.

### TRANSPORTATION PLAN 11.05 (9)(b) AND ALTERNATIVE TRANSPORTATION PLAN (INCLUDING DESIGNATED ADULT) 7.14 (1)

*Please check all transportation options that apply to your child including before school, after school, school vacations and any non school days.*

**Child's Name:** \_\_\_\_\_

My child will arrive at the program by:

- \_\_\_\_\_ Unsupervised Walk
- \_\_\_\_\_ Supervised Walk (Who \_\_\_\_\_)
- \_\_\_\_\_ Program Bus
- \_\_\_\_\_ Parent Drop Off
- \_\_\_\_\_ Other (Describe \_\_\_\_\_)

My child will depart from the program by:

- \_\_\_\_\_ Parent Pick Up
- \_\_\_\_\_ Unsupervised Walk
- \_\_\_\_\_ Supervised Walk (Who \_\_\_\_\_)
- \_\_\_\_\_ Program Bus
- \_\_\_\_\_ Other (Describe \_\_\_\_\_)

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 my permission to the following people, in addition to Guardian 1 and Guardian 2 from the application form, 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 \_\_\_\_\_

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 PROGRAM YEAR FROM THE DATE OF SIGNATURE.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**