



STUDENT INFORMATION SHEET

Child's Name _____ Today's date _____

Grade in Fall 2010 _____

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):** _____

Is your child attending other camps this summer, if so, which ones? _____

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 Education):

Eye Color _____ Hair Color _____ Sex _____
Height _____ Weight _____ Race _____
Identifying marks _____

Please attach your child's picture (optional)

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.

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

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 1 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. _____ Parent's Initials

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

Child Release

I authorize the following persons, in addition to Guardian 1 & Guardian 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)

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)

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

Signature: _____

Date: _____