

TOBIN KIDS CAMP
Tobin Community School
197 Vassal Lane - Cambridge, MA 02138
2019 SUMMER REGISTRATION FORM

Child's Name First: _____ Last: _____

Current School _____ Current Grade _____ Date of Birth _____ Age _____

Home Address _____ Zip Code _____ Gender _____

Child's Ethnicity (Please Circle) Black White Latino/Hispanic Haitian Asian Other

Does child have any allergies or health concerns? _____

Does child have an IEP (Individual Education Plan) Yes _____ No _____

T- Shirt Size: XS _____ SM _____ MED _____ LG _____ XLG _____

Parent / Guardian 1 Name _____ Email _____

Home Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Place of Employment _____ Work Phone _____

Parent / Guardian 2 Name _____ Email _____

Home Phone _____ Cell Phone _____

Address _____ City _____ Zip _____

Place of Employment _____ Work Phone _____

I would like to register for the following sessions:

Session 1: June 24 – June 28 8:00 – 3:30 **(\$225)** _____ 8:00 – 5:30 **(\$265)** _____ (One week session)

Session 2: July 1 – July 12 8:00 – 3:30 **(\$450)** _____ 8:00 – 5:30 **(\$530)** _____ (No Camp July 4)

Session 3: July 15 – July 26 8:00 – 3:30 **(\$450)** _____ 8:00 – 5:30 **(\$530)** _____

Session 4: July 29 – August 9 8:00 – 3:30 **(\$450)** _____ 8:00 – 5:30 **(\$530)** _____

OFFICE USE ONLY

Session 1 Amount Owed \$ _____

Session 3 Amount Owed \$ _____

Session 2 Amount Owed \$ _____

Session 4 Amount Owed \$ _____

Registration Fee: **\$25**

Total Tuition: _____ Deposit Paid: (\$50 per session) _____

Scholarship _____ CCCB Voucher _____

Balance Due: \$ _____

Department of Human Service Programs – Community School Division

Camper Release Form

CHILD'S NAME: _____

PARENT/GUARDIAN NAME: _____

1. I hereby give my child permission to participate in all camp sponsored activities & trips, which may include by school bus, walking, or public transportation.

(Parent / Guardian Initial)

2. I hereby give permission for authorized staff to take my child to the nearest hospital* for emergency treatment. If injury occurs within Cambridge child will be transported to Cambridge City Hospital or Mt. Auburn Hospital. I authorize hospital personal to proceed with emergency treatment for my child if a parent or emergency contact cannot be reached.

(Parent / Guardian Initial)

3. I give permission to the City of Cambridge / Community Schools to use photographic and video images of my child and family for publicity purposes. I acknowledge that publicity could include the use of images in any slide show, website, social media or articles submitted for publication or distribution

(Parent / Guardian Initial)

4. I am not aware of any allergies to sunscreens and I give permission for staff to help child apply if needed.

(Parent / Guardian Initial)

5. If someone other than myself or these individuals is to pick up my child, I will inform director in writing in advance. I understand that staff will ask anyone not on this list to show proper identification before child is released.

NAME _____ PHONE _____

ADDRESS _____ RELATIONSHIP _____

NAME _____ PHONE _____

ADDRESS _____ RELATIONSHIP _____

PARENT/GUARDIAN SIGNATURE

DATE

**Tobin Kids Camp
197 Vassal Lane
Cambridge, MA 02138**

Health Form (must be completed by parent)

This form must be completed and signed by a physician and returned before the first day of camp. Information is confidential.

Name of child: _____ Date of Birth: _____

Parent/Guardian 1: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Parent/Guardian 2: _____

Address: _____

Home Phone #: _____ Work Phone #: _____

Health care coverage:

Harvard Vanguard _____ ID number: _____

Blue Cross Blue Shield _____ ID number: _____

Medicaid _____ ID number: _____

Other plan (name) _____ ID number: _____

Does your child have any allergies, i.e. hay fever, insect bites, food reactions? Yes ____ No ____
If yes, please describe _____

Does your child have an Epi-Pen for anaphylactic shock? Yes ____ No ____

Does your child have any special dietary restrictions? If yes, please describe _____

Is your child presently being seen by a physician, staff at a guidance facility or any other health care professional? If yes, by whom and for what reason? _____

Does your child have any unusual fears or special needs we should be aware of? _____

I hereby give permission for authorized staff to take my child to the nearest hospital for emergency treatment.

Parent/Guardian's signature

date

Immunization Record

Form must be completed by a physician or submit
recent physical with immunization records

***Please Note:** Camps are not staffed with licensed nurses.

Please indicate dates for the following immunizations for _____(Name)____(DOB)

DTaP/DTP/DT/Td #1_____ #2_____ #3_____ #4_____ #5_____

Td/Tdap Boosters #1_____

Polio IPV/OPV #1_____ #2_____ #3_____ #4_____

Hepatitis B #1_____ #2_____ #3_____

MMR #1_____ #2_____

Varicella # 1_____

Other: #1_____

Describe any physical conditions or impairments requiring restrictions in camp activities and indicate specific treatments if needed..

Please provide the name of any medication that is **required** to be taken during camp time.

I hereby certify that _____ (name of child) has been examined on _____ (date), and that he/she is in good physical condition and is capable of participating in all camp activities.

Physician's signature

date

Physicians' name (Printed)

Facility name

Address

Phone #

I hereby give permission for authorized staff to take my child to the nearest hospital for emergency treatment.

Parent/Guardian's signature

date

TOBIN KIDS CAMP

Late Pick-up Penalty Fee Agreement

Child's Name _____

Your child's camp closing time is:

☐

3:30 PM

☐

5:30 PM

A late fee will be assessed for a late pick-up of \$1.00 for every minute after the pick-up time of the program. The office clock will be used to calculate lateness. Late fees must be paid by the time your child returns the following day to avoid disrupting your child's camp schedule.

Chronic lateness or failure to pay the late penalty will be cause for dismissal from the program.

Parent / Guardian Signature _____

This agreement will be kept in the office and must be signed each time a late fee is accessed.

Date: _____ Time: _____ Late Fee Due: _____

Staff Signature _____

Parent Signature _____

Late Fee Paid _____ Initial _____

Date: _____ Time: _____ Late Fee Due: _____

Staff Signature _____

Parent Signature _____

Late Fee Paid _____ Initial _____

Date: _____ Time: _____ Late Fee Due: _____

Staff Signature _____

Parent Signature _____

Late Fee Paid _____ Initial _____

Date: _____ Time: _____ Late Fee Due: _____

Staff Signature _____

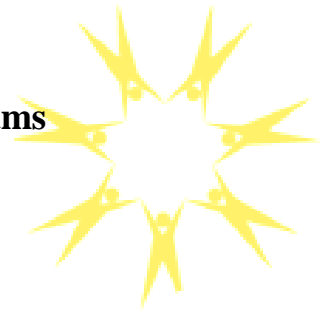
Parent Signature _____

Late Fee Paid _____ Initial _____

**City of Cambridge
Department of Human Service Programs**

Application for Enrollment

Tobin Community School



The Department of Human Services is committed to work jointly with families to gain a greater understanding of the interests and needs of each individual child. Good communication between families and the Department of Human Services staff will help us to better serve your child. We appreciate your willingness to work jointly with us to support the learning and well being of your child. The following information will assist us greatly. Any additional information regarding your child's specific needs is greatly appreciated.

_____ Child's Last Name	_____ First Name	_____ Nickname
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_____ School Attending	_____ Current Grade	_____ Date of Birth
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Parent/Guardian Name

Home Address

_____ Home Phone	_____ Cell/Beeper
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_____ Work Place	_____ Work Phone
---------------------	---------------------

Email Address

Parent/Guardian Name

Home Address

_____ Home Phone	_____ Cell/Beeper
---------------------	----------------------

_____ Work Place	_____ Work Phone
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What language do you speak at home? _____

Can your child speak and understand English? _____

If your child has not been enrolled in a school system, what group experiences has your child had? Preschool? Family Day Care? Playgroup? Other Afterschool experiences? _____

What do you hope your child gains from this program?

Have there been any major changes in your family routine during the past year? A new baby? Moving? Accident or injury to your child or family member?

How does your child usually respond to new experiences? Shy? Assertive? Please describe. _____

What do you find most effective in calming your child when he/she is upset?

What activities does your child like best? Favorite Toys / Games / Songs / Activities

Does your child have any special dietary concerns? Yes ___ No ___ If yes, please explain.

Does your child have any allergies i.e. asthma, hay fever, insect bites, medicine, food, reactions? Yes _____ No _____ If yes please explain:

Does your child take any regular medication? Yes _____ No _____

Will they need to be administered during program hours? Yes _____ No _____

If yes, please explain _____

Does your child have any special needs or disabilities (health, physical, emotional)?

Yes _____ No _____ If so please describe? _____

Does your child have an IEP (Individual Education Plan)?

Yes _____ No _____ If yes, please see the attached Request for Information Release Form.

Does your child need individual attention for certain activities? Yes _____ No _____

If yes, in what activities does your child need special attention or assistance? Please explain.

What additional aspects of your child's physical and/or emotional development would you like our staff to know about?

Additional Comment:

Parent's Signature _____ Date: _____



**City of Cambridge
Department of Human Service Programs
Information Release Form**

Tobin Community School / Tobin Kids Camp

**For
official
use
only:**

(PRINT Child's Name)

(Name of School)

Please circle one: NEW STUDENT RETURNING STUDENT

I am applying for: (Please check all your program choice(s).)

Youth Centers

- ☐ Frisoli Pre-teen
- ☐ Frisoli MSP
- ☐ Gately Pre-teen
- ☐ Gately MSP
- ☐ Moses (Area IV) Pre-teen
- ☐ Moses (Area IV) MSP
- ☐ Russell Pre-teen
- ☐ Russell MSP

(MSP=Middle
School Partnership)

**Community
Schools (CS)**

- ☐ Amigos/CPort CS
- ☐ Elm Street CS
- ☐ Fitzgerald CS
- ☐ Fletcher Maynard CS
- ☐ Haggerty CS
- ☐ Harrington CS
- ☐ Kennedy CS
- ☐ King CS
- ☐ Linnaean CS
- ☐ Longfellow CS
- ☐ Morse CS
- ☐ Tobin CS

Afterschool Childcare

- ☐ Fletcher Maynard K-3
- ☐ King K-2
- ☐ King 2-5
- ☐ Morse K-2
- ☐ Morse 3-5
- ☐ Peabody K-2
- ☐ Peabody 2-5

☐ **King Open
Extended Day
(KOED)**

Preschool Childcare

- ☐ East Cambridge
- ☐ Haggerty
- ☐ King Open
- ☐ M. L. King
- ☐ Morse
- ☐ Peabody

Recreation

- ☐ Camp Rainbow
- ☐ The Cambridge Prgm
- ☐ War Memorial Prgms

I hereby authorize the Department of Human Services (DHSP) to observe my child in his/her school day classroom or program and to discuss my child's educational, physical, medical, psychological and/or other needs with his/her teachers, specialists, therapists, medical providers and other caregivers for the purpose of evaluating his/her participation in DHSP's out of school time (OST) and preschool programs.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ **Date:** _____

I decline authorization: _____ **Date:** _____

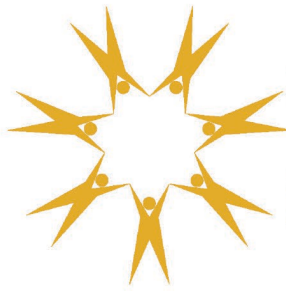
**PERMISSION TO OBTAIN STUDENT RECORDS
(IEP, 504 Plan, behavior plans)**

I hereby authorize my child's school/program to release my child's records including his/her Individualized Education Program (IEP), Behavioral Intervention Plan and/or Section 504 Plan. DHSP will not disclose the content of any such records to any other party without my written consent, except as DHSP may be required by law to do so. All records will be used for the purpose of evaluating my child's participation in DHSP's out of school time (OST) programs.

Parent/Guardian Signature: _____ **Date:** _____

I decline authorization: _____ **Date:** _____

Revised 2/15



Department of Human Service Programs

Ellen Semonoff, Assistant City Manager

City of Cambridge
51 Inman Street
Cambridge, MA 02139-1102
askdhsp@cambridgema.gov

voice: 617-349-6200
tty: 617-492-0235
fax: 617-349-6248

Dear Parent/Guardian,

The Massachusetts Department of Public Health, our camp licensing agency has implemented regulations requiring all municipal recreational programs and camps for minor children to have systems in place to provide coast guard approved personal life jackets available to non-swimmers or at-risk swimmers, when attending camp beach trips.

Due to this regulation, "Christian's Law" we are requesting that you provide coast guard approved life jackets for your child participating in weekly beach trips at Community School camp programs.

Life jackets are not required for camp swimming lessons at the YMCA or Cambridge Department of Human Service Programs recreational pools. (Gold Star or War Memorial or other swimming pools)

Coast guard approved children's life jackets can be purchased at sports stores. Price ranges from \$20.00 - \$30.00. When purchasing life jackets, take into consideration the age and weight of your child for best fit.

If this poses a financial hardship, please let us know. We do not wish this to be a barrier for you or your child to fully participate in our summer camp programs.

In order for us to uphold this new regulation, it is imperative that your child bring their life jacket on all scheduled beach trip.

We greatly appreciate your cooperation in assisting us meet this licensing requirement. Please feel free to call me or speak with the Camp Director if you have questions or concerns. Additional information can be obtained from the MDPH Community Sanitation Program website <http://www.mass.gov/dph/dcs>

Sincerely,

Roslyn Shoy
Acting Division Head
Community Schools