TOBIN KIDS CAMP
Tobin Community School
197 Vassal Lane - Cambridge, MA 02138

2019 SUMMER REGISTRATION FORM (PRESCHOOL)

Child's Name First: _____ Last: _____

Current School _____ Current Age _____ Date of Birth_____

Home Address _____ Zip Code _____ Gender _____

Childs 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)** _____ (One week session)

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

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

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

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

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 _____

School Attending _____ Current Grade _____ Date of Birth _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Cell/Beeper _____

Work Place _____ Work Phone _____

Email Address _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Cell/Beeper _____

Work Place _____ Work Phone _____

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 their 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: _____

DEPARTMENT OF HUMAN SERVICE PROGRAMS

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

sharing resources…building community

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