

TOBIN COMMUNITY SCHOOL REGISTRATION FORM 2015/2016 SCHOOL YEAR

 Child's Last Name First M. Initial School Grade Teacher Date of Birth

Child's Ethnicity: (optional) African Am. Latino Haitian Caucasian Asian Portuguese Other

Does your child have any health issues, allergies, inhaler, or use an EPI Pen? _____
 If so, please list specific details _____

Is your child presently on an IEP? (Individual Education Plan) _____
 If so, please list specific details _____

 Home Address City/ State Zip Code Home Phone

 Parent / Guardian 1: Last Name First Parent / Guardian 2: Last Name First

 Home Address Cell Phone Home Address Cell Phone

 City / State Zip Code Home Phone City / State Zip Code Home Phone

 Place of Employment Work Phone Place of Employment Work Phone

Email: _____ (Please Print) Email: _____

My child may be picked up by the following people. If someone other than myself or these individuals is to pick up my child I will inform the program in writing.

Emergency Contact #1 _____ Relationship to child: _____

Phone # _____ Cell # _____ Address: _____

Emergency Contact #1 _____ Relationship to child: _____

Phone # _____ Cell # _____ Address: _____

****I give my child permission to participate in all the activities and trips sponsored by the Tobin Community School which may include the use of school busses or walking. In case of emergency, I understand every effort will be made to contact either myself or the emergency contact person listed. If for any reason one of these persons cannot be contacted the staff is instructed to seek medical attention at the nearest hospital.**

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

PARENT'S SIGNATURE _____ DATE _____

Initial to confirm correct information	
<input type="checkbox"/> Winter Session	<input type="checkbox"/> Spring Session

FOR OFFICE USE ONLY:
Previous Balance: Session _____ Amount \$ _____