

Child's Name _____ Today's date _____

Grade in Fall _____ Elementary School _____

Home address _____

Birth date _____ Start date _____ Age at Admission _____

Birthplace _____ Primary Language _____

My child has an updated physical form on file at school (valid 1 year from doctor signature): Yes (if so please attach) _____ No _____

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 Beaudet Schools 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 Beaudet Schools and the Local Fire Department emergency personnel to secure necessary medical treatment by the doctor/pediatrician on call.

Application & Tuition Tuition is an annual fee paid in 10 equal monthly installments. I understand that I am responsible for the entire annual fee. I understand that the application fee and Last Half Month (LHM) payment is non-refundable. In order for my LHM to be applied to payment #10, I understand that written notice must be received in the office by March 1st. I have read and understand all Tobin Beaudet Afterschool admission and tuition policies. A 45 day written notice is required for any schedule changes and I am responsible for the tuition due until the 45 days is up.

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 Beaudet Schools 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

Sunscreen and Insect Repellent

_____ Please apply Tobin Beaudet's "school brand" sunscreen and insect repellent to my child while at the program.
_____ Please apply sunscreen and insect repellent to my child that I will provide while at the program.
_____ Please **DO NOT** apply sunscreen and insect repellent to my child while at the program.

Tooth Brushing

_____ I would like my child to participate in the tooth-brushing program and I will provide a toothbrush.

Federal law requires all schools to develop and maintain an **Integrated Pest Management Plan** concerning any pesticide applications inside or outside our facilities. Per these regulations, we will notify our families at least two working days prior to any such application.

___ I agree to be notified by email about any pesticide applications at my location
___ I require this information to be sent to me in a hard copy

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 Beaudet Schools. I understand that those authorized will be called if the School is unable to reach either parent in case of accident or illness. **(If no one is authorized, please indicate below by writing "NO ONE")**.

- 1. Name _____ Relationship _____ Phone _____
- 2. Name _____ Relationship _____ Phone _____
- 3. Name _____ Relationship _____ Phone _____

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: _____

Tobin Beaudet Schools

School Year 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.

Transportation is provided to and from the Schools/Tobin Beaudet Schools

The transportation is provided by a licensed certified school Transportation Company at the expense of *Tobin Beaudet Schools*. The children enrolled at *Tobin Beaudet Schools* are the responsibility of *Tobin Beaudet Schools* when the child enters the vehicle contracted to transport to / from the Public Schools / *Tobin Beaudet Schools*. This authorization is kept in the child's file. The child becomes the parent's responsibility as soon as they leave the building at *Tobin Beaudet Schools*. If a child has parental authorization to leave the program, the child must sign the "contract to leave the program".

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

Field trip Transportation

Field trip transportation will be by bus. Parents must sign authorization for each individual field trip. These authorizations will be maintained in the child's file.

Off-site Activities Authorization

Written parental consent is required for children to participate in off-site activities. General consent will be used for those off-site activities that are used on a regular basis. Off-site activities not listed on the general consent form require a specific authorization. This consent shall be valid for 1 year. When more than 10 children are taken off the premises, they shall be accompanied by a staff person who is at least group leader certified and certified in both First Aid and CPR and accompanied by a second staff person or designated adult. When 10 or fewer children are taken off the premises the accompanying staff person shall be at least group leader qualified and be certified in First Aid and CPR.

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:

My child will depart from the program by:

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

- _____ 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 authorized persons, in addition to Guardian 1 and Guardian 2 from my child's Student Information Sheet, to receive my child at the end of the day.

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