

## TOBIN COMMUNITY SCHOOL REGISTRATION FORM 2011 / 2012

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, or use an EPI Pen? \_\_\_\_\_ Is your child presently on an IEP? (Individual Education Plan) \_\_\_\_\_

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 can not be contacted the staff is instructed to seek medical attention at the nearest hospital.

**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

PLEASE REGISTER MY CHILD FOR THE FOLLOWING SPECIAL EVENTS	
Early Release Day May 9 <sup>th</sup>	_____ \$25
April Vacation Camp – 3:00	_____ \$140
April Vacation Camp – 5:30	_____ \$165
Amount due for classes	\$ _____

<b>FOR OFFICE USE ONLY:</b>	
<b>Total Amount Due</b>	_____
Application Fee: \$20.00	_____ (if not paid in Sept.)
Scholarship Amt: \$	_____
<b>Payment Plan Amount</b>	\$ _____ Monthly
<b>Paid \$</b>	_____ <b>Check #</b> _____