



Mission Discovery School Enrollment Form (Updated Nov 2016)

Scanned _____ Complete _____

* Student's First Name

* Student's Last Name

Age

* Birth Date (mm/dd/yyyy)

* Physical Address (Required)

Male

Race

Female

Ethnic Group

Mailing Address

City, State, Zip

You Understand Your Child Best. We Understand You.
What do you wish we knew about your child?

* 1st Parent Full Name

2nd Parent Full Name

Relationship

Relationship

(Circle methods that work well for your child at home.)

- [Redirection] [Time Out] [Removal of Privilege]
- [Alone Time] [Positive Reward] [Count Down]
- [Sticker Chart] [Discussion of correct behavior]
- [Giving Stop Signals] [Yelling] [Catch child being good]

List other ideas below:

* Parent Email Address

1st Parent Cell Phone Texting Preferred Yes / No

2nd Parent Cell Phone Texting Preferred Yes / No

- My Child is:
- Sensitive Competitive Bold
 - Friendly Quiet Loud Still
 - Bouncy Sweet Busy Literal
 - Fun-loving Detailed Adventurous Mature
 - Social Butterfly Careful Determined Serious
 - Talkative Cuddly Swift Polite

1st Parent Other Phone
circle one: work / home / other

2nd Parent Other Phone
circle one: work / home / other

* Local Emergency Contact Name

* Out of Area Emergency Contact Name

Family Physician

Phone

Phone

Physician's Phone Number

Address

Address

Medications Student uses

Authorized to pick up student

Authorized to pick up student

Others Authorized to Pick Up My Child:

Name

Relationship

Phone (opt)

Name

Relationship

Name

Relationship

Phone (opt)

Name

Relationship

* Does your child have any of the following?

Asthma	<input type="checkbox"/> Y <input type="checkbox"/> N	Visual Impairment	<input type="checkbox"/> Y <input type="checkbox"/> N	Heart Problems	<input type="checkbox"/> Y <input type="checkbox"/> N
Diabetes	<input type="checkbox"/> Y <input type="checkbox"/> N	Developmental Delays	<input type="checkbox"/> Y <input type="checkbox"/> N	Hearing Impairment	<input type="checkbox"/> Y <input type="checkbox"/> N
Seizures	<input type="checkbox"/> Y <input type="checkbox"/> N	Physical Impairment	<input type="checkbox"/> Y <input type="checkbox"/> N	Behavioral /Emotional Problems	<input type="checkbox"/> Y <input type="checkbox"/> N

List food sensitivities, allergies, drug allergies, or special needs including medical conditions or concerns:

Allergy is: Mild Moderate Severe Fatal

Treatment steps:

In the event of an emergency, I hereby give permission to Mission Discovery School to request emergency services for my child, which may include transportation to a medical facility, and in the event that none of the contacts listed above can be reached, I also give permission to the physician to hospitalize and provide proper necessary treatment to my child. I give my permission for others to apply sunscreen for my child as needed.

Sign for 1st year

* Parent / Guardian Signature

Date

Reviewed Health Record 2nd year

Parent / Guardian Signature

Date

Reviewed Health Record 3rd year

Parent / Guardian Signature

Date



* Student's First Name

* Student's Last Name

Age

- I will NOT allow **outside food** or drinks to be brought to the school unless my child has special dietary needs or I provide enough for all children in my child's class and have checked with a teacher for allergies and other issues.
- I understand MDS promotes a low sugar program but allows **celebration treats**. I know the school provides all meals and snacks including, formula, infant food, and baby wipes **but I can bring in breast milk, formula or wipes**.
- I know there is a **space provided for me to visit** with or breastfeed my child at anytime in the day and that I am welcome in the classroom.
- I will supply **diapers** as needed. I understand if the school provides a diaper, there will be a \$1 charge per diaper.
- I will provide a **change of clothing** for my child so they can enjoy using paint and other things.
- I will send **winter clothing** when it is cold, and I understand my child is required to go outdoors year round for good health. I will send a coat, boots, hat & gloves.
- I will escort my small child (5 years or younger) into the building and I will 1) **sign them in** 2) **put away their items** 3) and **help them wash their hands** before leaving. I understand this helps transition the child and ensures proper sanitation. I will leave time in my schedule for this transition.
- I will NOT bring my child if they have a **fever**, watery **diarrhea**, have **vomited** within the past 24 hours, or have a **contagious disease**.

Screen Time: Limited computer use is allowed in the classroom for educational games or homework purposes in 15 minute increments. Devices used for adaptive functioning for any child are always allowed.

Discrimination: Mission Discovery School will admit students of **any race**, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs. We expect our students and parents to follow our lead in our nondiscrimination policy.

Mission Discovery School Code of Conduct

- Show respect for families, beliefs, differences & needs.
- Be kind and include others.
- Follow safety precautions as directed.
- Show respect to our country.
- Do unto others as you would have others do unto you.
- Be willing to help & do your share.
- Be honest.
- Do your best.
- Be observant.
- Stay home when sick.

I promise to follow the rules and code of conduct while participating in Mission Discovery School programs and events. I know that if I do not, I might lose privileges, have consequences, or not be allowed to participate. I release Mission Discovery School and those with them; from liability should I accidentally be hurt because I didn't follow the rules. I understand and agree.

* Student Signature (Required if child is 6 years+)

Date

I agree to reimburse MDS for additional transportation costs if it is necessary to send my child home because of discipline problems, illness or injury that might occur. I release Mission Discovery School and personnel, and those affiliated from liability should my child accidentally be injured due in part to their own negligence. I am willing to accept the appropriate and logical consequences of my actions, which may include being asked to leave the event or my child being disqualified from the event and/or Mission Discovery School programs. I promise to follow the rules and code of conduct while participating in Mission Discovery School programs and events.

* Parent / Guardian Signature (Required)

Date

Photo Release: I authorize Mission Discovery School to record and photograph my child's image and/or voice for use by Mission Discovery School. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.	Facebook: I give permission for my child's UN-NAMED photo to be posted on a private album, page or group on Facebook that only Teachers, Parents or Guardians can access.	Water play / Swimming: The provider has my permission for my child to participate in all swimming and water-play activities at MDS or off the premises. Parents supply swim clothes and swim diapers.	Transportation: I give permission for my child to be transported to scheduled school events and other places as needed. Required for school pick up	Phone #: MDS has permission to give my phone number to other parents.