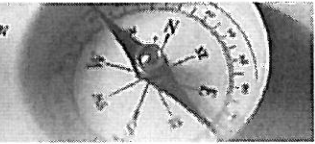


New Discoveries Montessori Academy

Discover Something New



1000 Fifth Avenue SE, Hutchinson, Minnesota 55350
320.234.6362, office 320.234.6300, fax www.newdiscoveries.org

Dear Parent or Guardian,

Please keep in mind when you fill out the attached paperwork that you will be providing us with IMPORTANT emergency information.

Please fill out all information clearly and completely. It is important that the school has all current home, cell, and work information, so please check with your contacts and make certain they have not made any changes that you are not aware of. If at any time you are aware of a necessary change, it is your responsibility to inform the school so we keep our records current. Simply call the the office and provide us with the change. This information must be entered into the school computer system so everyone has access to it, so do not send notes or make calls to the teachers.

When we ask for the names of people who may NOT pick up your child, *please provide us with the court documentation* so we can enforce the order. Keep in mind that we cannot enforce an order without proper documentation.

On the form requesting who also may pick up your child in the event of an emergency, *we are requesting information other than you*. We would need this information should we *NOT* be able to contact you. It is best to provide local names as we likely would not call someone out-of-state if your child is ill.

Please use only legal names for your children. If your child prefers to be addressed by a different name, you can discuss that with the teacher, but the paperwork must always be done in *legal names* only.

If your child is new to the school, please provide the name of the school (not the city name) at which your child was last enrolled.

Thank you for your cooperation.

New Discoveries Montessori Academy

New Discoveries Montessori Academy
EMERGENCY INFORMATION 2013 - 2014 School Year

Name of Student _____ Grade _____
Last First MI

Student's Birthdate _____ Age on Sept 1 _____ Gender _____

Student lives with (circle one)

Father/Mother : Mother/Stepfather : Father/Stepmother : Mother Only : Father Only : Legal Guardian

Parent 1 Name _____

Address _____

Home Phone No. _____ Cell Phone/Beeper _____

Parent Email Address _____

Place of Employment _____ Phone No. _____

Parent 2 Name _____

Address (if different from above) _____

Home Phone No. _____ Cell Phone/Beeper _____

Parent Email Address _____

Place of Employment _____ Phone No. _____

Physician _____ Phone No. _____

Hospital _____ City _____

Name of relative or friend to contact who will care for your child if ill:

Name Phone

Name Phone

_____ Check here to indicate you have granted permission for local field trips (within 15 miles of Hutchinson). You will be informed in advance of each trip that is planned.

_____ Check here to indicate your permission for school personnel to administer Acetaminophen (generic Tylenol) to the child named above.

Parent _____ Date _____

Mission: "Education for Life" To provide children with a quality education that prepares them intellectually, physically, socially, creatively, and emotionally for our changing world and its joys and challenges. An education for life.

New Discoveries Montessori Academy
Student Release Form 2013-2014 School Year

Student's Name _____ Grade _____

NDMA needs current information each year. Please read and fill out carefully.
Also keep in mind to call the office with any changes so we can remain current.

Please help us with the following information:

- 1) Please list those whom we are authorized to release your child to. Please include person's name, relationship to your child, and contact information.

Person's name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 2) If there is anyone in particular who is NOT allowed to sign out your child (e.g. by court order, etc.), please indicate below. Please provide legal papers.

Please **circle** your child's ethnicity (This is required for state reporting):

White, not of Hispanic origin
Hispanic
American Indian
Asian or Pacific Islander
Black, not of Hispanic origin

- 3) If/when you need to take your child from school before the end of the school day, please take the time to stop at the office to sign him/her out and get a student pass. Your help in this is greatly appreciated.

Parent Signature _____

Parent Cell Phone # _____

Parent Work # _____

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New Discoveries Montessori Academy
GENERAL PERMISSION FORM 2013 – 2014 School Year

In order to streamline the school's paperwork, New Discoveries Montessori Academy is requesting signed releases as part of the registration process.

By my signature(s) below, I hereby certify that I am the legal parent/guardian of the child listed below and that I have legal authority to give permission for the activities described below. **All waivers/consents signed below shall be valid from the date of signing until I either withdraw my permission in writing or my child is no longer enrolled at NDMA.**

Student Name (Last/First) _____ **Grade** _____

Name of Parent/Guardian completing this form (Print Name): _____

Media Release

I hereby grant permission for my child named above to be photographed, filmed, and/or interviewed for press releases or brochures about the school. I further give permission for my child to be included in other school related publications, including the school's website, for the purpose of publicizing and promoting the program.

Signature of Parent/Guardian

Date

Field Trip Release

I hereby grant permission for my child named above to participate in local field trips (may involve walking or riding a bus). I understand that I will be informed in advance about each planned trip.

Signature of Parent/Guardian

Date

Medical Emergency

In the event of an accident or sudden onset of illness, the school will not hesitate to seek proper care for any child. I understand that the school will attempt to contact me as soon as possible and that the school may transport my child to the nearest hospital or call an ambulance. I give the school my permission to provide and authorize emergency medical care if necessary.

Signature of Parent/Guardian

Date

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Hutchinson Public Schools

Transportation Registration Form

Hutchinson Public Schools contracts for bus service to transport eligible students that request bus transportation to and from school. Obtaining accurate counts of who will actually ride the school busses is very important to the design of efficient and safe routes.

Only one pickup and one drop-off address will be allowed (these may be different). Bus passes for a temporary change of bus or location can be obtained from the student's school.

If you initially decline bus transportation, you may register your student if your situation changes. Changes to routes or bus stops will not be accepted between August 1st and September 15th so that routes can be finalized. If your registration is received after August 1st the student will not be eligible to ride until the third week of school.

Complete this form and return it to your student's school by June 1.

Student's Last Name: _____ Student's First Name: _____

Student's School: _____ Grade: _____

Parent/Guardian #1: _____ Phone: _____

Address: _____

Parent/Guardian #2: _____ Phone: _____

Address: _____

Parent/Guardian Signature: _____

Date: _____

☐

Check this box if this student will not need daily bus transportation.

If you are declining transportation do not fill out the pickup or drop-off address.

Pickup Address: _____

Phone: _____

Drop-off Address: _____


Phone: _____

Home Language Questionnaire

ED-01336-08E

The following is to be completed by School District Personnel:

STUDENT IDENTIFICATION INFORMATION		
Student's Full Name		
Date Of Birth	Age	Grade Level

DISTRICT INFORMATION/VERIFICATION INFORMATION	
School name <u>New Discoveries Montessori Academy</u>	District number <u>4161-07</u>
<p>I hereby verify that the above information is true and accurate to the best of my knowledge and belief.</p> <p style="text-align: center; font-size: 1.2em;"><u>David L. Conrad</u></p> <p style="text-align: center;">Name (Printed)</p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;">  Signature – Responsible Authority </div> <div style="text-align: center;"> <u>Superintendent</u> Title </div> <div style="text-align: center;"> _____ Date </div> </div>	

The following is to be completed by Parent/Guardian:

STUDENT LANGUAGE INFORMATION	
<p><i>Dear Parents and Guardians:</i></p> <p><i>In order to help your child learn, your child's teachers need to determine which language your child uses most. Please respond to the questions below by checking the appropriate box.</i></p>	
1. Which language did your child learn first? 2. Which language is most often spoken in your home? 3. Which language does your child usually speak?	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> English <input type="checkbox"/> Other (specify): _____ </div> <div> _____ _____ _____ </div> </div>

PARENT/GUARDIAN INFORMATION	
<p>I hereby verify that the above information is true and correct to the best of my knowledge and belief.</p> <p style="text-align: center; margin-top: 20px;"> _____ Name (Printed) </p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;"> _____ Signature – Parent/Guardian </div> <div style="text-align: center;"> _____ Date </div> </div>	

New Discoveries Montessori Academy
Medical Information Form 2013 - 2014

Student's Name	Birthdate	Grade
Parent's Name:		
E-mail:	Telephone #1: #2:	
Family Doctor:	Date of Last Physical	
	Yes	No
Do you have health insurance? Provider/Company: _____	<input type="checkbox"/>	<input type="checkbox"/>
Has your child been seriously ill or hospitalized during the year?	<input type="checkbox"/>	<input type="checkbox"/>
For what reason _____ If yes, is he/she still under care of physician?	<input type="checkbox"/>	<input type="checkbox"/>
Are there health services needed in school? If yes, services needed: _____	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have allergies? If yes, what? _____	<input type="checkbox"/>	<input type="checkbox"/>
*If your child needs medication at school for allergies, your doctor must sign a permission form.		
Does your child have asthma? What medications are used? _____	<input type="checkbox"/>	<input type="checkbox"/>
*If your child needs to carry an inhaler to school, your doctor must sign a permission form.		
Does your child have a seizure disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Does your child have any heart disease?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had a history of depression?	<input type="checkbox"/>	<input type="checkbox"/>
Has your child had a history of anxiety?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child taking any medication on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please name medication and reason: _____		
Does this medication need to be administered at school?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please complete a "Permission to Dispense Medication" form and have it signed by parent and doctor.		
Has your child had any vision problems?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain _____ Eye Doctor _____ Date of last exam: _____		
Has your child had any hearing problems?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain _____ Audiologist _____ Date of last exam: _____		
Does your child have dental problems?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain _____ Dentist _____ Date of last exam: _____		
Does your child have any dietary restrictions?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please explain: _____		
Restrictions in diet must be ordered by your family physician.		
Are there any health/medical records we should request?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what and from where? _____		
Would you like an individual meeting with the school nurse?	<input type="checkbox"/>	<input type="checkbox"/>
When would you like to have this meeting? _____		
(If unable to reach parents) EMERGENCY NAME		
Name _____ Relationship _____ Address _____ Phone _____		
Name _____ Relationship _____ Address _____ Phone _____		
PLEASE REMEMBER TO KEEP ALL CONTACT INFORMATION UP TO DATE.		

Continued on other side

New Century Academy & New Discoveries Montessori Academy
Medical Information Form

Care Plan Reminders/ Individual Health Plan (IHP'S)

- Students with asthma, allergies, diabetes, seizures or any other long term medical condition are asked to complete a care plan with medical information to be shared with staff.
- Please let the nurse in your school know if there are any changes in your child's health.

I request that pertinent health information regarding the above student be given to the appropriate school staff at the discretion of the school nurse.

Parent Signature

****Note to families – Please keep emergency contact information up to date by letting the front office know of any changes with phone numbers, email addresses, mailing addresses, etc.**

.....
Release of Information

I _____ (Parent's Name) request that my child's most current **Health Physical** be released to the Nurse at New Discoveries Montessori Academy.

_____ (Child's Name) _____ (Date of Birth) _____ (Clinic)

Parent's Signature

Date:

.....
Immunizations

Type of Vaccine	DO NOT USE (✓) or (x)	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr
Required (The shaded boxes indicate doses that are not routinely given; however, if your child has received them, please write the date in the shaded box.)						
Diphtheria, Tetanus, and Pertussis (DTap, DTP)						
Diphtheria and Tetanus (DT) • for 6-year-olds and younger						
Tetanus and Diphtheria (Tdap, Td) • for 7-year-olds and older						
Polio (IPV, OPV)						
Measles, Mumps, and Rubella (MMR) • minimum age: on or after 1st birthday • required for kindergarten and 7th grade						
Hepatitis B (hep B) • required for kindergarten and 7th grade						
Varicella (chickenpox) • minimum age: on or after 1st birthday • vaccine or disease history required for kindergarten and 7th grade						

NDMA Volunteer Form 2013-2014

Family and community involvement is very important at New Discoveries Montessori Academy! Please complete this form indicating any areas where you are willing to help. Thank you for your willingness to be involved!

Parent Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Best time to be reached: _____

Child: _____ Grade: _____ Teacher/Rm: _____

☐ Willing to be Classroom Coordinator

Special Talent or Area of Interest _____

School Volunteer Opportunities and PTO Committee

General:

- ☐ Make copies or file (1 hour)
- ☐ Classroom helper (1 hour)
- ☐ Work office reception desk (1 hour)
- ☐ Library volunteer (1 hour)
- ☐ Lunch/recess duty help (1 hour)
- ☐ Serve on school council/advisory board (1 hour)
- ☐ Other _____

Fundraising:

- ☐ Plan or assist with annual fundraising activities (1 hour)
- ☐ Help with ongoing clip fundraising (Box tops, etc.) (1 hour)
- ☐ Help with flyers, packets, materials, or delivery (1 hour)
- ☐ Solicit donations for auction or raffles (1 hour)
- ☐ Restaurant fundraiser nights (1 hour)
- ☐ Other _____

Hospitality:

- ☐ Baking, provide luncheon item (1 hour)
- ☐ Drop off food to meetings (1 hour)
- ☐ Welcome new parents event (1 hour)
- ☐ Other _____

Special Events at School:

- ☐ Back-to-school celebration (1 hour)
- ☐ Fall or spring fair (1 hour)
- ☐ Book fair (1 hour)
- ☐ Family fun nights (1 hour)
- ☐ Other _____

Curriculum/Enrichment:

- ☐ Healthy Discoveries Helper (1 hour)
- ☐ Montessori Week Helper (1 hour)
- ☐ Read to class – literacy events (1 hour)
- ☐ Other _____

Our family would love to share its talents! Please call us for the following:

Carpentry Needs:

- ☐ Carnival setup (1 hour)
- ☐ Playground maintenance (1 hour)
- ☐ Stage Design (1 hour)
- ☐ Other _____

Equipment We Can Loan to the School

- ☐ Truck/trailer
- ☐ Tent/canopy
- ☐ Power tools
- ☐ Landscaping machinery/equipment
- ☐ Gardening
- ☐ Painting
- ☐ Ladders/scaffolding
- ☐ Other _____

Musical Theatrical Talent Needs:

- ☐ Perform at school assembly/open house
- ☐ Participate in/coordinate talent show (1 hour)
- ☐ School play (1 hour)
- ☐ Arts Week productions (1 hour)
- ☐ Montessori Education Walk
- ☐ Other _____

Professional Event Speakers/Presentations:

- ☐ Sports (1 hour)
- ☐ Health/Fitness (1 hour)
- ☐ Education (1 hour)
- ☐ Legal/Accounting (1 hour)
- ☐ Science, engineering, technology (1 hour)
- ☐ Other _____

NEW DISCOVERIES MONTESSORI ACADEMY
Shared Supplies 2013-2014 School Year

In order to maintain alignment with the Montessori philosophy, New Discoveries will have classroom "shared supplies". This means that you do not have to purchase a list of school supply items for your child. We will take care of that. Instead, we are asking for a \$30.00 per student fee to cover costs. Your child will need a take-home folder and a backpack.

_____ Student's First/Last Name	_____ Grade
_____ Student's First/Last Name	_____ Grade
_____ Student's First/Last Name	_____ Grade

_____ I have attached the \$30.00 fee (NON-REFUNDABLE).

_____ I would like to make installments. 1st installment due now: \$15.00.

2nd installment due Dec. 1: \$15.00.

_____ I would like to contribute to the scholarship fund. Amount enclosed _____.

Thank you!

One last note: If you're feeling blue because you won't be able to go school supply shopping, we do have a list of other kinds of items that we use throughout the year such as

Paper towels
Kleenex
Baggies (all sizes)
Clorox Wipes
Hand Sanitizer
Magic Eraser cleaning sponges
Febreeze
Bandages
Ream of copy paper

If you can assist with donating any of these items, we would appreciate it!

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