



THE MATTISYN SCHOOL

Desired Date of Enrollment _____

Child's Name _____ Date of Birth _____

Address _____ Home Phone _____

_____ Email _____

Parent/Guardian Information

Mother's Name _____ Father's Name _____

Employer _____ Employer _____

Emp. Address _____ Emp. Address _____

Hours of Employment _____ Hours of Employment _____

Business Phone _____ Business Phone _____

Cell Phone _____ Cell Phone _____

Driver's License # _____ Driver's License # _____

Social Security # _____ Social Security # _____

Marital Status _____ Single _____ Married _____ Divorced _____ Separated _____ Widowed

LEGAL CUSTODY: _____ Both Parents _____ Mother* _____ Father*

***Copy of custody papers must be on file at TMS**

Pick-Up Authorization

Permitted to remove the child from care: _____ Mother _____ Father

Please list the names and phone numbers of those, besides the parent/guardian, whom are authorized to pick-up your child(ren) from The Mattisyn School.

LIST IN ORDER TO BE CALLED IN CASE OF EMERGENCY

Name	Phone #	Name	Phone #

Medical Conditions/Treatments _____

Allergies/Special Needs _____

*****WE ARE A PEANUT FREE FACILITY!**

EMERGENCY MEDICAL RELEASE

This is to certify that I voluntarily furnished medical and insurance information on the above designated child to The Mattisyn School. I hereby request that in the event that I, or the people I designate for an emergency, cannot be reached in a timely manner, that an official representative of The Mattisyn School will seek first aid or emergency medical care for my son/daughter including transporting them to the nearest emergency facility available.

I further give my consent to any emergency facility and physician to administer necessary medical treatment to my child if I am unable to be reached or the situation necessitates immediate treatment.

Physician _____ Insurance Company _____
Physician's Phone _____ Group/Policy No _____
Date of last Tetanus _____ Allergies _____

DISCIPLINE POLICY: Conscious Discipline: At TMS it is our belief that the goal of discipline is to help the young child identify their feelings and gain inner self-control so they become aware of what is acceptable behavior. Developmentally appropriate guidance and classroom management promotes positive social skills, fosters mutual respect, strengthens self-esteem and supports a safe environment. Corporal punishment is NEVER permitted at TMS. If a child displays an unprovoked act of aggression, kicking, punching, hitting, etc. toward another child or staff member we will immediately contact a parent and you may be asked to remove your child from the premises, and/or disenrollment may be necessary.

PHOTO RELEASE: I ___do/___do not give permission for my child to be photographed at The Mattisyn School. I understand these pictures will be displayed at certain school wide events and **shall not** be used for any other promotional reason without my written permission.

WEB CAMERAS: I understand there are web based cameras for parent viewing. Video recording strictly prohibited.

ALTERNATE NUTRITION PLAN: I agree to provide lunch that meets my child's nutritional needs.

DCF 175-24, "KNOW YOUR CHILD CARE FACILITY": I acknowledge receipt of the DCF brochure.

DCF 175-70, "THE FLU" A Parent's Guide: I acknowledge receipt of the DCF Influenza brochure.

PARENT HANDBOOK: I agree to all of the above mentioned policies as well as those set forth in The Mattisyn School Parent Handbook of which I have received a copy.

Parent Signature Date Director/Owner Signature Date

Please indicate program you prefer:

- _____ Infants (6wks-18 months)
- _____ Walkers (18-24 months)
- _____ Toddlers (24-36 months)
- _____ Preschool (3-4 years old)
- _____ VPK (4-5 years old)
- _____ Part-Time with Certificate
- _____ Full- Time "Wrap Around" with Certificate
- _____ AfterCare (Kindergarten-Grade 5) _____ Grade _____ Elementary School

Schedule Desired:

- _____ Monday-Friday Full Time
- _____ 3 Days (Mon, Wed, Fri)

How Did you Hear About Us: _____