



# 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:** \_\_\_\_\_