WELCOME TO MIDLAND PUBLIC SCHOOLS ELEMENTARY PRESCHOOL!

Below is a checklist of materials needed to register your child for Midland Public Schools Elementary Preschool:

NOTE: Completion of the materials below does not guarantee admission. After the enrollment window closes, parents will be notified if their child has secured a slot. Registration fees are only assessed once admission is granted. All other fees collected will be returned.

☐ MPS School Entrance form (front and back, with signature)

☐ MPS Computer Use Guidelines Form

☐ Child Information Record (BCAL-3731)

☐ Health Appraisal Form (BCAL-3305)

Note: Physical examination portion may be bypassed if documentation of a physical (not more than 12 months old) from a certified physician can be provided. R400.8143 (5-C)

☐ Copy of Immunization Record (up-to-date)

☐ Original Birth Certificate (we will make a copy)

☐ Custody paperwork from courts (if applicable)

☐ $25.00 registration fee (check only) payable to Midland Public Schools

Note: The registration fee will be held until an enrollment slot is secured.

OFFICE USE ONLY:

Date Received: _____

Check #: _____

Admission Granted: Yes No

Employees Initials: _____

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School Entrance Form

Midland Public Schools
Midland, MI
PLEASE PRINT ALL INFORMATION ON BOTH SIDES OF THIS FORM

For School Use Only

Teacher Number	Room No.	Residency verified by	Resident Dist.	Student Number
Entrance Date	Grade	Date	Census Area	DOB Verified by

Student Information

First Name	Middle Name	Last Name
To be called (nickname)	Gender ☐ Male ☐ Female	Date of Birth / Multiple Birth (Twin, Triplet, etc)

Ethnicity

Hispanic or Latino ☐ Yes ☐ No ☐ Native Hawaiian or Pacific Islander
☐ American Indian or Alaska Native ☐ Black or African American
☐ White/Non Hispanic ☐ Asian American

Place of Birth
Country of Citizenship
Alien Registration Number / Entry date into U.S. (if within 12 months)

Home Language Information

1. Is your student's primary language a language other than English? ☐ No ☐ Yes, Please Specify _____
2. Is there a language other than English spoken regularly in the home? ☐ No ☐ Yes, Please Specify _____

Do you wish to have your student tested for potential tutoring in English as a second language? ☐ Yes ☐ No, we refuse ESL Services

Physical Address

Apt Number	Street	
City		Zip

Transportation ☐ To school ☐ From school ☐ Special needs

Housing Arrangement ☐ Permanent/Regular Housing ☐ Living with Friend or Relative ☐ Shelter ☐ In Transition

Mailing Address (if different than physical address)

Apt Number	Street	P.O. Box
City		
State		Zip

Home Phone

Last School Attended

School Name	Street Address	City

State / Zip / Withdraw Date / Type of School ☐ Public ☐ Private / Enrolled in ☐ Regular Education ☐ Special Education

Custodial Guardian

First Name	Middle Name	Last Name
Relationship to student (father, mother, etc)	Employer	Email Address
Education Level Completed	Apt Number / Street	
P.O. Box	City / State / Zip	Currently serving in the Military? ☐ Yes
Home Phone	Work Phone / Extension	Cell Phone / Pager

Custodial Guardian

First Name	Middle Name	Last Name
Relationship to student (father, mother, etc)	Employer	Email Address
Education Level Completed	Apt Number / Street	
P.O. Box	City / State / Zip	Currently serving in the Military? ☐ Yes
Home Phone	Work Phone / Extension	Cell Phone / Pager

Non-Custodial Guardian

First Name	Middle Name	Last Name
Relationship to student (father, mother, etc)	Employer	Email Address
Education Level Completed	Apt Number / Street	
P.O. Box	City / State / Zip	Currently serving in the Military? ☐ Yes
Home Phone	Work Phone / Extension	Cell Phone / Pager

Notes

Other children in household (please begin with oldest child)

Full Name (Last, First, Middle)	Gender	Date of Birth	Age	Grade

Emergency Contact

First Name	Middle Name	Last Name

Relationship to student (uncle, aunt, family friend, etc)	Apt Number	Street

P.O. Box	City	State	Zip

Home Phone	Work Phone	Extension	Cell Phone	Pager

Emergency Contact

First Name	Middle Name	Last Name

Relationship to student (uncle, aunt, family friend, etc)	Apt Number	Street

P.O. Box	City	State	Zip

Home Phone	Work Phone	Extension	Cell Phone	Pager

Emergency Contact

First Name	Middle Name	Last Name

Relationship to student (uncle, aunt, family friend, etc)	Apt Number	Street

P.O. Box	City	State	Zip

Home Phone	Work Phone	Extension	Cell Phone	Pager

3 year old preschool setting

Name of preschool/Daycare	How many days a week	Name of preschool/Daycare	How many days a week

4 year old preschool setting

Name of preschool/Daycare	How many days a week	Name of preschool/Daycare	How many days a week

Young 5 setting

Name of preschool/Daycare	How many days a week	Name of preschool/Daycare	How many days a week

Health/Medical Information

Family Doctor	Phone

Immunizations:
Please attach current immunization records. We must have current immunization information or a waiver to complete your students registration.

Allergies or reactions to:
- ☐ Medication ______
- ☐ Insect Stings ______
- ☐ Foods ______
- ☐ Seafood
- ☐ Other ______

Medical devices:
- ☐ Brace
- ☐ Contact Lenses
- ☐ Glasses
- ☐ Hearing Aide
- ☐ Other ______

Health alerts, Please explain:

☐ Vision	☐ Cardiac	______
☐ Hearing	☐ Cystic Fibrosis	______
☐ Speech	☐ Immuno-Deficiency	______
☐ Asthma	☐ Neurological	______
☐ Diabetes	☐ Orthopedic	______
☐ Blood	☐ Psychological	______
☐ Cancer	☐ Sickel Cell Anemia	______
☐ Convulsions/Seizures	☐ Other	______

Parent/Guardian Signature	Date

Year of Grad | Last Name | First Name | M.I.

MIDLAND PUBLIC SCHOOLS COMPUTER USE GUIDELINES

Use of the computers and the Internet provide great educational benefits to students. Unfortunately, some material accessible via the Internet may contain items that are illegal, defamatory, or offensive to some people. Access to the Internet and the use of the computer network is given as a privilege to students who agree to act in a considerate and responsible manner. We require that students and parents or guardians read, accept, and sign the following rules for acceptable online behavior at the time of registration.

1. Students are responsible for good behavior on the computer systems just as they are in a school building. General school rules for behavior and communications apply. This includes the Internet.
2. Network storage areas and district issued devices may be treated like school lockers or desks. Administrators may review e-mail, files, device content, and communications to maintain system integrity and ensure that users are using the system responsibly. They may also request access to these types of documents maintained on third-party servers being used for educational purposes. Users should not expect that files will always be private.
3. The following are not permitted:
    a. Sending or displaying offensive messages or pictures
    b. Using obscene language
    c. Harassing, insulting or attacking others
    d. Damaging computers, computer systems, or computer networks
    e. Violating copyright laws
    f. Using another's password
    g. Trespassing in another's folders, work or files
    h. Wasting limited resources, including the use of "chain letters" and messages broadcast to mailing lists or individuals (Spam)
    i. Employing the network for commercial purposes
    j. Revealing the personal address or phone number of yourself or any other person without the appropriate prior approval
4. Violations may result in a loss of access to technology, loss of credit for the class, suspension from school, and other disciplinary or legal action.

I have read the rules for acceptable online behavior, understand the rules, and agree to comply with the above stated rules. Should I violate the rules, I understand that I may lose privileges at my school.

Student Signature **(Middle & High School Only)** Date **(MM/DD/CCYY)**

As the parent or legal guardian of the above named student, I grant permission for her/him to use the school district technology and to access Midland Public Schools networked or affiliated computer services such as e-mail, files, cloud storage, websites, and other Internet resources used for educational purposes. I understand that all students use a filtered connection to the Internet that is designed to protect them from inappropriate materials. I understand that no filter can catch 100% of these sites, but the district makes a good faith attempt in this area. I understand there could be disciplinary consequences if the above named student does not follow the guidelines set for acceptable use of the school district technology.

Parent/Guardian Signature Date **(MM/DD/CCYY)**

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CHILD INFORMATION RECORD

State of Michigan Department of Human Services - Bureau of Children and Adult Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only: Date of Admission	Date of Discharge

Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)		City	State	Zip Code
Father/Legal Guardian's Name	Home Phone ( )	Mother/Legal Guardian's Name		Home Phone ( )
Home Address (if not child's address)	Cell Phone ( )	Home Address (if not child's address)		Cell Phone ( )
City / State	Zip Code	City	State	Zip Code
Email Address (optional)		Email Address (optional)		
Employer Name	Work Phone ( )	Employer Name		Work Phone ( )
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ( )		
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)				

BCAL-3731 (Rev. 7-12) Previous editions 9-09, 3-08, 10-07, & 1-06 may be used until 12/31/13.

See Reverse Side

Emergency Contact & Release of Child: List all individuals,including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	( )	( )
2.	( )	( )
3.	( )	( )

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	( )	2.	( )
3.	( )	4.	( )

I give permission to _____ , licensed by the Department of Human Services
(Provider's Name)

to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

Signature of Parent or Guardian	Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.

BCAL-3731 (Rev. 7-12) Previous editions 9-09,3-08, 10-07, & 1-06 may be used until 12/31/13.

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HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)			DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	TODAY'S DATE (mm/dd/yy) / /
PARENT/GUARDIAN (Last, First, Middle)			HOME TELEPHONE NUMBER ( )
ADDRESS (Number & Street)	(City)	(ZIP Code) MI	WORK TELEPHONE NUMBER ( )

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?
☐	☐	☐	1 Allergies or Reactions (for example, food, medication or other)
☐	☐	☐	2 Hay Fever, Asthma, or Wheezing
☐	☐	☐	3 Eczema or Frequent Skin Rashes
☐	☐	☐	4 Convulsions/Seizures
☐	☐	☐	5 Heart Trouble
☐	☐	☐	6 Diabetes
☐	☐	☐	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)
☐	☐	☐	8 Trouble with Passing Urine or Bowel Movements
☐	☐	☐	9 Shortness of Breath
☐	☐	☐	10 Speech Problems
☐	☐	☐	11 Menstrual Problems
☐	☐	☐	12 Dental Problems: Date of Last Exam / /
☐	☐	☐	Other (please describe): _____
☐	☐		Does your child take any medication(s) regularly?
Reason for Medication			

_____ / /
Parent/Guardian Signature Date

Birth History:

Are there any current or past diagnosis(es) ☐ Yes ☐ No

If yes, please describe:

If yes, list medications:

Was the health history reviewed by a health professional?
☐ Yes ☐ No ***Examiner's Initials:*** _____

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	VISION Date: / /	Visual Acuity			
			Muscle Imbalance			
			Other:			
☐	☐	HEARING Date: / /	Audiometer			
			Other:			
☐	☐	URINALYSIS Date: / /	Sugar			
			Albumin			
			Microscopic			
☐	☐	BLOOD LEAD LEVEL Date: / /	Level _____ ug/dl ⇨			

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
☐	☐	HEIGHT & WEIGHT	Height			
			Weight			
☐	☐	Other: _____	Other			
☐	☐	HEMOGLOBIN / HEMATOCRIT	⇨			
☐	☐	BLOOD PRESSURE	Reading: _____			
☐	☐	TUBERCULIN Date: / /	Type: _____ Neg.: ☐ Pos.: ☐ _____ mm			

NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.

Examinations and/or Inspections

Essential Findings Deviating from Normal:

Exam Date: / /

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3
	2	
DTaP/DTP/DT/Td	1	4
	2	5
	3	6
Tdap	1	
Haemophilus Influenzae type b (HIB)	1	3
	2	4
Polio (IPV/OPV)	1	3
	2	4
Pneumococcal Conjugate (PCV7/PCV13)	1	3
	2	4
Rotavirus (RV1/RV5)	1	3
	2	
Measles,Mumps, Rubella (MMR)	1	2
Varicella (Chickenpox)	1	2

History of Chickenpox Disease? ☐ Yes ☐ No If yes, date:

VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis A (HepA)	1	2
Influenza (IIV/LAIV)	1	3
	2	4
Meningococcal (MCV4 / MPSV4)	1	2
Human Papillomavirus (HPV4/HPV2)	1	3
	2	
OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	1	
	2	
	3	

Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable

*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your child's school or local health department.

Parent/Guardian refused immunizations: ☐

I certify that the immunization dates are true to the best of my knowledge

Health Professional's Signature | Title | Date

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

No	Yes	
☐	☐	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:
☐	☐	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): ☐ Classroom ☐ Playground ☐ Gymnasium ☐ Swimming Pool ☐ Competitive Sports ☐ Other

Other Recommendations

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____ (child's name)'s teeth. As a result of this examination, my recommendation for treatment is: _____

Dentist's Signature | Date

PHYSICIAN'S SIGNATURE

Examiner's Signature | Date | *Examiner's Name (Print or Type)* | Degree or License

Number & Street | City | MI | ZIP Code | ( ) Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Departments of Human Services, Education, Community Health, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

Experience the Excellence
• Midland Public Schools •

600 E. Carpenter St., Midland MI 48640
Phone: (989)923-5001 Fax(989)923-5003

Parent Notification Regarding Child Custody

As per State and Federal law (MCL 722.30 & FERPA), please be advised, Midland Public Schools recognizes the legal rights of parents and guardians as indicated on a certified birth certificate or legal court order.

In cases where parents/guardians are legally separated, divorced and/or those parents who simply have ongoing custody issues between them, the parental rights of both parties will be equally recognized by your child's school, unless and until a parent/guardian has a legal court order that specifically restricts or denies the non-custodial parent's access to the child at school, the child's school records, or other protective order.

To accommodate a custodial parent's request to deny non-custodial parent's rights to access or information on a child, the school must have a copy of the most recent court order on file that indicates one parent's access and information rights are inhibited. Otherwise, either parent, with proper identification, may have access to the child at school, request and receive information and be included in the child's educational process.

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