

SCHOOL YEAR 14-15

TO: EXTENDED DAY PARENTS
FROM: MELODIE MAY, DIRECTOR EXTENDED DAY
DATE: April 7, 2014
RE: REGISTRATION FORMS

Registration for School Year 14-15 will start Monday, April 7, 2014 through Friday, May 2, 2014.
Be sure to get your forms and Registration Fee turned in as soon as possible.

PLEASE COMPLETE & RETURN THE FOLLOWING FORMS WHEN YOU REGISTER FOR SCHOOL YEAR 14-15.

- * REGISTRATION FORM – 2 SIDED
 1. **AUTHORIZED PICK UP LIST (OTHER THAN PARENTS)**
- * AGREEMENT
 1. **SIGN AGREEMENT**
 2. **MAKE SURE TO LIST DAYS ATTENDING AND CORRECT TIME OF DROP OFF AND PICK UP. WE BASE OUR STAFFING ON THIS INFORMATION.**
- * EMERGENCY MEDICAL – 2 SIDED
**SIGN MIDDLE OF 1ST PAGE & BACK OF 2ND PAGE.
PLEASE LIST ANY ALLERGIES OR MEDICAL PROBLEMS.**
- * ALTERNATE TRANSPORTATION FORM
**COMPLETE THE TOP PORTION OF FORM AND SIGN.
(Extended Day office will complete the bottom portion)**
- * **TURN IN COMPLETED FORMS WITH REGISTRATION FEE. Registration Fee \$65 per child.**

REGISTRATION FEE MUST BE PAID WHEN TURNING IN THE REGISTRATION FORMS. PAYMENT CAN BE MADE WITH A VISA, MASTERCARD OR DISCOVER AT THE MILFORD EXTENDED DAY OFFICE. MAKE CHECK OR MONEY ORDER PAYABLE TO THE MILFORD BOARD OF EDUCATION. (No Cash) PLEASE LIST YOUR STUDENT'S NAME ON YOUR PAYMENT.

- **All accounts must be paid in full before you can register or start School Year 14-15.**
- **Child Care fees are due weekly by Wednesday, prior to the week of service.**

School Year 14-15 – First day of school, Tuesday, August 19, 2014

Child Care payments are due week prior to service.

First week of school, Child Care payment is due by Wednesday, August 13, 2014.

All Day Care – All parents are required to sign up for All Day Care days
(Days when school is closed and Extended Day is open). You will be charged for the days you sign up your child up to attend. (Must sign up in advance.)
Dates listed in Parent Handbook pg5. Rates listed in Parent Handbook pg.11



Milford Extended Day STUDENT REGISTRATION FORM School Year 2014-2015

Office Use Only	
Date Received _____	
Teacher _____	
County Child Care <input type="checkbox"/>	

Student ID # _____ School: _____ Grade School Year 14-15 _____

_____ Male Female
Student's Legal Last Name Legal First Name Legal Middle Name Preferred Name

_____ Male Female
Date of Birth (mm/dd/yyyy) Home Phone Native Language

Home Address: _____
Street-Apt# City State Zip Code

Legal Guardianship

Are you the biological/adoptive parent(s) of the child? Yes No
If no, what is your relationship to the child? _____

Status of BIOLOGICAL/ADOPTIVE Parents: Married Divorced Widowed Separated Single/Never married

If divorced, who has legal custody? Mother Father Shared Parenting

If foster/guardian, please list Case Manager/Court Liaison: _____

LEGAL PAPERS UNAUTHORIZED PICK UP _____

Please complete information on father and mother, including contact numbers, regardless of marital status.

Circle: Father/Guardian/Foster Parent **Circle: Mother/Guardian/Foster Parent**

RESIDES here CONTACT ABOUT PAYMENT

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell/Pager: _____

Name of Employer: _____

Business Phone: _____

Preferred Email address _____

Step-Mother (if applicable): _____

Work Phone: _____

Cell/Pager: _____

RESIDES here CONTACT ABOUT PAYMENT

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell/Pager: _____

Name of Employer: _____

Business Phone: _____

2nd Email address _____

Step-Father (if applicable): _____

Work Phone: _____

Cell/Pager: _____

Monthly statements will be emailed. Please provide email address above.

Child's Photo may be taken and displayed. Yes No

Child Roster Yes No

Parent Handbook Received Yes No Will Use Internet

Special Services

Is your child on an IEP? (Individual Education Plan)

Yes No

Does your child have a 1:1 aide?

Yes No

Siblings

Name	Age	Grade	Lives with...
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Authorized Pick Up List (other than parents)

Name

Relationship

Home#

Cell#

Work#

Name

Relationship

Home#

Cell#

Work#

Name

Relationship

Home#

Cell#

Work#

Name

Relationship

Home#

Cell#

Work#

EXTENDED DAY PROGRAM AGREEMENT (Grades KDG-6)

The Parent/Guardian of (student name) _____ and the Milford Exempted Village School hereby agrees to the following participation provisions of the Milford Extended Day Program:

Parent/guardian will pay weekly Child Care fee of \$_____ for their child to attend the indicated days per week. Make payments by Visa, MasterCard, Discover, check, or money order payable to MILFORD BOARD OF EDUCATION. (No Cash)

Child Care payments are **due prior to the week of service** by Wednesday. Payments are accepted at all sites, Milford Extended Day Office, or through the mail. Failure to stay current on your account will result in dismissal from the program.

At the time of registration a nonrefundable sixty-five dollars (\$65) registration fee must be paid for Grades KD-6.

Late Pick Up Fee: The program closes at 6:30 p.m. After 6:30, you will be charged \$20. After 6:45, you will be charged another \$20. Thereafter, you will be charged \$20 for every 15 minutes. Too many late occurrences could jeopardize your position in the program.

All medical conditions or special concerns that may affect the child's welfare while participating in the Milford Extended Day Program should be disclosed by parents at the time of registration.

I understand and agree with the provisions of this agreement. I will abide by these and other regulations of the Milford Extended Day programs as presented in the Parent Handbook while my child is a participant in the program. The Parent Handbook can be found online at www.milfordschools.org.

*****Monthly statements emailed. Please email my statement to: _____****

Check Box if Parent/Guardian is a Milford Employee _____

Parties responsible for payment must sign.

First Parent Signature _____ Date _____

Second Parent Signature _____ Date _____

A.M. Session
Sign in time _____

P.M. Session
Sign out time _____

____ 3 days per week (circle) M T W TH F

____ 3 days per week (circle) M T W TH F

____ 4 days per week (circle) M T W TH F

____ 4 days per week (circle) M T W TH F

____ 5 days per week (circle) M T W TH F

____ 5 days per week (circle) M T W TH F

FOR OFFICE USE ONLY

Registration Fee: _____ Date _____

Check/Money Order # _____ Visa MasterCard Discover

BES MCM MDV MLB PTS SEI Teacher _____

MILFORD EXEMPTED VILLAGE SCHOOL DISTRICT
EMERGENCY MEDICAL AUTHORIZATION

2014 - 2015

Purpose: To enable parents and guardians to authorize the provisions of emergency treatment or transportation for children who become ill or injured while under school authority, or during an emergency situation, when parents cannot be reached. *Notify the school immediately if any information changes.* (Please print).

Student's Name _____ Teacher/Homeroom/Grade _____

Student's Address _____ Phone No. _____
(Street Address) (Zip Code)

Male _____ Female _____ Date of Birth _____

Who is/are the legal guardian(s) of this child? _____

List the names, relationships to the student, and phone numbers of those people the school should call in the event of accident, illness, or school emergency. *This list should include the parent(s)/legal guardian(s) and should be in the order of calling preference, after attempts to call the parent(s)/guardian(s) are made.*

NAME	RELATIONSHIP (Parent, Relative, Etc.)	PHONE NUMBERS			CELL/PAGER	E-MAIL
		HOME	WORK			
_____ (Parent/Guardian)	_____	_____	_____	_____	_____	_____
_____ (Parent/Guardian)	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

I understand that my child may be released to anyone on the above list if ill, injured, or if an emergency occurs, and he/she must leave school.

Signature of Parent/Legal Guardian _____ Date _____

Medical Problems/Allergies/Special Needs:

Diabetes
 Asthma
 Seizures
 Bee or Insect Sting
 Other
 Orthopedic
 Visually or Hearing Impaired
 Medication or Food Allergy
 Emotional Problem
 Learning Disability

History of Concussion(s) _____

Please provide detailed information regarding any above marked areas: _____

For educational purposes, special medical problems, physical impairments or other facts concerning your child's medical history may be shared with teachers or other support staff involved in the academic setting. If you do not consent for the sharing of this information, you are required to state this in writing and submit your statement with this form to your school administrator.

NEXT PAGE

Please Complete:

Student's Name _____ Teacher/Homeroom/Grade _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Specialist: _____ Phone: _____

Hospital (1st choice) _____ (2nd choice) _____

Please complete EITHER Part I or Part II below:

Part I: Granting Consent

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the previously-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and, (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Date

Signature of Parent/Legal Guardian

Part II: Refusal to consent (DO NOT COMPLETE IF YOU COMPLETED PART I).

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: (MUST BE COMPLETED IF REFUSING CONSENT FOR TREATMENT)

Date

Signature of Parent/Legal Guardian

Sec. 3313.71.2. AS USED IN THIS SECTION, "PARENT" MEANS PARENT AS DEFINED IN SECTION 3321.01 OF THE REVISED CODE.

(A) Annually the board of education of each city, exempted village, local, and joint vocational school district shall, before the first day of October, provide to the parent of every pupil enrolled in schools under the board's jurisdiction, an emergency medical authorization form that is an identical copy of the form contained in division (B) of this section. Thereafter, the board shall, within thirty days after the entry of any pupil into a public school in this state for the first time, provide his parent, either as part of any registration form which is in use in the district, or as a separate form, an identical copy of the form contained in division (B) of this section. When the form is returned to the school with Part I or Part II completed, the school shall keep the form on file, and shall send the form to any school of a city, exempted village, local or joint vocational school district which the pupil is transferred. Upon request of his parent, authorities of the school in which the pupil is enrolled may permit the parent to make changes in a previously filed form, or to file a new form.

If a parent does not wish to give such written permission, he shall indicate in the proper place on the form the procedure he wished school authorities to follow in the event of a medical emergency involving his child.

Even if a parent gives written consent for emergency treatment, when a pupil becomes ill or is injured and requires emergency medical treatment while under school authority, or while engaged in extra-curricular activity authorized by the appropriate school authorities, the authorities of his school shall make reasonable attempts to contact the parent before treatment is given. The school shall present the pupil's emergency medical authorization form or copy thereof to the hospital or practitioner rendering treatment.

Nothing in this section shall be construed to impose liability on any school official or school employee, who, in good faith, attempts to comply with this section.

(B) The emergency medical authorization form provided for in division (A) of this section is as follows:
(See reverse side.)

Revised: 6/80

Revised: 7/20/00

Revised: 3/22/02

Revised: 5/15/03

Revised: 5/20/04

Reviewed: 1997

Reviewed: 1999

Revised: 6/90

Reviewed: 1994

Reviewed: 1996

Revised 3/21/96

Reviewed: 1998

Revised: 5/19/2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014

Date School Rec'd _____ Date Trans Rec'd _____ School Year _____

ALTERNATE TRANSPORTATION/SITTER REQUEST FORM

Grades: 1 – 6

**Milford Exempted Village School District
5934 Buckwheat Rd, Milford, Ohio 45150
Telephone (513) 575-1563 Fax (513) 575-1658**

Transportation cannot be provided if your child's sitter lives outside your school attendance area. Please allow **five (5) working days** to process your request. We are unable to honor telephone requests for alternate pick up and drop off locations due to liability. Please notify transportation and school if any information on this form changes. Thank you.

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Student Name _____ School _____ Grade _____

Student Address _____

Parent/Guardian Name _____ Teacher's Name _____

Telephone Number of Parent (Home) _____ Work _____ Cell _____

Name of Day Care/Sitter Milford Extended Day Phone 513-831-9690 Cell _____

Sitter's Address 1039 St. Rt. 28 Milford, OH 45150

Parent/Guardian Signature _____ **Date** _____

Grades 1st through 12th

Date Request Begins _____

Am Pick Up location _____ M T W TH F Bus _____ Time _____

Pm Drop off location _____ M T W TH F Bus _____ Time _____

.....

Home bus AM _____

Home bus PM _____

Copy to driver _____ **Copy to transportation** _____ **Computer Assigned** _____
Date and initial Date and initial Date and initial