

GRAND RAPIDS CHILD DISCOVERY CENTER APPLICATION 2009-2010

Please print clearly and fill in all requested information.

For office use only

Sibling? Yes
 Date/Time received _____
 Accept letter _____
 BC _____ Imm _____
 FRL _____ HD _____
 CA-60 _____ RR _____
 Data entry _____
 Teacher _____

STUDENT'S INFORMATION

Student's last name _____ First name _____ Middle name _____ Phone number _____

Student's birth date: _____ Gender: Male Female Grade entering _____
Month Day Year

Address _____
Number Street name Apt # City State ZIP

STUDENT'S BACKGROUND

Previous school name _____ Previous school address, city, state, ZIP _____

Student's last grade completed _____ Receiving special education services? Yes No

State and federal regulations require the collection of racial/ethnic data. Answers to the following questions allow us to comply with these regulations.

Please check the racial/ethnic category of the student.

American Indian or Alaskan Native Asian or Pacific Islander Black/African American Caucasian Hispanic/Latino

Language(s) spoken in home _____

- Is the primary language used in your child's home or environment a language other than English? Yes No

- Is your child's native tongue a language other than English? Yes No

1. PARENT/LEGAL GUARDIAN (PRIMARY CONTACT)

2. PARENT/LEGAL GUARDIAN

<p>_____ <small>Last name First name</small></p> <p>Relationship to student _____</p> <p>List address only if different from student's address</p> <p>_____ <small>Number Street name Apt # City ZIP</small></p> <p>Native language? _____ Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Living with student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Marital status _____ Are you a registered voter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Custody? <input type="checkbox"/> Full custody <input type="checkbox"/> Joint custody <input type="checkbox"/> Non-custodial</p> <p>Can child be released to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Educational level (choose one)</p> <p><input type="checkbox"/> Non high school grad <input type="checkbox"/> Some college <input type="checkbox"/> Grad work</p> <p><input type="checkbox"/> High school grad/GED <input type="checkbox"/> 2 year degree</p> <p><input type="checkbox"/> Vocational training <input type="checkbox"/> 4 year degree</p> <p>Employer name _____ Shift? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p>Work phone _____</p> <p>E-mail _____</p> <p>Cell phone _____</p>	<p>_____ <small>Last name First name</small></p> <p>Relationship to student _____</p> <p>List address only if different from student's address</p> <p>_____ <small>Number Street name Apt # City ZIP</small></p> <p>Native language? _____ Speaks English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Living with student? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Marital status _____ Are you a registered voter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Custody? <input type="checkbox"/> Full custody <input type="checkbox"/> Joint custody <input type="checkbox"/> Non-custodial</p> <p>Can child be released to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Educational level (choose one)</p> <p><input type="checkbox"/> Non high school grad <input type="checkbox"/> Some college <input type="checkbox"/> Grad work</p> <p><input type="checkbox"/> High school grad/GED <input type="checkbox"/> 2 year degree</p> <p><input type="checkbox"/> Vocational training <input type="checkbox"/> 4 year degree</p> <p>Employer name _____ Shift? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</p> <p>Work phone _____</p> <p>E-mail _____</p> <p>Cell phone _____</p>
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SIBLING INFORMATION

List siblings (0-13 years old) of applicant. (EACH CHILD APPLYING FOR ADMISSION MUST HAVE A SEPARATE APPLICATION.)

_____	_____	_____
<i>Last, first, middle name</i>	<i>Grade entering</i>	<i>Birth date</i>
_____	_____	_____
<i>Last, first, middle name</i>	<i>Grade entering</i>	<i>Birth date</i>
_____	_____	_____
<i>Last, first, middle name</i>	<i>Grade entering</i>	<i>Birth date</i>

How did you first hear about Grand Rapids Child Discovery Center? (Please check all that apply.)

- Another family already enrolled Newspaper Child Discovery called me Mail piece sent to my house
- Staff member Radio Internet Television
- Facility sign Yellow Pages Other _____

PLEASE NOTE: Open enrollment for the 2009-2010 school year begins January 28, 2009 and ends April 17, 2009.

When open enrollment ends, applications will be counted. If there are fewer applications than openings at that time, all applications received will be accepted. If there are more applications than openings at that time, a lottery will be held to determine who can be enrolled and who will be placed on a waiting list.

Parents will be officially notified by mail no later than May 15, 2009, of their child's status for enrollment. Preference is given to siblings of students already enrolled at the school for any available openings.

Applications received after the open enrollment period are accepted on a first come, first served basis for any remaining openings or put on a waiting list if no openings remain after receiving official notification.

NAME/PHONE NUMBER OF ADULT WE MAY CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED. PLEASE LIST IN ORDER OF CONTACT PREFERENCE.

_____	_____	_____	_____
<i>Name</i>	<i>Relationship to student</i>	<i>Phone number</i>	<i>Alternate number</i>
_____	_____	_____	_____
<i>Name</i>	<i>Relationship to student</i>	<i>Phone number</i>	<i>Alternate number</i>
_____	_____	_____	_____
<i>Family Physician</i>	<i>Phone number</i>	<i>Dentist/Orthodontist Phone number</i>	

<i>Allergies/Medical alerts</i>			

In the event of a serious accident or illness, I request that a representative of the school system contact me. If I cannot be reached, I request that contact be made with the physician named and his/her instructions be followed in the treatment of my child. If the emergency is such that immediate medical care is necessary, I authorize the school system to transport my child to a hospital for

emergency care. The hospital, its agents, or a licensed physician, may administer such emergency medical treatment, as they deem necessary under the circumstances.

X _____
Parent/Guardian signature

PARENT/GUARDIAN AUTHORIZATION

Study Trips and Documentation. Children have opportunities to learn from study trips outside the school building. Parents/Guardians will be informed in advance of specific places, dates and times of each field trip. Documentation of children's work includes photographs and is visible to anyone coming into the school.

My child has permission to participate in scheduled study trips and to be included in photographs or audio video tapes taken to be used for educational purposes.

X _____
Parent/Guardian signature

Court Orders. Is there any legal court action of which the School should be made aware? If you have a restraining order, guardianship papers, or name changes, please allow the School to make a copy of such papers for your child's records. Please provide all relevant information.



640 5th Street, NW
Grand Rapids, Michigan
616-459-0330