



2017-2018 Application for Enrollment

409 Lafayette Ave SE
Grand Rapids, MI 49503
t: 616 459 0330
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grcdc.org

TO APPLY FOR ADMISSION, THE FOLLOWING DOCUMENTS ARE REQUIRED BY FEBRUARY 24, 2017:

- Completed Application Certified Birth Certificate (view only)* Copy of all Immunizations ** Request for Records

Student Information

Student's Legal Name _____ Grade Entering _____
(as shown on birth certificate) Last First Middle

Student's birth date: _____ City and State of Birth _____ Gender _____

Please note: Students entering Kindergarten must be 5 years old on or before September 1, 2017

Primary Residence: Street Address _____ Apt. _____ City _____ Zip _____

Family Background	Please answer ALL questions including Part A and Part B		(State of Michigan required questions)
Language(s) spoken in home: _____ Student's primary language _____			
<p>Part A (The school is required to answer on your behalf if section is left blank) Ethnicity - Is this student Hispanic/Latino? (choose only one) <input type="radio"/> No, not Hispanic/Latino <input type="radio"/> Yes, Hispanic/Latino (Hispanic/Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish origins, regardless of race)</p>	<p>Part B (The school is required to answer on your behalf if section is left blank) Race – Please mark one or more races to indicate what you consider your students race to be <input type="radio"/> American Indian/Alaska Native <input type="radio"/> Asian American <input type="radio"/> White <input type="radio"/> Black/African American <input type="radio"/> Native Hawaiian/Pacific Islander</p>		

Parents/Guardians living with student at the primary residence:			
Name of Primary Contact		Name	
Relationship to student		Relationship to student	
Employer	Shift: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Employer	Shift: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Best Contact Phone #	Phone type (circle): Cell Work Home	Best Contact Phone #	Phone type (circle): Cell Work Home
Alternate #	Phone type (circle): Cell Work Home	Alternate #	Phone type (circle): Cell Work Home
Email		Email	
Parents/Guardians Living Elsewhere: (circle one) Joint Custody / Non-Custodial±			
Name		Name	
Relationship to student		Relationship to student	
Address: City, St. Zip			
Employer	Shift: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	Employer	Shift: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Best Contact Phone #	Phone type (circle): Cell Work Home	Best Contact #	Phone type (circle): Cell Work Home
Alternate #	Phone type (circle): Cell Work Home	Alternate #	Phone type (circle): Cell Work Home
Email		Email	

GRCDC publishes a weekly school newsletter. Would you like to receive this via email? Yes No

<p>±May we contact Non-Custodial family members? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If you answered "No", please attach legal documentation specific to this child as well as legal documentation specific to communication with the Non-Custodial parent. Court Orders. Is there any other 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.</p>

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Office use only: Sibling? Yes Date/Time received _____ E-Link _____ Official BC _____ Verify age, POB, name _____ Imm _____

Student Background

Previous school name & address _____

Last grade completed _____ Does your child have an IEP or have they received Special Education services? Yes No

Primary Disability _____ Current Services Provided w/ IEP: Speech OT/PT Social Worker Other: _____
 (please mark all that apply)

Additional Emergency Contacts (if parents cannot be reached)		
Name	Relationship to student	Best Contact Phone # / Alternate #

Medical Information	
<p>Does your child have a medical diagnosis that we should be aware of? (example: asthma, diabetes, epilepsy) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list below and provide a care plan to the school: _____</p>	<p>Allergies: _____</p>
<p>Will prescribed medication be required at school? <input type="radio"/> Yes <input type="radio"/> No Meds: _____ (If yes, please obtain a medical form from the school office)</p>	<p>Family Physician & Phone Number _____ Hospital preferred _____</p>
<p>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.</p> <p style="text-align: center;">Parent/Guardian signature X _____</p>	

Classroom Placement

Several factors are considered when creating the class lists. The factors, listed in order of importance that are used in the classroom placement process are:

1. Academic & behavior data
2. Special Education caseload
3. Teacher recommendation
4. Other considerations (language learners, demographics)
5. Parent request
6. Peer group/friendship dynamics.

(optional) Preferred classroom placement: A (K-1) B (K-1) C (2-3) D (2-3) E (4-5) F (4-5)

Media Use Permission

I grant the Grand Rapids Child Discovery Center the right to use photographs, audio and video of my child for educational and promotional purposes. I authorize the Grand Rapids Child Discovery Center, its assigns and transferees to use and publish the same in print and/or electronically. I agree that the Grand Rapids Child Discovery Center may use such media with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I have read and agree to the above statement as evidenced by my signature below.

Parent/Guardian Signature X _____ Date _____

Please note: Open enrollment for the 2017-2018 school year begins December 1, 2016, and ends February 24, 2017. For more information about the open enrollment process, please go to grcdc.org. Parents will be officially notified by mail no later than March 24, 2017, of the student's status for enrollment. 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

*The birth certificate is required as proof of the pupil's identity and age. Parents must show school officials, in person, a certified copy of the student's birth certificate. A certified birth certificate must have the raised county seal.

**Immunizations: Students must be up to date on immunizations or must have a waiver dated after January 1st, 2017, signed by the Kent County Health Department to attend GRCDC, on or before the first day of school. The waiver must specify "Grand Rapids Child Discovery Center" as the school name.

Grand Rapids Child Discovery Center is a public school academy. Enrollment is open to all appropriately aged children without regard to gender, ethnic background, disability and/or religious affiliation.