

# New Morning School

## New Family Registration Form for 2015-2016

New Morning School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and athletic and other school-administered programs.

**Child's full name** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Age** \_\_\_\_\_

**Child's full name** \_\_\_\_\_ **Birth date** \_\_\_\_\_ **Age** \_\_\_\_\_

**Co-op/ Non Co-op:**

\_\_\_ I will join a co-op planning meeting this spring to learn about the co-op plan

**Class Selection(s):**

**Preschool:**

\_\_\_\_\_ Half-day (mornings) \_\_\_\_\_ T Th \_\_\_\_\_ M W F  
 \_\_\_\_\_ Full-day \_\_\_\_\_ T Th \_\_\_\_\_ M W F \_\_\_\_\_ M - F

**Kindergarten:**

\_\_\_\_\_ Half-day Kindergarten (mornings)  
 \_\_\_\_\_ Full-day Kindergarten

**Elementary (Grades 1 - 4):** grade \_\_\_\_\_

**Middle School (Grades 5 - 8):** grade \_\_\_\_\_

For office use:

\_\_\_ Date of family orientation  
 \_\_\_ Date child scheduled to visit classroom  
 \_\_\_ Date scheduled to meet with Head of School  
 \_\_\_ Call previous school and review any testing/report cards (K-8)

**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ cell phone Mother: (\_\_\_\_\_) \_\_\_\_\_ cell phone Father: (\_\_\_\_\_) \_\_\_\_\_  
 (in phone directory? Y N ) (in phone directory? Y N )

E-mail Mother: \_\_\_\_\_ E-mail Father: \_\_\_\_\_

**Spouse's address if different from home address**

Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_ Call between \_\_\_ am and \_\_\_ pm

**Mother's Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_

Name of Employer \_\_\_\_\_ City \_\_\_\_\_ Wk. Phone \_\_\_\_\_ Wk. hrs.: \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Occupation** \_\_\_\_\_

Name of Employer \_\_\_\_\_ City \_\_\_\_\_ Wk. Phone \_\_\_\_\_ Wk. Hrs.: \_\_\_\_\_

**Are you requesting New Morning School to be responsible to administer an epi-pen to your child?** \_\_\_ yes \_\_\_ no

**Car Pools and Sharing Babysitting** (Phone list with this info. will be available in August.)

I am interested in joining a car pool \_\_\_ yes \_\_\_ no Main crossroads \_\_\_\_\_

Are you interested in finding another parent to share babysitting on aiding days? \_\_\_ yes \_\_\_ no

**Bus Transportation** If your child is in grades K - 8 and you live in the Plymouth-Canton school district, check bus transportation you would like to use: \_\_\_\_\_ morning \_\_\_\_\_ mid day \_\_\_\_\_ afternoon

**Additional information to be listed by your name on the phone list:**

\_\_\_\_\_

I (We) hereby apply for admission to New Morning School. I give permission for my child(ren)'s photograph and name to be used for information and publicity purposes in press releases, news articles, T.V., school brochures, Internet (without names).

I (We) understand that the registration fee is due with this form. The first month's cost may be paid with registration or one month's cost at the co-op 1 level is due within ten (10) days of final acceptance and will be applied to the May 1 payment

**Parent Signature(s)** \_\_\_\_\_

\$ \_\_\_\_\_ Registration Fee

Please bill my \_\_\_ Visa/Mastercard/AmEx # \_\_\_\_\_

Exp. \_\_\_\_\_

Date Rec'd \_\_\_\_\_ Paid by \_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date Visa/Mastercard/AmEx billed \_\_\_\_\_

**Please complete information on reverse side. Thank you.**

Why do you wish to enroll your child at N.M.S.?

\_\_\_\_\_  
\_\_\_\_\_

How did you find out about the school?

\_\_\_\_\_

Parents' skills and talents

\_\_\_\_\_  
\_\_\_\_\_

Parents' interests and hobbies

\_\_\_\_\_  
\_\_\_\_\_

.....  
**Request for Transfer of Student Records**

My child(ren), \_\_\_\_\_, has (have) enrolled at New Morning School beginning \_\_\_\_\_, 20 \_\_\_\_\_. I hereby request that you release all school records and confidential records to

**New Morning School • 14501 Haggerty Rd. • Plymouth, MI 48170 • (734) 420-3331**

I further authorize New Morning staff to receive information from my child's previous teachers, counselors, or evaluators.

	Grade/ Subject	Name of Person	Phone / School
Classroom teacher	_____	_____	_____
	_____	_____	_____
Counselor	_____	_____	_____
Other	_____	_____	_____

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

Previous School Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_