

## Kindergarten Registration

**Welcome to Milford School District!** We are excited that you are registering your child with us and we will work hard to ensure that we provide the best education possible. The school registration process requires a parent or legal guardian to visit the school where your child will attend and finalize a packet of information and provide copies of the documents listed below. A student may not begin school without a completed packet and all of the documents on file.

- Copy of Parent/Guardian Driver's License or Government Issued Identification Card
- Proof of Residence – Acceptable documents include:
  - Housing Lease
  - Mortgage Statement
  - Utility Bill (gas, electric, water, etc.) The bill must list the address where services are rendered and list the person registering the child.
- Birth Certificate (copy)
- Recent Report Card/Course Transcript
- Proof of Immunizations/Shot Records
- The following documentation if applicable:
  - Legal Documents concerning Custody
  - Individualized Education Plan (IEP)
  - 504 Plan
  - Withdrawal Letter/Document from the previous school

You may call the school in advance to schedule a time to register. Please bring the above information when you register your student. If you do not know which school your child should be attending please use the school locator link on the registration section of the district website.

### Kindergarten Registration

All children entering Kindergarten will be tested. Your student must be 5 years old on or before August 31<sup>st</sup> of this year in order to attend Kindergarten. Please contact the Morris Early Childhood Center (302-422-1650) to schedule a registration and screening time for your student. You must bring your student with you for the registration.

MILFORD SCHOOL DISTRICT  
STUDENT INFORMATION

School:				Today's Date:			
Student's Name:	Date of Birth:			Grade:	Age:		
Address:	Gender:			Race:			
City:	State:	Zip:	Ethnicity: Hispanic Origin?				
Parent/Guardian #1		Lives w/	Parent/Guardian #2		Lives w/		
Name:	DOB:		Name:	DOB:			
Home Phone:	Home Phone:			Home Phone:			
The above phone number will receive all automated calls from the district including school closings/delays and school announcements.				The above phone number will receive all automated calls from the district including school closings/delays and school announcements.			
Cell Phone:	Cell Phone:			Cell Phone:			
Home Address:	Home Address:			Home Address:			
City:	State:	Zip:	City:	State:	Zip:		
Email Address:	Email Address:			Email Address:			
Place of Employment:	Place of Employment:			Place of Employment:			
Work Phone:	Ext:		Work Phone:	Ext:			

There **are no** legal documents concerning the custody of my child. I understand that in the absence of legal documents, the father/mother listed on the birth certificate and emergency contacts will be allowed to visit and/or pick up my child from school.

There **are** legal documents concerning the custody of my child. Legal custody documents are provided at the time of registration. In the absence of legal custody documents I understand that the father/mother listed on the birth certificate and emergency contacts will be allowed to visit and/or pick up my child from school.

Has this child previously attended any Delaware Public or Charter School?

Year: School:

Was this child ever retained?

Year: School:

Does your child have an IEP, Speech, or 504 plan?

No, you may **NOT** use my child's picture for external publications.  
(ie. School Website, Newspapers, Television, news, etc.)

Name of School that student is transferring from:

Address of School that student is transferring from:

**The information presented on this form is factual. I understand that any misinformation regarding custody and residency may affect this students' enrollment in the Milford School District.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MSD APPLICATION FOR BUS TRANSPORTATION OR ADDRESS CHANGE**

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

If you have moved, please note previous address –

\_\_\_\_\_

HM Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ WK Phone: \_\_\_\_\_

**Student 1 Name:** \_\_\_\_\_ **School** \_\_\_\_\_

Pick-Up Address: \_\_\_\_\_ **City** \_\_\_\_\_

Drop-Off Address: \_\_\_\_\_ **City** \_\_\_\_\_

**Student 2 Name:** \_\_\_\_\_ **School** \_\_\_\_\_

Pick-Up Address: \_\_\_\_\_ **City** \_\_\_\_\_

Drop-Off Address: \_\_\_\_\_ **City** \_\_\_\_\_

**Student 3 Name:** \_\_\_\_\_ **School** \_\_\_\_\_

Pick-Up Address: \_\_\_\_\_ **City** \_\_\_\_\_

Drop-Off Address: \_\_\_\_\_ **City** \_\_\_\_\_

**Student 4 Name:** \_\_\_\_\_ **School** \_\_\_\_\_

Pick-Up Address: \_\_\_\_\_ **City** \_\_\_\_\_

Drop-Off Address: \_\_\_\_\_ **City** \_\_\_\_\_

**\*\*If either the pick-up or drop-off address is not at the home address please give the caregiver's**

Name - \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Printed Parent/Guardian Name

\_\_\_\_\_  
Date





# 2022 – 2023 MILITARY-CONNECTED YOUTH STUDENT INFORMATION UPDATE FORM

All Delaware public schools starting with the 2016 – 2017 school year are required to annually identify enrolled students who are “military-connected youth” pursuant to 14 **DE Admin. Code** 932, 14 **Del.C.** Chapter 1, §122 (b)(28), 10 U.S.C. §101(d) (2014), and the reauthorized Every Student Succeeds Act (2015), 20 U.S.C. 6301 et seq. in order to possibly provide your student with additional supports and services if needed.

Please read the following statements and check the appropriate box below.

- If you are a parent or a step-parent, only check the box that specifically applies to you, your duty status and branch of the United States armed forces.
- If you are a parent or a step-parent meeting the definition of box one or two, and there is an immediate family member residing in the same household that meets the definition of box three, then both boxes should be checked.
- If your student is not a “military-connected youth”, please check the fourth box, “Non-Applicable”.

### PARENTS OR STEP-PARENTS

“**Active Duty**” - I am a parent or step-parent who is an “**active duty**” member of the Armed Forces (United States Army, United States Navy, United States Air Force, United States Marine Corps, or United States Coast Guard) pursuant to 10 U.S.C. §101(d) (2014), and the reauthorized Every Student Succeeds Act (2015), 20 U.S.C. 6301 et seq.

“**Active Duty/Recently Retired/Reserves/Identified as a Disabled Veteran/Killed in Action**” - A parent or step-parent *residing in the same household*, who is on active duty, serving in the reserve component, identified as a disabled veteran, killed in action, or recently retired (within 18 months prior to September 30 of the current school year) from a branch of the United States armed forces. Such branches consist of the United States Army, United States Air Force, United States Marine Corps, United States Navy, National Guard, United States Coast Guard, National Oceanic and Atmospheric Administration or the United States Public Health Service pursuant to 14 **DE Admin. Code** 932, 14 **Del.C.** Chapter 1, §122 (b)(28), 10 U.S.C. §101(d) (2014).

### IMMEDIATE FAMILY MEMBER OR ANY OTHER PERSON RESIDING IN SAME HOUSEHOLD

“**Active Duty/Recently Retired/Reserves/Identified as a Disabled Veteran/Killed in Action**” - An immediate family member, including a sibling or any other person *residing in the same household*, who is on active duty, serving in the reserve component, identified as a disabled veteran, killed in action or recently retired (within 18 months prior to September 30 of the current school year) from a branch of the United States armed forces. Such branches consist of the United States Army, United States Air Force, United States Marine Corps, United States Navy, National Guard, United States Coast Guard, National Oceanic and Atmospheric Administration or the United States Public Health Service pursuant to 14 **DE Admin. Code** 932, 14 **Del.C.** Chapter 1, §122 (b)(28), 10 U.S.C. §101(d) (2014).

**NON-APPLICABLE**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Name: \_\_\_\_\_

Homeroom Teacher Name: \_\_\_\_\_

**Please return this form to your student’s homeroom teacher on or before Monday, September 19, 2022.**

DELAWARE DEPARTMENT OF EDUCATION  
**TITLE I, PART C**  
**Agricultural Work Survey**

English

Dear Parent/ Guardian,

Date: \_\_\_\_\_

In order to serve your child, \_\_\_\_\_, the \_\_\_\_\_ District/Charter School is  
*(Insert District/Charter School Name)*  
 helping the State of Delaware identify students who may qualify to receive additional education and support services.

The information provided below will be kept confidential with in the Department of Education and will be used for planning purposes only. Please answer the following questions and return this form to your child's school.

1. In the past 3 years, has your family changed from: a) one school district to another; b) one state to another state; c) another country to the U.S.?

\_\_\_\_\_ YES \_\_\_\_\_ NO

**If "NO," do not complete the remainder of this survey. If "YES," please continue.**

2. Was the reason for this change **to look for or to accept** a job in an agricultural or fishing activity such as those listed below? Answer this question even if you have a different type of job now.

\_\_\_\_\_ YES \_\_\_\_\_ NO

If "YES," please circle all that apply if you or your husband/wife, or someone in your household has worked with, on, or in a:

- |               |                          |  |  |
|---------------|--------------------------|--|--|
| Farm          | Chicken processing plant | Dried or dehydrated fruits/spices                                | Plant nursery/greenhouse                         |
| Dairy         | Processing meat/fish     | Sod farms  | Tree growing or harvesting                       |
| Ranch         | Cranberry bogs           | Meat or food packing plant                                       | Food processing                                  |
| Cannery       | Fresh/frozen juices      | Mushrooms  | Pet food processing                              |
| Chicken house | Fishery                  | Planting, picking, or packing fruits, vegetables, seeds, or nuts | Cleaning, weeding or preparing land for planting |

Please add any other agricultural or fishing work/activity that you or your husband/wife or someone in your household has performed:

\_\_\_\_\_

Please list all children **ages 3-21 years old** in the home, including those not enrolled in school:

First / Last name	Date of Birth	Age	Grade	School

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to be reached \_\_\_\_\_ AM / PM Alternate or cell phone number: \_\_\_\_\_

**DISTRICTS:** All **ORIGINAL** copies of the survey with "YES" responses for **BOTH** questions 1 and 2 **MUST** be submitted to the Delaware Department of Education **Migrant Education Program Office** within 10 days of the student's enrollment by **State Mail Code N510** or by U.S. Postal Service to **35 Commerce Way, Suite 1, Dover, DE 19904**. A **COPY** of this form must be retained in the student's file to document compliance with the Title I, Part C federal program requirements.



# EVELYN I. MORRIS EARLY CHILDHOOD CENTER

Milford School District  
Lincoln, Delaware 19960  
Phone (302) 422-1650  
Fax (302) 424-5447



**Jennifer Hallman, M.Ed.**  
**Principal**  
E-Mail: [jhallman@msd.k12.de.us](mailto:jhallman@msd.k12.de.us)

**Jodi Messick, M.Ed.**  
**Assistant Principal**  
E-Mail: [jmessick@msd.k12.de.us](mailto:jmessick@msd.k12.de.us)

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## Kindergarten Registration Questions: Pre-Kindergarten Experience

1. Did your child attend a preschool or child care program in Delaware this past year?

Yes      No

2. If yes, in which county did your child attend the program?

New Castle County      Kent County      Sussex County

3. If yes, what was the name of the program?

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***Thank you!***

The Milford School District is an Equal Opportunity Employer and does not discriminate in employment or in educational programs, services, or activities on the basis of race, color, creed, religion, gender (including pregnancy, childbirth and related medical conditions), national origin, citizenship or ancestry, age, disability, marital status, veteran status, genetic information, sexual orientation, gender identity, or upon any other categories protected by federal, state or local law.



# MILFORD SCHOOL DISTRICT

Last Name:

Student's Name: Date of Birth: Grade: Age:

Address: Gender: Race:

City: State: Zip: Ethnicity: Hispanic Origin?

Student Resides with: Relationship: Custody Papers on File:

Bus # to: Bus # from: Transportation: Other: Day Care: Name/Phone #:

Parent/Guardian #1 Parent/Guardian #2

Name: DOB: Name: DOB:

Home Phone: Home Phone:

Cell Phone: Cell Phone:

Home Address: Home Address:

City: State: Zip: City: State: Zip:

Email Address: Email Address:

Place of Employment: Place of Employment:

Work Phone: Ext: Work Phone: Ext:

**Parent/Guardian will be contacted first. If unavailable, the following emergency contacts will be contacted.**

Name	Relationship	Home Phone	Cell Phone	Work Phone

### Medical Insurance Information

Insurance Company: ID Number: Group: Medicaid #:

Other Insurance Information:

I give the School Nurse permission to talk to my child's medical Doctor/Dentist, as needed: Yes No

Physician: Phone: Dentist: Phone:

### SCHOOL EMERGENCY PROCEDURES

Your schools have adopted the following procedures that will normally be followed in caring for your child when he/she becomes sick or injured at school. In extreme emergencies, the school will seek immediate medical care. In case of emergency and/or need of medical or hospital care:

1. The school will call the home. If there is no answer,
2. The school will call the Mother's, Father's or Guardian's place of employment. If there is no answer,
3. The school will call the other telephone number(s) listed and the physician.
4. If none of the above answer, the school will call an ambulance, if necessary to transport the student to a local medical facility.
5. Based upon the medical judgment of the attending physician, the student may be admitted to a local medical facility.
6. The school will continue to call the parents, guardians or physician until one is reached.

If I cannot be reached and the school authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating this student. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

I verify that all the above information is correct. This information may be shared with school personnel on a "need to know" basis. Please contact the school if any of the above information changes.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete and return: The State of Delaware requires that all students have an emergency card on file in the School Nurse's Office.**

# Milford School District Health Questionnaire

**\*The next few pages need to be printed and neatly completed.\***

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Please list all other persons living in your child's household:

Name	Birthdate	Relationship to Child

## PLEASE ANSWER ALL QUESTIONS LISTED BELOW

Has your child had any of the following? Please check and explain.

Asthma	<input type="checkbox"/>	Bone or Muscle Problems	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Heart Murmur	<input type="checkbox"/>
Seizures	<input type="checkbox"/>	Frequent Ear Infections	<input type="checkbox"/>
Kidney Problems	<input type="checkbox"/>	Frequent Sore Throats	<input type="checkbox"/>
Bleeding Problems	<input type="checkbox"/>	Headaches	<input type="checkbox"/>
Stomach Problems	<input type="checkbox"/>	Fainting / Blackouts	<input type="checkbox"/>

Please explain any problem(s) checked above: \_\_\_\_\_

Allergies to Medicines, Food, Insect Bites, Bee Stings, etc.? Please list: \_\_\_\_\_

What medicine does your child take for allergic reactions? \_\_\_\_\_

Hospitalizations? List dates and reason: \_\_\_\_\_

Surgery? List dates and type: \_\_\_\_\_

Serious Illnesses/Injuries? List dates and type: \_\_\_\_\_

Has your child had any immunizations since kindergarten? Yes  No

If yes, list type and date: \_\_\_\_\_

Does your child visit the dentist regularly? Yes  No

If yes, list type and date: \_\_\_\_\_

## Milford School District Health Questionnaire – cont.

Does your child have a hearing problem? Yes  No

If yes, list problem: \_\_\_\_\_

Does your child have a vision problem, wear glasses or contacts? Yes  No

If yes, list problem and date of last eye exam: \_\_\_\_\_

If he/she wears glasses or contacts, when was the last new prescription? \_\_\_\_\_

Does your child take any **daily** medications? Yes  No

If yes, list medicine and illness/condition: \_\_\_\_\_

\_\_\_\_\_

Will medicine need to be given at school? Yes  No

If yes, please see school nurse to sign permission forms.

Is your child presently being treated for an illness? Yes  No

If yes, list illness and medicine: \_\_\_\_\_

Has your child's development been normal? Yes  No

(Walking, Talking, Toilet Training, Physical Growth and Development)

If no, list reasons: \_\_\_\_\_

Were there any problems with the pregnancy and delivery of this child? Yes  No

If yes, list problems: \_\_\_\_\_

Has your child had any emotional upsets or changes in his/her life? Yes  No

(Moves, Separation, Divorce of Parents, Death, etc.)

If yes, please explain: \_\_\_\_\_

Are you concerned about your child's behavior? Yes  No

If yes, please explain: \_\_\_\_\_

Does your child have any other health problems of concern the school should be aware of? Yes  No

If yes, please explain: \_\_\_\_\_

Please list any serious health problems of this child's mother, father, grandparents, sisters or brothers:

\_\_\_\_\_

\_\_\_\_\_

Please list the date of your child's last physical exam and the name of the doctor:

\_\_\_\_\_

Additional Comments/Concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Milford School District

Permission for Use of Over -The- Counter Medications during the Current School Year!

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Does your child have allergies to medicine, food, latex or insect bites: Yes \_\_\_ No \_\_\_

If yes: To What? \_\_\_\_\_ What Happens? \_\_\_\_\_

Treatment: \_\_\_\_\_

As parent/guardian, I give my permission for the above named student to have the following medications administered by the school nurse during the current school year. I understand that he/she will be checked by the school nurse and the medications will be administered if indicated following the nurse’s assessment. Please check only those medications you wish to be given to your child when needed.

\_\_\_\_\_ Anbesol/Oragel ( mouth Pain)

\_\_\_\_\_ Anti fungal Cream

\_\_\_\_\_ Benadryl Lotion ( anti- itch)

\_\_\_\_\_ Blistex (lip ointment)

\_\_\_\_\_ Burn Ointment/ Spray

\_\_\_\_\_ Caladryl Lotion

\_\_\_\_\_ Calamine Lotion ( anti-itch)

\_\_\_\_\_ Carmex ( mouth lesions)

\_\_\_\_\_ Chapstick ( lip balm/ Vaseline)

\_\_\_\_\_ Contact lens solution/saline/ rewetting

\_\_\_\_\_ Cough drops

\_\_\_\_\_ Eye Wash solution

\_\_\_\_\_ Hydrocortisone cream

\_\_\_\_\_ Medicated Powder/Baby Powder

\_\_\_\_\_ Mineral Ice (muscle pain)

\_\_\_\_\_ Sting Kill (Insect Sting relief)

\_\_\_\_\_ Throat Spray(Chloreseptic Spray)

\_\_\_\_\_ Triple Antibiotic Ointment

\_\_\_\_\_ Vicks (vapor rub)

\_\_\_\_\_ Advil/ Ibuprofen

\_\_\_\_\_ Tylenol/Acetaminophen

\_\_\_\_\_ Tums (antacid)

\_\_\_\_\_ Benadryl

My child may use hand sanitizer: \_\_\_ YES \_\_\_ NO My child may need help with hand sanitizer \_\_\_ YES \_\_\_ NO

If your child requires prescription medication during the school day, please contact your child’s school nurse ex. Medication for: ADHD, ADD, Diabetes, Seizures, Asthma medications (inhalers, nebulizer medication), Epi-pens, Benadryl, etc.

Medical Diagnosis: \_\_\_\_\_

My child takes medication at home: (before school/after school)

Name of Medication/s: \_\_\_\_\_

- Students may not carry medications during the school day without Parent/Doctor/School Nurse permission. Paperwork must be completed and on file in the nurses office.

 PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

Dear Parent or Guardian,

According to Delaware Code, Title 14, section 131; a child is not permitted to enter into school with acceptable evidence of immunization. If your child is a new enterer\* to Delaware public schools he or she will not be permitted to enroll without an immunization record. Please see below for children of active duty members of the uniformed services. Delaware law requires the following for entry to public school. If these items are not provided to the school within 14 CALENDAR DAYS from the date below your child will be denied entry into school.

1. IMMUNIZATIONS:

- Four (4) or five (5) doses of DPT or DTAP, or a combination thereof. A fifth dose is not required if the fourth dose is given after the fourth birthday.
- Three (3) or four (4) doses of the polio (OPV or IPV) vaccine. A fourth dose is not required if the third dose is given after the fourth birthday.
- Three (3) doses of Hepatitis B vaccine.
- Two (2) doses of measles, mumps and rubella vaccine, MMR, (first dose after the age of 12 months, second dose after the fourth birthday).
- Two (2) doses of Varicella (chicken pox), or a written disease history by a licensed healthcare provider. For new enterers, two doses are required.
- Students entering 9<sup>th</sup> grade must have 1 dose of Tdap (adult booster) and 1 dose of meningococcal. (compliance grades 9-12)

2. PHYSICAL EXAM:

- A physical examination by a physician, nurse practitioner, or physician's assistant within the last two
- (2) years for all new enterers. A second health examination is required for all students entering 9th
- grade. Examinations completed no more than two years prior to entry into 9th grade will be accepted.

3. TUBERCULOSIS SCREENING:

- Written results from either a TB risk assessment, a Tuberculosis skin test (Mantoux, PPD), or a Quantiferon TB Gold test, within the last twelve (12) months.

4. LEAD TEST:

- All kindergarten and preschool students must show proof of a blood lead test, completed anytime after one (1) year of age.

If you enroll your child over the summer, please be aware that if appropriate documentation is not provided for any of the above requirements within 14 days of the date below, the date of exclusion will start on the first day of school.

If your child is transferring to our school from another school in the state of Delaware we assume he or she currently complies with all the above requirements. However, if for any reason your child does not meet all of the above requirements, your student will also have 14 days from the date of this form to comply with regulations.

Military families: Children of active duty members of the uniformed services will have 30 days from the date of enrollment to comply with the above immunizations requirements.

All documents should be turned in to the school as soon as possible. BY STATE LAW, FAILURE TO PROVIDE THESE DOCUMENTS WILL RESULT IN EXCLUSION FROM SCHOOL.

- A new enterer is defined as a child entering a Delaware public school for the first time, including but not limited to foreign exchange students, immigrants, students from other states and territories and children entering from non-public schools.

Please sign below to acknowledge receipt of this information.

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Parent/Guardian Signature

Date

Student's Name

Grade

Milford School District

Permission to Pick-Up My Child

I give the following individuals' permission to pick-up my child from Morris Early Childhood Center. I understand that if I wish to have an individual's name added to or deleted from the list, I must notify the school in **writing**.

The persons mentioned below have been notified by me that they will be asked to **provide identification** before my child will be permitted to leave with them.

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Guardian Name \_\_\_\_\_ Guardian Name \_\_\_\_\_

Persons with permission to pick-up my child:

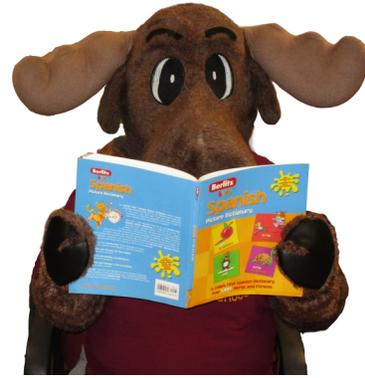
<u>Name</u>	<u>Relationship</u>	<u>Home Phone #</u>	<u>Cell Phone #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The people listed above have my permission to pick up my child from school without written notice.

Please check box if you have custody papers on file at the school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Morris Early Childhood Center in Milford School District is pleased to continue our district Spanish Immersion program during the **2022—2023** academic year with the launch of our **7th cohort**. Students in the immersion program will share their day between two classrooms with a team of two teachers. The Spanish partner teacher will **only** speak the target language (Spanish) to the children and will instruct math, science, and Spanish literacy. The students will learn to read, write, and speak the target language (Spanish). The English partner teacher will teach reading, writing, social studies, and offer bridge lessons to support math, science, and social studies concepts.

At this time, our Spanish Immersion program is limited to a certain number of Kindergarten students. Due to limited space in the immersion program, families are encouraged to complete the lottery application below for their child to be considered for this academic opportunity. Children selected for the Spanish immersion program will be notified during the summer of 2022.

If my child is in the immersion program, where will he / she go to school beyond Morris ECC?	
<b>Elementary School</b>	As students transition into elementary grades 1—5, the cohort will be divided between Ross/Mispillion (south campus) or Banneker Elementary (north campus).
<b>Middle School</b>	Students will attend Milford Central Academy and complete Spanish courses to continue their language learning.
<b>High School</b>	Students will attend Milford High School and will have the opportunity to take Spanish courses to continue their language learning. Students participating in the immersion program will have the chance to earn college credit and/or language proficiency certificates while still in high school.

Child's Name \_\_\_\_\_

Parent / Guardian's Name \_\_\_\_\_

Parent / Guardian's Contact Information (cell) \_\_\_\_\_ (work) \_\_\_\_\_

\_\_\_\_\_ Yes, I am interested in my child being considered for placement in the Immersion program at Morris ECC. We are committed to supporting our child's participation in the Immersion program. Additionally, I grant permission for my child's image or student work to be used in promotional materials related to the district program through district created materials or in cooperation with local media outlets.

\_\_\_\_\_ I have a child/children currently enrolled in the Milford School District immersion program at:

\_\_\_\_\_ North Campus (Banneker Elementary) / \_\_\_\_\_ South Campus (Ross/Mispillion Elementary)

\_\_\_\_\_ My child is currently enrolled in the Milford School District Pre-Kindergarten Program

\_\_\_\_\_ No, I am not interested in the immersion program at this time.

*Office use only:*

\_\_\_\_\_ Student registration date \_\_\_\_\_ IEP / Pre-K

\_\_\_\_\_ Identified school for grades 1—5 \_\_\_\_\_ Potential ELL student

\_\_\_\_\_ Screening data \_\_\_\_\_ Lottery number



# Morris Early Childhood Center

*Home of Morris the Moose*

8609 Third Street Lincoln, DE 19960

302-422-1650 FAX 302-424-5447

Jennifer Hallman, M.Ed

Principal

JHallman@msd.milford.k12.de.us

Dear Parent/Guardian:

The Milford Lions Club will be returning to provide free vision screening for our pre-kindergarten and kindergarten students this school year. They will be taking instant photographs of your student's eyes. Those photographs will be reviewed for the presence of eye disorders such as far and near sightedness, astigmatism, misaligned eyes, unequal refractive power and cataracts. No physical contact will be made with your child and an eye drop is not used. This screening is effective in detecting problems that can cause difficulty in vision. Untreated eye disorders not only causes difficulty with learning in school, but can cause permanent eye damage or even blindness.

If you would like for your child to participate in this vision screening program, please complete and sign the attached form and return it to your child's teacher, as soon as possible. If your child does not have a signed consent, they will not be able to participate in this free program.

You will be notified after your child's pictures has been reviewed only if a recommendation for a complete eye exam by an eye doctor identified. The Lions Club can also help you by providing for an eye doctor's exam if you do not have insurance to pay for it.

**If your child wears glasses and already is seen by an eye doctor, please disregard these forms, Lion's club only screens students who may need a new referral.**

Thank you,

Colleen Dean, RN, MSN (302)422-1652  
Morris School Nurse, call if you have questions.

*It is the mission of the Morris Early Childhood Center to engage all learners in the highest quality education.*

## Consent Form

The local Lions Club in your community will offer free vision screening to your child, at no cost. The screening provides instant readings to determine the presence of eye disorders, including far and nearsightedness; astigmatism; strabismus (misaligned eyes); anisometropia (unequal refractive power); and media opacities. No physical contact is made with your child and eye drops are not needed. It only takes less than a minute to screen most children. This screening is approximately 85-90% effective in detecting problems that can cause decreases in vision.

**I, the undersigned, hereby give permission for my child, named below, to participate in the screening event. I understand the following regarding the program:**

- 1. The information obtained from this vision screening is preliminary only, and does not constitute a diagnosis of vision problems.**
- 2. There is no charge for participation in the vision screening process.**
- 3. If my child is referred, I will be contacted with the results of the screening through the Lions Club or the sponsor of the screening.**
- 4. If the child is unreadable, the Lions volunteer who conducted the original screening will schedule a follow-up screening.**
- 5. I understand that I am responsible for arranging a full eye exam if my child has been referred as a result of the vision screening. I give permission for my doctor to share the results with the Lions Club.**
- 6. I agree to not hold the Lions Club organization accountable for any errors of commission, omission, or other misdiagnosis.**

**PRINT CLEARLY:**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Printed name of Parent or Guardian \_\_\_\_\_

Contact Information:

Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date \_\_\_\_\_