

PERMISSION STATEMENTS

INTERNET ACCEPTABLE USE POLICY PRESS / VIDEO RELEASE

Mt. Clemens Montessori Academy has my permission to use photographs and/or videos of my child to show school activities to the public. I understand that the personally identifiable information may be used at the discretion of the media, involving no financial compensation to Mt. Clemens Montessori Academy, the student, or family of the student.

Press/Video Release Yes No

I understand that I have the right to deny consent to the release of photographs, information and/or Internet accessibility specified above by notifying the principal of my child's school.

Parent/Guardian Signature

Date

If permission is denied, please write "DENIED" on the signature line.

INTERNET USE

All students are able to use the Internet in accordance with Mt. Clemens Montessori Academy Internet "Internet Acceptable Use Agreement", available at the school and on our website. If you do not want your child to use the Internet, please contact the Office.

PERMISSION TO WALK AND RELEASE TO CAR

I understand that all students go on walks in the school neighborhood throughout the school year. If I do not want my child to go on walks, I will contact the Office. I understand that students are released at the door and walk to awaiting cars. I assume full responsibility for my child after he/she leaves the school entrance each day.

SNACK AND LUNCH

I understand I am responsible for preparing and bringing a nutritious lunch for my child each day. I understand that Mt. Clemens Montessori Academy will provide two nutritious snacks each day; one in the morning and one in the afternoon.

PHYSICAL HEALTH/IMMUNIZATIONS PARENTAL ACKNOWLEDGEMENT

My child is in good health and his/her immunizations are current. I understand that I assume responsibility for my child's health while attending Mt. Clemens Montessori Academy. I have noted any health restrictions/needs, allergies, and medications taken by my child in the health section of this application.

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK REQUIREMENT

I am aware that all child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports, and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed. This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans. The notebook will be available to parents for review during regular business hours. Licensing inspection and special investigation reports from the past two years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare.

PARENT/STUDENT HANDBOOK ACKNOWLEDGEMENT

I have received or viewed the Mt. Clemens Montessori Academy Parent-Student Handbook at www.mtclemensmontessori.com. I agree to abide by the policies and procedures contained therein. I understand that the policies contained in the handbook may be added to, deleted, or changed at any time.

I certify that the information on this form is true and correct to the best of my knowledge.

Parent/Guardian Signature

Date

STUDENT RESIDENCY

By completing this questionnaire, you help Mt. Clemens Montessori Academy comply with the McKinney-Vento Act, Title X, Part C of the No Child Left Behind Act. Your truthful and accurate answers helps Mt. Clemens Montessori Academy identify services that the student may be eligible to receive.

1. Where is the student living now? (check one box)
- in a shelter in a motel or hotel with more than one family in a house or apartment
- in a car in a trailer on a campsite with friends or family member (other than parent/guardian)
- none of the above

Parent/Guardian Signature	Date
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If you marked “none of the above” you do not have to complete the remainder of this form.

2. Does the living arrangement checked in Question 1 result from a loss of housing or economic hardship?
- yes no unsure

If you answered “yes” to the above question, do you consider yourself to be homeless? yes no

3. The student lives with
- 1 parent 2 parents 1 parent & another adult a relative, friend(s), or other adults
- alone with no adults an adult who is not the parent or legal guardian



A Better School of Thought.

1st request _____ Faxed/Mailed
2nd request _____ Faxed/Mailed
3rd request _____ Faxed/Mailed

AUTHORIZATION FOR REQUEST/RELEASE OF STUDENT RECORDS

This authorizes a one-time only release to the above organizations and/or individuals

To Release:

- All records-- UIC number (Michigan Schools only) (including 504 Plan, discipline, psychological and special education testing information – IEP & MET)
Transcript of student's record, including key to grading system, Grades at time of release, Standardized Test Data, Health Records

Student Name: _____
First Middle Last

Date of Birth: _____ Grade: _____

Has student ever been suspended? Yes [] No [] Has student ever been expelled? Yes [] No []

Explain: _____

I authorize (Former School District): _____

Name of School Student Attended

Address City/State Zip

Phone Number Fax Number

PLEASE SEND CA-60 STUDENT RECORDS and SPECIAL EDUCATION RECORDS TO:

Mt. Clemens Montessori Academy
1070 Hampton Rd.
Mt. Clemens, MI 48043
Fax: 586-465-2283

Signed _____

Parent/Legal Guardian Printed Name

Date

Sending School only:

Name of Sending (former) school: _____

[] According to our records, we can verify that the information provided above by the parent is correct.

[] According to our records, the information provided above by the parent is not correct.

Date Signature of sending School District Administrator & Title Telephone number

Child History

Mother's Name: _____ Father's Name: _____

Marital Status: _____ Marital Status: _____

Occupation: _____ Occupation: _____

Conditions at Birth: _____

Is Child Adopted? _____

Ages for the following: Crawling _____ Creeping _____ Standing _____

Walking _____ Talking in Words _____

Any speech deviations? _____

History of illnesses? _____

Does your child have any special physical, emotional, or learning problems? _____

If yes, please explain: _____

Did your child have difficulties with toilet training? _____

If yes, please explain: _____

Is either parent deceased or absent for long periods? _____

If yes, please explain: _____

Number of children in the family? _____ Does child get along with siblings? _____

For child's age, is he/she independent/dependent? _____

What are child's eating habits? _____

Is child cared for by anyone other than parents? _____

If yes, please explain: _____

How long have you lived in your present neighborhood? _____

Are there children in the neighborhood with whom your child plays? _____

Does your child play alone or with others? _____

With what age children does your child usually play? _____

Does your child seek adult attention? _____

If yes, whose attention? _____

By what means? _____

Does your child accept new people easily? _____

Does your child have any special fears? _____

If yes, please explain: _____

Please check your child's previous experiences with other children: Neighborhood play _____

Daycare _____ Nursery School _____ Summer Camp _____

Sunday School _____ Other experiences _____

Why do you wish to send your child to a Montessori School? _____

Does your child have any specific responsibilities at home? _____ If yes, please explain: _____

Does your child participate in any outside school activities? _____

Does your child have a regular scheduled time for meals and bedtime? _____

When you find it necessary to discipline your child, what do you usually do?

Mother: _____

Father: _____

Mt. Clemens Montessori Academy

Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache	Balance Problems	Sensitive to Noise	Poor Concentration	Not "Feeling Right"
Pressure in the Head	Double Vision	Sluggishness	Memory Problems	Feeling Irritable
Nausea/Vomiting	Blurry Vision	Haziness	Confusion	Slow Reaction Time
Dizziness	Sensitive to Light	Fogginess	"Feeling Down"	Sleep Problems
		Grogginess		

WHAT IS A CONCUSSION?

A **concussion is a type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven't been knocked out.

You can't see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don't hide it, report it. Ignoring symptoms and trying to "tough it out" often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don't let the student return to play the day of injury and until a health care professional says it's okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student's school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can't recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, he/she should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer. To learn more, go to www.cdc.gov/concussion.

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by **Mt. Clemens Montessori Academy.**

Participant Name Printed

Participant Signature

Date

Parent or Guardian Name Printed

Parent or Guardian Signature

Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.