

### Registration Form School Year 2019/20

Child’s Legal Name and Preferred Name /

Birth date: Month Day \_\_\_\_\_\_\_\_ Year

I would like to register my child for the following program:

\_\_\_\_ **Students ages 6 – 24 months accompanied by their nanny**

□Monday □Tuesday □Wednesday □Thursday □Friday

\_\_\_\_ **Students ages 2- 3 years as of August 2019** □ M/W/F □ M – F

\_\_\_\_ **Students ages 3 -5 years as of August 2019** □ M – F

**My child will attend** □ 1/2 day to 12:30 □ Full day 3:30

**Primary Contact’s Name/ Relationship to student** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Line \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Land Line \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Secondary Contact’s Name/ Relationship to student** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Line \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Land Line \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### The following people have permission to pick my child up from school:

**\*Any one else must have written or oral notice from a parent before the student will be released**

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Phone Number |
| 1) |  |  |
| 2) |  |  |

***To complete registration and officially enroll your child, we need each of the following:***

 Signed Registration Form Copy of Passport Deposit Fee of $500/child

## New students also need:

 Medical Certificate dated within 3 months of start date Child Survey

***Please note: Due to the complexities of the Ethiopian Tax Law all payments are final***

# Required School Supplies/Participation:

|  |  |  |
| --- | --- | --- |
| **To be kept in your child’s bag:**Sun Hat with child’s name inside JacketComplete change of clothes (Shirt, Pants, Socks & Shoes if possible)Diapers and wipes if needed | **To be brought to school each day:**1 lunch box with containers and utensils appropriate for the age of your childWater bottleOutfit that can be permanently decorated for Art Days | **Needed by end of year:**2GB new flash/thumb driveIN PACKAGING for photos of your child over the year1GB new flash/thumb driveIN PACKAGING **if ordering school photos** |
| **Parent involvement in their child’s education has life long effects on attitude toward and performance in school. Frequency, days and times are flexible – whatever you choose will have significant benefits to your child! We required each family to volunteer in at least one of the following areas – other interests are also encouraged and welcome!****To respect families work schedules, for those parents unable to participate during the week, Parent and Me Saturdays are an option** | \_\_\_ yoga/movement art\_\_\_ dance/music reading\_\_\_\_\_ sports \_\_\_\_ cooking\_\_\_\_\_ crafts \_\_\_\_ tumbling\_\_\_\_ 2nd language \_\_\_\_ drama\_\_\_\_ active play \_\_\_\_ fun day other |

**First Aid/ Emergency Information School Year 2019 – 2020**

In the event a parent cannot be reached, please contact:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, I:

□ authorize you to transport my child to the recommended facilities listed in the handbook

□ other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ do not give you authorization to transport Please list any allergies/medical concerns your child has and our recommended course of action:

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

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

**My signature authorizes and agrees to:**

* **photos of my child, without name, to be posted on all official websites and publications**
* **administering over the counter medicines listed in the Parent Handbook (2019/20 ed.) with the following exceptions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**- all policies/procedures outlined in the Parent Handbook 2019/20 ed.**

**Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### New Student Child Survey SY 2019- 2020

We appreciate your time and effort in answering these questions so that we can best meet the needs of your child as they transition into a new school year.

1. Has your child been in school before? \_\_\_\_\_\_\_\_ If other then H2T, please tell us about the program

and their experience there \_\_

1. How does your child feel about coming to school?
2. What kinds of things comfort your child when they are sad, scared and/or uncomfortable in a new group of people?
3. What is the language used most in the home?
4. How does your child express their needs? i.e. bathroom, hunger and thirst?
5. How long have you and/or your child been in Addis?
6. How do they feel about living/moving here?
7. Does your child have a new caregiver in the home? If so, how is the relationship between them and your child at this time?
8. Please list the names and ages of any siblings, pets, and extended family or others in Addis who are especially important to your child
9. Is your child typically quiet, reserved, outgoing, humorous, other
10. What activities, games, and/or toys is your child particularly interested in
11. Other then a sibling, does your child already know someone at school?
12. Is there anything else you would like us to know about your child?