DHSP Application for Enrollment

DHSP Program Name: Morse Community School – Fall 2015

The Department of Human Services is committed to work jointly with families to gain a greater understanding of the interests and needs of each individual child. Good communication between families and the Department of Human Services staff will help us better serve your child. We appreciate your willingness to work jointly with us to support the learning and well being of your child. The following information will assist us greatly. Any additional information regarding your child's specific needs is greatly appreciated.

Child's Last Name	First Name	Nickname
School Attending	Gra	ade Date of Birth
Parent/Guardian Name		
Home address		
Home phone	Cell/Beeper	
Work place	Work phone	
E-mail address		
Parent/Guardian Name		
Home address		
Home phone	Cell/Beeper	
Work place	Work phone	

What language do you speak at home?
Can your child speak and understand English?
If your child has not been enrolled in a school system, what group experiences has your child had: Preschool? Family Day Care? Playgroup? Other Afterschool experiences?
What do you hope your child gains from this program?
Have there been any major changes in your family routine during the past year? A new baby? Moving? Accident or injury to your child or other family member?
How does your child usually respond to a new experience? Shy? Assertive? Please describe.
What do you find most effective in calming your child when he/she is upset?
What activities does your child like best? Favorite Toys/Games/Songs/Activities
Does your child have any special dietary concerns? Yes No If yes, please explain
Does your child have any allergies i.e. asthma, hay fever, insect bites, medicine, food, reactions? Yes No

If yes, please explain	
Does your child take any regular medication? Yes No Will they need to be administered during the program hours? Yes No If yes, please explain	
Does your child have any special needs or disabilities (health, physical, emotional)? Yes No If so, please describe.	
Does your child have an IEP (Individual Education Plan)? Yes No If yes, please see the attached Request for Information Release For Does your child need individual attention for certain activities? Yes No If yes, in what activities does your child need special attention or assistance? Please explain.	m.
What additional aspects of your child's physical and/or emotional development would you like our staff to know about?	
Additional Comments:	
Parent's Signature: Date:	