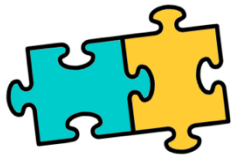


Mason's Place Too

PROGRAM ENROLLMENT FORM

Check the program that you are enrolling:

- Social Skills Group
- Before and After Care
- Tutorial Services
- Music Therapy
- Occupational Therapy
- Speech Therapy



Mason's Place Too

Please insert a picture of either your family or your child.

Enrollment Form

Student Information

Child's Full Name: _____

Child's DOB: _____ Place of Birth: _____ Gender: _____ SSN: _____ Current Grade: _____

School's Name/District _____

Child's Full Name: _____

Child's DOB: _____ Place of Birth: _____ Gender: _____ SSN: _____ Current Grade: _____

School's Name/District _____

Child's Full Name: _____

Child's DOB: _____ Place of Birth: _____ Gender: _____ SSN: _____ Current Grade: _____

School's Name/District _____

Family Information

Father/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Type: _____ Secondary Phone: _____ Type: _____

Email: _____

Employer: _____ Occupation: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Check all that apply:

Legal custody Receives mailing Married Divorced Separated Widowed Single Step

Parent

Mother/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Type: _____ Secondary Phone: _____ Type: _____

Email: _____

Employer: _____ Occupation: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Check all that apply:

Legal custody Receives mailing Married Divorced Separated Widowed Single Step

Parent

Emergency Contacts

1) Name: _____

Relationship: _____ Phone: _____

1) Name: _____

Relationship: _____ Phone: _____

Please list the names and numbers of any people authorized to pick up your child(ren) besides Parents/Legal Guardians: **(ONLY IF DIFFERENT FROM THE EMERGENCY CONTACTS)**

1. _____ Phone # _____

2. _____ Phone # _____

3. _____ Phone # _____

Scholastic Information:

Please provide a few phrases or words you feel describe your child(ren):

Please comment on your child(ren)'s school experience and setting:

What activities do you share as a family?

If there are circumstances which have affected or might affect your child(ren)'s performance, please explain below. For example: skipping or repeating a grade, specific learning style, frequent changes of school, loss of significant person through death or divorce, serious illness in the family, reconfiguration of the family unit etc.

What do you wish your child(ren) to gain at Mason's Place Too?

Please provide any further information which will help us understand your child and meet his or her needs. Include information regarding test results if applicable.

Name and address of parent/guardian to whom school reports should be sent:

First _____ M. I. _____ Last _____

Address _____ City _____ State _____ Zip _____

Name and address of parent/guardian to whom bills should be sent:

First	M. I.	Last	
Address	City	State	Zip

Has the applicant had friends or relatives who attended Mason's Place Too? Yes No

If yes, please include name relationship and year of attendance. _____

Excursion and Transportation Consent

I hereby give permission to Mason's Place Too for my child(ren):

- ✓ To participate in excursions not involving transportation such as walks in the neighborhood, walks to the playground, parks and libraries.
- ✓ To participate in excursions involving public or private transportation to locations such as libraries, parks, playgrounds, museums, and pet stores.

Media Release

Photographs and videos are taken on different occasions such as birthdays, holidays, outings and special occasions. We use these pictures/videos in our school for teaching, arts and crafts, albums and various other things.

I understand that Mason's Place Too, and grant funders, may use photographs and/or digital videos for use in local publications, advertisings, websites, or any other related promotional medium. I waive the right to inspect or approve any photographs or digital video images before they are published and any use to which they may be put out.

Internet and Computer Use, Rules and Expectations

All students shall assume the following responsibilities concerning the use of the Mason's Place Too Technology:

- Students shall treat all equipment with care and report misuse of computers or other equipment as soon as possible.
- Students may not vandalize or intentionally damage MPT computers and equipment. Families will be responsible for the cost of repairs and/or replacements.
- Students are expected to respect the work of others and not damage, destroy or copy another student's work.
- Students may not tamper or attempt to gain access to unauthorized files or software.
- Network security is a high priority. If a student identifies a security problem or issues on the MPT network and/or internet, they should notify a staff member immediately.
- Students may not load or copy unauthorized files onto MPT computers.
- All students must have parental consent in order to access the internet. Filtering and programming software is used to prevent students from accessing inappropriate internet material; however, no program provides 100% security. It is our policy that students will only be allowed to utilize the internet under teacher supervision.

Student Handbook for Before and After Care Enrichment Program Only

The parents of all newly enrolled students in our Before and After Care Enrichment Program (BASE) should receive a copy of the handbook. Please read and discuss the handbook with your child so that they are aware of their rights and responsibilities. All returning parents are welcome to download a copy of the handbook from our website.

Please check all appropriate boxes and sign at the bottom of the form.

Excursion and Transportation Consent: I have read and understand the excursion and transportation policy and agree to allow my child(ren) to participate in excursions.

_____ YES _____ NO

Media Release: I grant permission for my child(ren) to have his/her picture taken for use in local publications, advertisings, websites, or any other related promotional medium.

_____ YES _____ NO

Internet and Computer Use: I have read and understand the rules for computer use and I grant permission for my child to access to the internet under the supervision of MPT staff.

_____ YES

_____ NO

Parent Handbook: I will download and read MPT’s handbook at www.masonsplacetoo.com under forms so that I am aware of the school’s policies and procedures.

_____ YES

_____ NO

Signature Father/Guardian #1 _____ Date: _____

Signature Mother/Guardian #2 _____ Date: _____

*****Please note that if your child enrolls in one of our Therapies or Tutorial Programs additional information may be needed.***