

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 31st 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:

The above phone number will receive all automated calls from the district including school closings/delays and school announcements.

Home Phone:

The above phone number will receive all automated calls from the district including school closings/delays and school announcements.

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:

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





DEPARTMENT OF EDUCATION

Townsend Building
401 Federal Street Suite 2
Dover, Delaware 19901-3639
DOE WEBSITE: <http://www.doe.k12.de.us>

Susan S. Bunting, Ed.D.
Secretary of Education
Voice: (302) 735-4000
FAX: (302) 739-4654

Delaware Department of Education Home Language Survey

Date: _____ School: _____

The Delaware Department of Education requires schools to determine the language(s) spoken at home by each student. The information provided will only be used to determine whether your student is eligible to begin the English as a Second Language process and will not be used for immigration matters or reported to immigration authorities.

Student Information			
Student Name:		Country of birth:	
		Date of entry in the US:	
Birthdate:		Date student first enrolled in a US school:	

Circle grades your child attended in US schools

PK K 1 2 3 4 5 6 7 8 9 10 11 12

How many total months has the student been enrolled in a US school? _____

1. What language did your child first learn?

Language: _____ Dialect: _____

2. What language does your child most often use at home?

Language: _____ Dialect: _____

3. What languages do you most often speak to your child?

Language: _____ Dialect: _____

4. What language(s) other than English are spoken in your home?

Language: _____ Dialect: _____

5. What language would you prefer to receive information from your school?

Language: _____ Dialect: _____

Parent Name

Parent Signature

Date

LEA : Please have all families complete this home language survey at the student's initial enrollment in school. This form must be signed and dated by the parent or guardian and kept in the student's file. (If a language other than English or Non-US English is listed on questions 1-3, the LEA must continue with a records review, step 2 of the English learner identification process.)



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

Jodi Messick, M.Ed.
Assistant Principal
E-Mail: jmessick@msd.k12.de.us

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?

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

Insurance Company:

Medical Insurance Information

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 9th 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.

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?	
Elementary School	As students transition into elementary grades 1—5, the cohort will be divided between Ross/Misphillion (south campus) or Banneker Elementary (north campus).
Middle School	Students will attend Milford Central Academy and complete Spanish courses to continue their language learning.
High School	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:

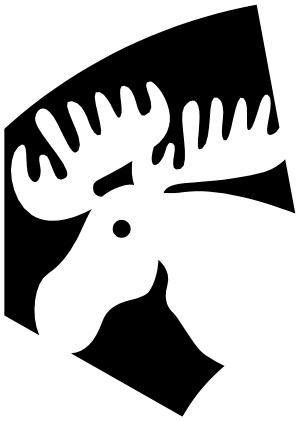
_____ North Campus (Banneker Elementary) / _____ South Campus (Ross/Misphillion Elementary)

_____ 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 _____