

# Milwaukee Seventh-day Adventist School

## Registration Form

(Revised 01/29/2020)

*Mission Statement: Developing leaders today who will walk with Jesus into eternity*

### STUDENT INFORMATION

Grade entering: K4 K5 1 2 3 4 5 6 7 8 9 10

Date of registration: \_\_\_\_\_

North Campus: Grades K4 -10 \_\_\_\_\_

South Campus: Grades K4 – 6 \_\_\_\_\_

Waukesha Campus: Grades K5 – 8 \_\_\_\_\_

Student's **full legal name**: \_\_\_\_\_  
First Middle Last

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male / Female Place of birth: \_\_\_\_\_

Student's Home Phone: \_\_\_\_\_ Student's Cell Phone: \_\_\_\_\_  
Circle

Ethnic Origin – Please circle one:

African American American Indian Asian/Pacific Indian Caucasian Hispanic Other

Church Name: \_\_\_\_\_

Denomination: \_\_\_\_\_ Month/Year Baptized: \_\_\_\_\_

Name (if anyone) whom your child is NOT allowed to leave school grounds with: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

**Marital Status of Parents:** Married \_\_\_ Divorced \_\_\_ Single \_\_\_ Deceased \_\_\_

**Child lives with:** Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian \_\_\_

**Mail all school correspondence to:** Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian \_\_\_

**Father's legal name:** \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Occupation: \_\_\_\_\_ Is father SDA? \_\_\_\_\_

e-mail address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Mother's legal name:** Mrs. / Ms. \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Occupation: \_\_\_\_\_ Is mother SDA? \_\_\_\_\_

e-mail address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Legal guardian's name:** \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Occupation: \_\_\_\_\_ Is guardian SDA? \_\_\_\_\_

e-mail address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

## **EMERGENCY CONTACTS**

In case of an accident or serious illness, if the school is unable to contact me, I hereby authorize the school to contact the relative or neighbor and/or the doctors listed below to make decisions in regards to my child.

### **First Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### **Second Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### **Doctor:**

Name of doctor: \_\_\_\_\_

Clinic name and location: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_

### **Dentist:**

Name of Dentist: \_\_\_\_\_

Clinic name and location: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_

\*\*In the event of an emergency, if none of the above can be reached, the school is authorized by your signature to call the nearest available physician/hospital and administer emergency first aid if necessary.

**\*\*SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_

**\*\*DATE:** \_\_\_\_\_

## **MEDICAL INFORMATION**

Does your child have any medical or physical conditions which we should be aware of? Yes / No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

- Does your child have asthma or breathing problems? Yes / No  
If so, does he /she use an inhaler? Yes / No
- Does your child have food allergies? Yes / No  
List all food allergies: \_\_\_\_\_  
If so, does your child use an EPI PEN? Yes / No
- Does your child have any other allergies? Yes / No  
List all other allergies: \_\_\_\_\_
- Is your child on medication? Yes / No  
If so, list medication and what it is for: \_\_\_\_\_

\*State law states that parents and guardians are to provide all medications to the school for their child.

\*Parents and guardians must also fill out a school medication form giving authorization and instruction on how the medication is to be administered. *We recommend that parents provide either Tylenol or Ibuprofen for things such as headaches and cramps to be used throughout the school year.*

**MILWAUKEE SEVENTH-DAY ADVENTIST SCHOOL**  
**CONTINUING CONSENT TO TREATMENT**  
**AND HEALTH INSURANCE INFORMATION**  
**(On Campus)**

We, the undersigned parents or guardian of \_\_\_\_\_, Name of student or member

a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instruction of \_\_\_\_\_, M.D., or any physician the school or organization may

Name of Physicians

call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before the school or other organization calls any other physician.

***It is further understood that this consent is given in advance of any specific diagnosis or treatment that might be required and is given to authorize Milwaukee Seventh-day Adventist School or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.***

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school or organization entrusted with the custody of said minor.

The above named student is \_\_\_\_, is not \_\_\_\_ covered by health insurance.

Present Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Phone number \_\_\_\_\_

Does your insurance company need to be contacted before any treatment may be given? Yes / No

\_\_\_\_\_  
Signature of Father \_\_\_\_\_ Date

\_\_\_\_\_  
Signature of Mother \_\_\_\_\_ Date

\_\_\_\_\_  
Signature of Guardian \_\_\_\_\_ Date

Parents Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone – Father - home ( ) \_\_\_\_\_ work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Phone – Mother - home ( ) \_\_\_\_\_ work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

## **SCHOOL EXPECTATIONS**

### **School Programs**

Families of Milwaukee S.D.A. School are expected to support all major school functions such as: Orientation/Open House, Parent/Teacher Conferences, School Picnics, Fitness Day, Music Programs, Educational Fair, International Food & Fall Fun Fest, Fundraisers, Field Trips, Church Programs, Home & School Nights, Graduation, etc. Students should support these activities through their attendance and their participation when appropriate.

### **Standards, Principals and School Rules**

I understand that Milwaukee Seventh-day Adventist School is a Christian school and it is my choice to attend. I shall willingly uphold the standards and principles of my school. I also agree to willingly obey all printed and announced rules and understand that any failure to do so may jeopardize my stay at Milwaukee SDA School.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

As a parent, it is my choice for my child to attend Milwaukee Seventh-day Adventist School. I agree to willingly uphold and encourage compliance of the school rules and regulations, as well as the philosophy, standards and principals of the school. I reserve the right to express criticism only in a Christian and constructive nature. I agree to demonstrate respect, support, and courtesy to the administration, teachers and staff both publicly and privately.

**Parent or Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **School Dress Code Policy for Uniform and Non-uniform Wear**

I will willingly obey all school dress code policies, as well as uniform and non-uniform wear, both printed and announced and understand that any failure to do so may jeopardize my stay at Milwaukee SDA School.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

As a parent, I agree to willingly uphold and encourage compliance of all school dress code policies, as well as uniform and non-uniform wear, both printed and announced, during school and all school functions in and out of school.

**Parent or Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Photo Release Policy**

This certifies that I, parent or legal guardian of the student listed on this registration hereby grant Milwaukee Seventh-day Adventist School administration permission to use material, (including but not limited to, photographs, slides, video recordings, sound recordings, and movie film) of the child listed on this registration which has been, is now, or will be taken, recorded or produced during their time as a student at Milwaukee Seventh-day Adventist School, for the purpose of advertising, news, articles, visual aids, yearbook, or otherwise.

**Parent or Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**TRANSPORTATION:**

Available for North and South Campus only

\*I understand that the availability of bus transportation is on a first come, first serve basis, that not all areas may be available for pick up or drop off, and that there is a fee per student that we will be charged for each month for 10 months, August through May, that I will be responsible for that fee, and that it must be paid prior to my children riding the bus each month. If assistance is needed, please e-mail the business manager at business@msdaschool.org.

- I will transport my child to and from school each day. \_\_\_\_\_
- My child will be transported to and from school by someone other than myself:  
Person's name: \_\_\_\_\_
- I would like bus transportation for my child **to and from school**: Yes / No  
I would like bus transportation for my child **one way only**: Yes / No

A.M. Pick up address: \_\_\_\_\_

P.M. Drop off address: \_\_\_\_\_

Our school has its own busses. There are times when these busses may have mechanical problems. When this happens, the replacement bus or busses will be late in picking up your child. When time allows we will do our best to contact families when this happens.

Please also keep in mind that as new students are added to the routes, pick up and drop off times may change. Your patience in all bus issues is appreciated. Please feel free at any time to call with any concerns you may have. Thank you!

\*There will be a **Transportation Registration Night** in July to register your children for bussing. Please make sure to attend this registration night. Information on this night will be sent home in June.

**\*\*\*If there is a need for a staff member to transport my child to or from school in their vehicle, I give my permission.**

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Date

**Family Volunteer Hours**

Milwaukee SDA School has a desire to work more closely with the family of each student. **We highly recommend that families volunteer at least 10 hours per year at the school. This is not required, but is appreciated.** There are many opportunities around the school or at school functions in which to volunteer such as fieldtrips, fundraisers, set up or take down at events the school hosts, cleaning, tutoring, or any of the many items listed below. If there is something that is not on the list, please feel free to suggest it. We look forward to seeing you at the school this year!

Name of Volunteer: \_\_\_\_\_  
 Name of your child \_\_\_\_\_ Grade of your child: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Name of Volunteer: \_\_\_\_\_  
 Name of your child \_\_\_\_\_ Grade of your child: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Name of Volunteer: \_\_\_\_\_  
 Name of your child \_\_\_\_\_ Grade of your child: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Name of Volunteer: \_\_\_\_\_  
 Name of your child \_\_\_\_\_ Grade of your child: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

- |   | (Circle days available) (Time available) |
|---|--|
| A. Helping in the Kitchen                     | _____ S M T W T H F _____                |
| B. Helping in the office                      | _____ S M T W T H F _____                |
| C. Tutoring in reading                        | _____ S M T W T H F _____                |
| D. Tutoring in math                           | _____ S M T W T H F _____                |
| E. Monitoring Recesses/Cafeteria              | _____ S M T W T H F _____                |
| F. Before school supervision (7:30-8:00am)    | _____ S M T W T H F _____                |
| G. Chaperoning/driving for field trips        | _____ S M T W T H F _____                |
| H. Helping with lobby bulletin boards         | _____ S M T W T H F _____                |
| I. Art and music volunteers'                  | _____ S M T W T H F _____                |
| J. Volunteer in the Computer Room             | _____ S M T W T H F _____                |
| K. Musicians for chapel each Friday           | _____ F (8:15am – 9:00am)                |
| L. Room mother, dad or grandparent            | _____ S M T W T H F _____                |
| M. Helping with class parties                 | _____ S M T W T H F _____                |
| N. Making phone calls                         | _____ S M T W T H F _____                |
| O. Helping with school functions              | _____ S M T W T H F _____                |
| P. Set up and taking down at school functions | _____ S M T W T H F _____                |
| Q. Helping with school fundraisers            | _____ S M T W T H F _____                |
| R. School cleaning projects                   | _____ S M T W T H F _____                |
| S. School maintenance projects                | _____ S M T W T H F _____                |
| T. I will help wherever needed                | _____ S M T W T H F _____                |
| U. My talents are _____                       | _____ S M T W T H F _____                |
| V. _____                                      |  |
| W. _____                                      |  |