

I grant permission for my child to participate in Merritt Academy field trips and in visits to Sunrise Senior Living Communities and other senior living communities. I understand that I will be notified in advance of the destination and time of all field trips and that I have the option of keeping my child at home if I choose not to allow his or her participation. I understand that field trips may be cancelled due to weather, safety, transportation or shortage of chaperones.

I agree to release, waive, indemnify and hold harmless Merritt Academy and its owner, The J127 Education Foundation, and their respective officers, director, employees, volunteers and agents (collectively "Merritt") from all claims, demands, suits, causes of action, or judgments which my child or I ever had, now have, or may have in the future or which my child's family, heirs, executors, administrators, or assigns may have, or claim to have against Merritt, arising out of or in any way connected with my child's attendance at Merritt Academy, for all personal injuries, property damages (including theft), or claims for wrongful death, caused by the acts, omissions or ordinary negligence of Merritt.

I agree to inform the school within 10 business days of any changes to the following, so that my child's Emergency Care Information may be updated: marital or occupational status, address and/or phone numbers, email address, allergies (if any), child's doctor information.

I agree to pick up my child within one hour should the school inform me that my child is ill. I understand that he/she should remain at home for 24 hours after symptoms clear before being allowed to return to school if fever, diarrhea or vomiting is present, or 24 hours after being placed on antibiotics.

I authorize Merritt Academy to obtain immediate emergency care in the event I cannot be reached immediately.

I authorize Merritt Academy to call my child's Emergency Contacts in the event that the child has not been picked up by the time school closes and we are unable to reach parent(s) via phone; or in the event of an emergency if parent(s) is unable to be reached by phone, or parent(s) are unable to get to the school within 1 hour.

I grant permission for Merritt Academy to use photographs or videos of my child, both print and electronic, in promotional materials, unless otherwise noted, without compensation.

I agree to notify the school within 24 hours if my child or anyone in our household develops any reportable communicable disease.

I hereby pledge to join the faculty in supporting and upholding the Code of Courtesy in word and deed.

I agree to adhere to Merritt Academy's Parking Lot Rules and exercise courtesy with other drivers in the school parking lot. I agree not to participate in behavior that sets a poor example to students as part of upholding the Code of Courtesy.

I agree to have my child participate in counseling and guidance provided by the school counselor including: lunch bunches, second steps lessons and 1-2 counseling sessions designed to promote a productive learning environment.

I have read the current edition of the Merritt Academy Parent Handbook posted on the Administration, Principal and teacher Shutterfly pages and accept and agree to all policies stated within.

All Merritt Academy parents are members of the Merritt Academy Parent-Teacher Organization (PTO). I give permission for the Merritt Academy PTO to add me as a member to their Shutterfly shared site.

By typing your name below, you agree that this is valid as your signature.

Parent Signature: _____ Date: _____

Child's Name: _____ Child's Grade: _____

Student Information			
Child's Name:			
	<i>Last</i>	<i>First</i>	<i>Nickname</i>
Home Address:			
	<i>Street Address</i>	<i>City</i>	<i>State Zip</i>
2017-2018 Grade:		Date of Birth	

Parent/Guardian Information			
Mother/Guardian		Father/Guardian	
<i>Last Name</i>	<i>First Name</i>	<i>Last Name</i>	<i>First Name</i>
Home Address:		Home Address:	
Email Address:		Email Address:	
Home Phone:		Home Phone:	
Mobile Phone:		Mobile Phone:	
	<input type="checkbox"/> Please check here to receive text alerts for school closings on your cell phone.		<input type="checkbox"/> Please check here to receive text alerts for school closings on your cell phone.
Employer:		Employer:	
Work Address:		Work Address:	
Work Phone:		Work Phone:	

Health Information			
Physician Name:		Physician Phone #:	
Allergies: (food, drugs, etc)		Medical Conditions: (seizures, blood disorder, etc.)	
Action to take:		Action to take:	

Student's Name: _____
Last First

Please list TWO additional emergency contacts within a 10 mile radius of Merritt Academy other than parent/guardian who can be called in case of an emergency situation.

Name		Relationship to child	
<i>Last Name</i>		<i>First Name</i>	
Address:		Home Phone	
		Work Phone	
		Mobile Phone	

Name		Relationship to child	
<i>Last Name</i>		<i>First Name</i>	
Address:		Home Phone	
		Work Phone	
		Mobile Phone	

Who is authorized to pick up this child?

If either parent is NOT authorized to pick up this child Merritt Academy must have custodial papers on file stating this.

Name		Relationship to child	
<i>Last Name</i>		<i>First Name</i>	

Name		Relationship to child	
<i>Last Name</i>		<i>First Name</i>	

Name		Relationship to child	
<i>Last Name</i>		<i>First Name</i>	

Name		Relationship to child	
<i>Last Name</i>		<i>First Name</i>	

Name		Relationship to child	
<i>Last Name</i>		<i>First Name</i>	

Name		Relationship to child	
<i>Last Name</i>		<i>First Name</i>	

Name		Relationship to child	
<i>Last Name</i>		<i>First Name</i>	



For Office Use Only

Start Date:

Emailed?

K4 – 8th Afternoon Pick-Up Registration Form 2017 - 2018

In order to relieve traffic congestion and make evening pick up more convenient for parents of students in K4-8th grade, we provide an Afternoon Pick-Up service from 3:30-3:45pm and again from 5:15-6:15pm. Students participating in Afternoon Pick-Up remain indoors at their dismissal time. Parents drive into the circle in front of the School building where a Merritt staff member identifies the automobile by its license plate and uses a walkie-talkie to call for the child(ren) to come down to the waiting car.

This form must be completed and turned into the Front Office prior to participating in Afternoon Pick-Up.

Please Print

Email: _____ Phone: _____

Parent/Guardian Name: _____
(First) (Last)

Student(s) Name: _____
(First) (Last) (Grade & Room #)

(First) (Last) (Grade & Room #)

(First) (Last) (Grade & Room #)

License Plates: State Plate Number

I, _____, give permission for the registered cards identified above to pick up my child(ren) through Afternoon Pick-Up at **(select one)**:
 3:30-3:45pm **OR** 5:15-6:15pm.

Parent/Guardian Signature: _____ Date: _____

Afternoon Pick-Up will begin on Tuesday, August 22, 2017 for those who have registered by August 16. After that date, please allow 24 hours for your registration to be processed before participating in Afternoon Pick-Up.

If you have any questions about this service, please contact Mary DeJager, Assistant to the Principal at maryd@merrittacademy.org or Linda Potts, Principal, at lindap@merrittacademy.org.