



New Student Enrollment Packet 2024 - 2025



Anderson Elementary School

Facebook - @Anderson Elementary School

2325 Cherry Drive, Madison, IN

812-273-8528

Principal - Mrs. Joyce Imel (Interim)

Assistant Principal - Mr. Adam Jones

Clerk - Mrs. Lynn Neal

Clerk - Mrs. Alicia Ricketts (PreK contact)

Main Office Hours - Monday - Friday 7:00 a.m. to 3:45 p.m.

Deputy Elementary School

Facebook - @Deputy Elementary School - MCS

14350 W. Mulberry Street, Deputy, IN

812-274-8007

Principal - Mrs. Kathy Stoner

Clerk - Mrs. Shelly Owens

Main Office Hours - Monday - Friday 7:00 a.m. to 3:30 p.m.

Lydia Middleton Elementary School

Facebook - @Lydia Middleton Elementary School

714 W. Main Street, Madison, IN

812-274-8005

Principal - Mr. Trent Whaley

Clerk - Mrs. Angie Wielgoszinski

Main Office Hours - Monday - Friday 7:15 a.m. to 4:00 p.m.

Rykers' Ridge Elementary School

Facebook - @Rykers' Ridge Elementary School

2485 Rykers' Ridge Road, Madison, IN

812-274-8006

Principal - Mr. Kenton Mahoney

Clerk - Mrs. Kalyn Montgomery

Main Office Hours - Monday - Friday 7:00 a.m. to 3:30 p.m.



Preschool Criteria Agreement Form

Madison Consolidated Early Development Center views education as a partnership between students, parents, and teachers. We believe it is essential to develop a good rapport with our families based on open communication with one another and mutual respect. This is the foundation of a successful school experience.

The following criteria are essential for enrollment into our program:

- Students must be three years old.
- Students must be **FULLY** potty trained to be enrolled in the program.

Children should be toilet trained upon entering preschool. They should be wearing regular underwear to school each day. Students who demonstrate that they are not fully potty trained may be unenrolled from the program until toilet training has been mastered. Re-enrollment into the preschool program, once toileting has been mastered, will depend on spot availability. Each child needs to have a change of clothing in their bag each day in case of an accident. If a child has a “potty” accident, the staff will help the child change into clean, dry clothing. Please let the staff know if you have any specific concerns about your child’s ability to complete the toileting process entirely on his/her own. We will assist students as needed with learning to button, snap, zip pants, flush, etc. *Exceptions to our toileting requirements will be made for students who have a medical diagnosis and/or an evaluation indicating a developmental delay that interferes with the toilet training process.*

Your signature below indicates that your child meets **both** of the criteria indicated to become a student in our program.

Parent/Guardian Signature

School Year _____ School _____ Grade _____ Teacher _____

CONFIDENTIAL STUDENT MEDICAL HISTORY INFORMATION

(To be completed by Parent or Guardian. Use the back of this form if more space is needed)

Student Name _____ Date of Birth _____

Address _____

Father: _____ E-Mail _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Mother: _____ E-Mail _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Legal Guardian: _____ E-Mail _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Other: _____ E-Mail _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Is this student presently under a physician's care? _____ Describe: _____

Physician Name: _____ Address: _____ Phone: _____

1. Is the student currently taking any medication? _____ If yes, please list drug, dose, and time given: _____

2. If the student will be taking medication at school, please contact your school nurse or office for guidelines.

3. Does this child have any medical or physical problems the school should know about? (Tires easily, allergies, headaches, nosebleeds, handicaps, etc.) _____

4. Does this student have **asthma*** as diagnosed by a physician? No _____ Yes _____ * If yes, please contact your school nurse for the appropriate forms for the physician plan of care.

5. Has this student had any allergic reactions to medications, **foods***, **insects***, or **other***? No _____ Yes _____ If yes, please contact your school nurse for the appropriate forms for the physician plan of care.

If yes, the student is allergic to: _____

The treatment for the above allergy is: _____

Is an EpiPen* prescribed? Yes _____ No _____ If yes, EpiPen must be provided by parent to be kept at school.

6. Does this student have a **seizure disorder*** as diagnosed by a physician? No _____ Yes _____ * If yes, please contact your school nurse for the appropriate forms for the physician plan of care.

If yes, please list medication, amount and time given _____

Is Diastat or other Emergency Drug prescribed? No _____ Yes _____

7. Has this student been diagnosed by a physician as having any kind of bleeding tendency? No _____ Yes _____ If yes, please contact your school nurse for the appropriate forms for the physician plan of care. If yes, please describe _____

8. Does this student have **diabetes?*** No _____ Yes* _____
If yes, please contact your school nurse or office for guidelines and the appropriate forms for the physician plan of care.*

9. Does this student wear glasses? No _____ Yes _____ Contact Lenses? No _____ Yes _____

10. Has this student had chicken pox? Yes _____ No _____ (If yes, approximate date: _____)

I have read the terms of the Indiana Department of Health Children and Hoosiers Immunization Registry Program (CHIRP) and agree to MCS utilization.

In case of Emergency, illness, or accident to the student named above, if emergency contacts cannot be reached, Madison Consolidated Schools staff has permission to notify EMS and transport to Kings Daughters Hospital. If my child exhibits signs of an allergic reaction while at school, MCS staff has permission to administer Benadryl.

Guardian Signature _____ Date _____

Enrollment Information

(Contact the school office if any information changes during the school year.)

Name of Pupil _____
Last First Middle
Date of Birth ____/____/____ Age ____ Place of Birth _____
Address of Pupil _____
Street City State Zip Code
Primary Contact Phone Number (____) ____-____ Grade ____ Male ☐ Female ☐
Name of School/Sitter/Daycare Last Attended _____ Language: _____ Race(s): _____

Parent/Guardian Name and Information

Name of Father/Guardian _____
Last First Middle
Father's Address _____
Street City State Zip Code
Birthplace of Father _____ Divorced ☐ Deceased ☐ Married ☐
Father's Place of Work _____ Work Phone Number (____) ____-____
Father's Email Address _____ Cell Phone Number (____) ____-____
Legal Guardian ☐ Emergency Contact ☐ Pick Up ☐
If Remarried, Name of Stepparent _____
Last First Middle
Stepparent's Place of Work _____ *Work Phone Number* (____) ____-____
Stepparent's Email Address _____ *Cell Phone Number* (____) ____-____
Legal Guardian ☐ *Emergency Contact* ☐ *Pick Up* ☐

Name of Mother/Guardian _____
Last First Middle
Mother's Address _____
Street City State Zip Code
Birthplace of Mother _____ Divorced ☐ Deceased ☐ Married ☐
Mother's Place of Work _____ Work Phone Number (____) ____-____
Mother's Email Address _____ Cell Phone Number (____) ____-____
Legal Guardian ☐ Emergency Contact ☐ Pick Up ☐
If Remarried, Name of Stepparent _____
Last First Middle
Stepparent's Place of Work _____ *Work Phone Number* (____) ____-____
Stepparent's Email Address _____ *Cell Phone Number* (____) ____-____
Legal Guardian ☐ *Emergency Contact* ☐ *Pick Up* ☐

Custody Information

Pupil Lives with (Circle One): *Parents* *Father* *Mother* *Guardian* Relation: _____
Special Custody Information _____

**If applicable, please provide the school with proper documentation regarding the above circumstances. (i.e. Degree of Adoption, Guardianship Documents, Custody Agreement Documents, etc.)*

Emergency Information

Does your child have an IEP? Yes ☐ No ☐ Area: _____

Is your Child on Medication? Yes ☐ No ☐ If yes, please list: _____

List any known **allergies**: _____

List any known **medical problems**: _____

Emergency Contacts

***In case of an EMERGENCY, ILLNESS, or ACCIDENT to the children listed above, the school is authorized to contact the following individuals whose names and phone numbers are listed below:**

Emergency Contact #1	_____	(____)	-	_____	_____
	Name			Phone	Relationship
Emergency Contact #2	_____	(____)	-	_____	_____
	Name			Phone	Relationship
Emergency Contact #3	_____	(____)	-	_____	_____
	Name			Phone	Relationship

Pick Up

In addition to the people listed above, the following people have permission to sign my child out of school:

1.	_____	(____)	-	_____	_____
	Name			Phone	Relationship
2.	_____	(____)	-	_____	_____
	Name			Phone	Relationship
3.	_____	(____)	-	_____	_____
	Name			Phone	Relationship

If Applicable - Please list names, ages, grade levels, and schools attended by ALL siblings:

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Grade</u>	<u>School</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Physician/Hospital Information

Family Physician _____	Phone (____) _____ - _____
Emergency Hospital _____	Phone (____) _____ - _____

Parent/Guardian Signature

Parent/Guardian Signature _____ Date _____



Immunization Letter - **ATTENTION REQUIRED**

Dear Families,

The attached form is required, by the state, to be in each student's file along with a copy of your child's immunization records. We will need your medical provider to sign the attached form even if your child's immunization record is signed. The state will confirm that we have this document and that it is signed and dated by your child's medical provider when they come to do their site inspection. Therefore, this form must be on file prior to your child beginning preschool. You will be asked to update this form annually per state guidelines.

You may return the signed form to the school in person or your doctor may scan and email it to the clerk at your school. If needed, we are happy to email you a copy of the blank form so you can email or fax it to the doctor's office in order to assist in this process.

Thank you in advance.

Anderson Elementary School

812-273-8528

Clerk - Mrs. Alicia Ricketts (PreK contact) - alwricketts@madison.k12.in.us

Main Office Hours - Monday - Friday 7:00 a.m. to 3:45 p.m.

Deputy Elementary School

812-274-8007

Clerk - Mrs. Shelly Owens - sowens@madison.k12.in.us

Main Office Hours - Monday - Friday 7:00 a.m. to 3:30 p.m.

Lydia Middleton Elementary School

812-274-8005

Clerk - Mrs. Angie Wielgoszinski - awielgoszinski@madison.k12.in.us

Main Office Hours - Monday - Friday 7:15 a.m. to 4:00 p.m.

Rykers' Ridge Elementary School

812-274-8006

Clerk - Mrs. Kalyn Montgomery - kmontgomery@madison.k12.in.us

Main Office Hours - Monday - Friday 7:00 a.m. to 3:30 p.m.

THIS IS A REQUIRED FORM

Facility Name _____

Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Phone: _____

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

Record of Immunization

	Birth	1 mo	2 mos	4 mos	6 mos	12-18 mos	2-3 yrs	4-6 yrs
Hep B								
DtaP/DTP / Td								
Hib								
MMR								
IPV								
Varicella								
PCV/ Pevnar								
Hep A								

Child has documented history of Varicella Disease ____ NO ____ YES If yes, age ____

Please select the appropriate response:

_____ Child has received complete age-appropriate immunizations.

_____ Child is currently in the process of receiving complete age-appropriate immunizations

ONE OPTION ABOVE MUST BE SELECTED BY THE HEALTHCARE PROVIDER**Comments: (Please list immunizations excluded for medical reasons)**_____

Parent comments: (Please indicate religious objection, if any)

_____Signature of Medical Professional and Date **required**_____
Date _____

Printed Name and Title (required)

Title _____



Birth Certificate Notice

Please provide us with a copy of your child's state-issued birth certificate. We are required to have this document on file.

If you have any questions regarding this document, please contact the clerk at your child's school.

Thank you!

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Race / Ethnicity Reporting Form

Student's Last Name: _____

Student's First Name: _____

Please answer both of the questions below.

Part 1: Ethnicity

Is this individual Hispanic/Latino? (Choose only one)

☐ **No, not Hispanic/Latino**

☐ **Yes, Hispanic/Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Part 2: Race

What is the individual's race? (Choose one or more)

☐ **American Indian or Alaska Native:** A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.

☐ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillippine Islands, Thailand, and Vietnam.

☐ **Black or African American:** A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

The Migrant Education Program (MEP) provides supplemental education and support services to eligible children through national funding. The purpose of the program is to ensure that all migrant students reach the academic standards and graduate with a high school diploma (or complete GED/HSE).

WORK SURVEY

Thank you for answering the following questions. If your child is eligible for the Migrant Education Program, they may receive additional educational support. This information is **strictly confidential**.

Student's Name: _____ Parent's Name: _____

Address: _____ City: _____ Telephone: (____) _____

Date: _____ Parent Signature: _____

1. Within the last **3 years**, have your children moved for any reason? **YES** ____ **NO** ____
2. Has anyone in your household moved from one school district to another within the United States, to look for seasonal or temporary work in agriculture? **YES** ____ **NO** ____
If you answered **NO** to either of these questions, please stop.



If you answered **YES**, please continue.

3. When was the last time you or anyone in your household has moved to look for, or work in an agricultural activity within the United States? Month _____ Year _____
4. Please check any of the agricultural activities listed below that you have looked for or worked in:

- | | |
|--|--|
| _____ Plant or harvest vegetables or fruits | _____ Canning vegetables or fruits |
| _____ Detassel corn | _____ Sod farm |
| _____ Tobacco farm | _____ Planting, pruning or cutting trees |
| _____ Poultry and/or egg farm | _____ Dairy farm |
| _____ Duck, turkey, chicken, pork or beef processing plant | _____ Flora culture/gladiola farm |
| _____ Aquaculture/fish hatcheries | _____ Green house or plant nursery |

Please list the names of all children in the household under 22 years of age.

Child's Name	Date of Birth (D.O.B.)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Preschool Agreement Form
Please complete each step of this form.

Step 1:

Student Name: _____ DOB: _____

Step 2:

<input type="checkbox"/> Part-day Program	<input type="checkbox"/> Full-day Program
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Step 3:

Please choose the school district that your child currently resides (Please complete a Transfer Request Form at the MCS Administration Office if you reside outside of the desired school district:)

- ☐ Anderson Elementary
- ☐ Deputy Elementary
- ☐ Lydia Middleton Elementary
- ☐ Rykers' Ridge Elementary

Step 4:

Please choose one of the following statements that apply to your student:

- ☐ My child qualifies for other funding programs such as CCDF vouchers or On My Way Pre-K.
- ☐ My child qualifies for Special Education Services.
- ☐ I do not believe that my student will qualify for the tuition assistance program and I agree to pay tuition.

Step 5:

*If I do not qualify for funding, Special Education Services, etc., I understand that by signing this required form, I agree to pay the amount due each week based on my selected program option (**Part-day: \$80.00/wk and Full-day: \$110.00/wk**). I may not alternate back and forth between program options throughout the school year. I will pay the weekly rate **every Monday**. I may also opt to pay a monthly rate on the first Monday of the month. I understand that if any payment falls delinquent, I will be assessed a \$10.00 late fee each Monday that the account is behind. I am aware that if my payment falls delinquent, I will have **ten days** to pay the amount in full or my child will be discontinued from the program. Full payment is due each week regardless of absences. **The weekly fee is not reduced unless the program that my child is enrolled in, is closed for more than three days in any given week.** There will be a \$25.00 charge for all returned checks. After the third returned check occurrence, I will be required to pay each future week with a money order or cash. I understand that all payments are non-refundable. **I also understand that if my child does not qualify for funding, Special Education Services, etc.,***

Step 6:

Please initial:

_____ I understand that regardless of what selection I chose in *Step 4* if I am late to pick my child up, I will be charged an additional **\$5.00 for every 15 minutes** that I am late.

_____ I understand that a maximum of **20** absences and/or tardies may result in discontinuation of the program. I also understand that a maximum of **20** absences and/or tardiness may result in the termination of my child's preschool funding.

_____ I agree to follow all guidelines within the MCS Handbook, Code of Conduct, and Preschool Program Guide. (All of these documents can be found at: www.madison.k12.in.us)

_____ I understand that the school must be notified in the event of an absence by calling the school's office and a doctor's note should be returned if possible.

Step 7:

By signing below, I am agreeing to enroll my child in the Madison Consolidated Preschool Program for the school year. I agree to all of the terms mentioned in step 5. I understand that daily attendance and arriving at school on time is important for my child's learning outcomes and school success. *I agree to send my child to school consistently and on time each day unless illness or an emergency occurs that prevents my child from being able to attend school. I agree to notify the school in the event of my child's absence by calling the school's office.*

Parent/Guardian Signature

Date

Discipline Policy



An important part of Preschool is for students to learn how to self-monitor the choices they make. In order for that to happen, we have to allow them to make mistakes, learn from those choices, and move forward in a positive manner. It's important for your child's development to be nurtured through caring, patience, and understanding. Ongoing professional development will be used to distinguish between behaviors and what is developmentally appropriate. However, we also have to address the misbehavior of students to ensure a safe environment for all students. Hitting, kicking, spitting, hostile verbal behaviors, and any behaviors that will hurt another child will not be permitted.

In response to undesirable behaviors, the preschool staff **will**:

- respect your child
- ensure your child's safety and the safety of others
- help your child to learn and grow from poor choices
- establish clear rules
- consistently enforce rules
- use positive language to explain desired behavior
- speak calmly to your child
- give clear choices
- redirect your child to a new activity
- discuss desired procedures
- have your child practice the desired procedures
- have your child take a timeout, if necessary (for one minute per year of your child's age)
- discuss the issue with you
- document repeated behaviors
- refer to the school counselor and other behavior specialists to support in the classroom
- possibly request a conference to discuss the behaviors
- possibly establish a written behavior plan (included in this plan could be at-home supports i.e. early intervention, special education, counseling referrals)

In response to undesirable behaviors, the preschool staff **will NOT**:

- threaten your child
- use physical punishment (even if requested by the parent)
- deprive your child of food or other basic needs
- place your child in isolation
- scream at your child or use degrading language
- humiliate your child

If your child's behavior is very disruptive or harmful to himself/herself or other children, your child may be removed from the classroom on a temporary basis until he/she is deemed safe to return. We will request a conference with you to discuss the behavior and determine the best way to help your child self-regulate the behaviors. Every attempt will be made to help your child to remain enrolled in the program. However, if the behaviors continue and are deemed harmful to your child, or others, you may be asked to make other childcare/preschool arrangements.

We welcome your concerns and suggestions. Using the lines below, please list any other positive behavior techniques that you have found to be successful with your child.

Child's Name: _____ DOB: _____

Additional positive behavior techniques to be used with your child:

Parent/Guardian Signature: _____ Date: _____



Media Release for Student Photographs/Videos/Work

Throughout each school year, students from Madison Consolidated Schools may have an opportunity to be highlighted in various marketing or public relations-related materials or projects to promote activities and achievements within our school district. These may include district-wide, building-level, or classroom-level promotion or recognition.

As an example, students may be photographed, interviewed, or video recorded during classroom instruction, while attending school assemblies, or participating in extracurricular activities. Students may be featured in materials to increase public awareness of our schools through newspapers, radio, websites, DVD's, displays, social media, brochures, or other media outlets.

As a parent or guardian of a Madison Consolidated Schools student, I understand that my student or their work, photographs, video, or audio recordings taken during the course of the school year for promotional and/or educational purposes (including district printed publications, presentations, websites, and social media feeds). I do this with full knowledge and consent, waive all claims to compensation for use or damages, and relieve MCS, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising from the use of these materials.

_____ YES, I give permission for MCS to use my student's photograph/video/audio/work as described above.

_____ NO, I do not give permission for MCS to use my student's photograph/video/audio/work as described above.

Student Name:

Name of School Attending: _____

Parent Signature: _____ Date: _____

***This will be retained in the student file for future reference.*



Madison Consolidated Schools
Internet Use Agreement for Students Form
Please read and complete the form.

Student Name: _____

Street Address: _____

Year of Graduation: _____

Teacher: _____

Parent/Guardian:

I have received and read a copy of the Madison Consolidated Schools Letter to Parent or Guardian Regarding Internet as well as a copy of the Madison Consolidated Schools Policy on Corporation-Provided Access to Electronic Information, Services, and Networks, and agree to these policies. I understand that there are resources available on the internet that may be considered inappropriate. I also understand that it may be possible for my student to purchase goods and services via the Internet for which I might be liable. I hereby give my permission for Internet access to be established for the above-named student.

Parent/Guardian's Name: _____

Parent Signature: _____ **Date:** _____



Transportation Selection

Please indicate what type of transportation your child will primarily use each day.

Student Name: _____

Morning

- ☐ I will drop my student off at school each morning.
- ☐ I would like my child to ride a bus to school each morning.
(Please list the address that your student will need to be picked up from below.)

Address: _____

Afternoon

- ☐ I will pick my student up at school at the end of their preschool program each day.
- ☐ My student will attend After School Childcare - ***separate enrollment/fee required**
- ☐ I would like my child to ride a bus to the following address after preschool each day.
(Please list the address in which your student will need to be dropped off below.)

Address: _____

I understand that my selections on this form will be the primary arrival/dismissal for my child, which will begin on the first day of school. I understand that if I need to make transportation changes on any given day, I will need to send a written note to the school with my student.

Parent/Guardian Signature: _____

Parent Phone Number: _____ Date: _____

****If you have chosen to have your student ride a bus, additional information regarding pick-up times, bus numbers, and bus drivers will be provided at a later date.**

Office Use Only:

AM: Bus # _____ / Driver: _____ / Pick-up Time: _____

PM: Bus # _____ / Driver: _____ / Pick-up Time: _____