

# Morningside Academy

901 Lenora Street, Seattle WA 98121

## **Morningside Academy Learning Guarantee Summer School 2020**

Through the enrollment screening process at Morningside Academy we accept only students who we believe will benefit from our instructional methods. For all students, including those not eligible for the learning guarantee, Morningside Academy agrees to monitor academic progress and make changes in instructional programs as needed.

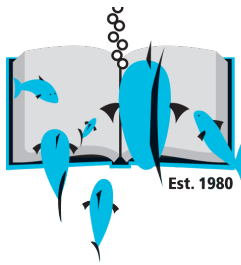
The subject matter skill area of greatest deficit will be determined upon enrollment using a combination of norm-referenced, standardized achievement tests, Curriculum Based Measurement (CBM), and Morningside program tests. We will provide partial or full tuition reimbursement for students not making 5 months growth in the skill area of greatest deficit, depending upon your child's post-test performance.

For eligible students performing at least two years below grade level, Morningside Academy agrees to provide quantified evidence that your child made substantial progress, the equivalent of 5 month's growth in four weeks, in the subject matter area of greatest deficit (i.e. reading, writing, math). If after 1 week of instruction your child's teacher determines that "learning skills" are the skills of greatest deficit and not the subject matter, Morningside Academy will provide evidence that your child's learning skills have improved over the four weeks instead of skills in the subject matter. Learning skills include following teacher directions, attending to instruction, responding to instruction, social skills or other such skills that interfere with student learning. Improvement in learning skills may also result in 5 months gain in the subject matter of greatest deficit, however we will not guarantee that.

To be eligible for the learning guarantee, the following criteria must be met:

- The student must test during the testing dates available such that they do not miss instructional time. Testing dates are as follows: Saturday, May 2<sup>nd</sup>, Saturday, May 16<sup>th</sup>, and Monday, June 8<sup>th</sup>.
- The student must be performing at least two years below grade level in the skill area considered for the learning guarantee. Students who have just completed kindergarten, first or second grade are not eligible for the learning guarantee. Students below grade 3 often do not demonstrate reliable test performance.
- The student receives instruction in the skill area determined to be the skill of greatest deficit through academic assessment at Morningside Academy.

*Over*



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- The student attends Morningside Academy to study the skill of deficit every morning session for 4 weeks. Afternoon enrollment does not qualify for the learning guarantee, however we encourage students to study a second skill area in the afternoons.
- The student has no more than 2 absences during the four-week session. Note that three tardies count as one absence. A student will be considered tardy if he or she is not present by 9:25 a.m. for the morning session or leaves before 12:10 p.m.
- A parent or other primary caregiver attends the training at the beginning of the summer school session on how to read and provide support for the Morningside Daily Report card.
- The Morningside Daily Support Card is reviewed each day by a parent or other primary caregiver, according to the guidelines outlined in the Morningside Daily Support Card training.
- The student does not have a handicapping condition (e.g. mental retardation, autism, Asperger's syndrome, traumatic brain injury, seizures, bipolar disorder, or any other physical, developmental, or learning disabilities such as language delay, and auditory processing problems) that renders one year's growth unlikely.

If you have any questions regarding the Learning Guarantee please do not hesitate to contact Julian Gire, School Psychologist, at (206) 709-9500.

- Yes, My child will be enrolled for four consecutive weeks and I would like my child to be considered for the Learning Guarantee.**

*Please return this signed form for consideration:*

Student Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

# Morningside Academy Summer School 2020

## Parent/Guardian Contact Information

*Please print clearly*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grade in Fall 2020 : \_\_\_\_\_ Preferred Gender Pronouns: \_\_\_\_\_

### Parent/Guardian 1-

Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Spouse/Partner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Occupation/Employer: \_\_\_\_\_

### Parent/Guardian 2-

Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_  
Spouse/Partner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Occupation/Employer: \_\_\_\_\_

Which parent/guardian should be the first point of contact?: \_\_\_\_\_

Who is the student's legal guardian?: \_\_\_\_\_

1<sup>st</sup> Emergency Contact: \_\_\_\_\_  
*If parent/ guardian can't be reached*

Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_  
*If parent/ guardian can't be reached*

Relationship: \_\_\_\_\_ Phone(s): \_\_\_\_\_

# Morningside Academy Summer School 2020

## Emergency & Medical Consent

### Physician Information

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medications

Does your child take any medications?  Yes  No

What medication?: \_\_\_\_\_

Does it need to be taken at school?  Yes  No

*(If yes, please submit the Instructions for Prescription Medication Form)*

### Aches and Pains

May your child take a normal dosage of Ibuprofen (Advil/Motrin) without a call home?  Yes  No

May your child take a normal dosage of acetaminophen (Tylenol) without a call home?  Yes  No

May your child take a normal dosage of an antacid (Tums) without a call home?  Yes  No

May your child take a normal dosage of cough drops without a call home?  Yes  No

### Insurance Coverage

Company/Organization: \_\_\_\_\_ Membership #: \_\_\_\_\_

Employer(s): \_\_\_\_\_

### Consent to Medical Care and Treatment of Minor Children

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_ consent to medical, surgical and hospital care, treatment and procedures to be performed on my child to safeguard my child's health when I cannot be contacted. I waive my right of informed consent to such treatment. I accept all financial responsibility for necessary treatment and services.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Morningside Academy Summer School 2020

## Student Health History Form

Student Name: \_\_\_\_\_

Please mark any of the following conditions that your child has had in the past, or currently has.

Accidents/Bed Wetting	Food Allergies	Loss of Appetite
ADD/ADHD	Frequent Colds	Nose Bleeds
Asthma	Frequent Diarrhea	Seasonal Allergies
Chronic Orthopedic Condition	Frequent Headaches	Seizures
Diabetes	Frequent Sore Throat	Skin Rashes
Ear Tubes/Aches	Hearing Problems	Sleeping Problems
Epilepsy	Heart Condition	Speech Problems
Fainting Spells	Hemophilia	Stomach Aches
Fevers	Hyperactivity	Vision Problems

Other: \_\_\_\_\_

Explanation of any of the above: \_\_\_\_\_

\_\_\_\_\_

Is your child nervous or easily upset?    Yes    No

Explain: \_\_\_\_\_

\_\_\_\_\_

Any eating problems/dietary restrictions?    Yes    No

If so, what: \_\_\_\_\_

\_\_\_\_\_

To what extent are sugar and "junk-food" a part of your child's diet?: \_\_\_\_\_

\_\_\_\_\_

Please share additional information about your child's physical/emotional health that staff should be aware of:

# Morningside Academy Summer School 2020

## Instructions for Prescription Medication Administered at Morningside Academy

State licensing requirements **only** permit school facilities to administer medications to children with a doctor's prescription and with the written and signed directions of a parent/guardian. **Changes to medication distribution at school will require documentation.**

Please provide the following information:

Student's Name:

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Health Problem:

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Name of Medication:

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Method of administration at Morningside:

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Amount (mg, mL, etc.):

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Time of day to be given:

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How long medication is to be continued:

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Parent/Guardian Signature

---

Date

---

Parent/Guardian Printed Name

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Date

---

Physician Signature

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Date

# Morningside Academy Summer School 2020

## **Denny Park/Playfield & Neighborhood Walk Permission**

I, \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_  
give permission for my student to walk from Morningside Academy's campus to Denny Park/Denny  
Playfield facilities and elsewhere in the neighborhood while supervised by Morningside staff.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Morningside Academy Summer School 2020

## Permission to Photograph & Videotape

Dear Parents and Guardians,

We would like your permission to videotape and photograph your child. Please indicate what you authorize:

- I authorize Morningside Academy to photograph and videotape my child for educational and promotional purposes.  
*As you may know, our Morningside Model of Generative Instruction is being implemented internationally in both public and private settings. We would like to enrich our printed and electronic materials (including our website) with informative videos and photographs of the current program.*
- I authorize Morningside Academy to take a headshot of my child for their student file.  
*This helps administrators quickly identify all students and will not be shared with non-Morningside staff or emergency personnel.*
- I do NOT authorize Morningside Academy to photograph and/or videotape my child for any reason.

Thank you in advance for your support!

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian printed name: \_\_\_\_\_



# Morningside Academy Summer School 2020

## After School Transportation Plan & Permissions

Student Name: \_\_\_\_\_

**Please choose one:**

*These options apply to students leaving directly after school, as well as those who stay for an Extended Day Activity.*

**My student will be picked up individually on Lenora Street**

**My student will be leaving on their own:**

○ They will be taking public transportation (Bus # \_\_\_\_)

**OR**

○ They will be walking home or to my office

**My student will be part of a carpool**

*Morningside Academy does not coordinate student carpools, but in order for us to facilitate a quick and easy dismissal, please list the students and drivers associated with your carpool:*

Carpool Students	Carpool Drivers

**Other** *Please Specify* \_\_\_\_\_

Please let your child know they are not to return to Morningside Academy, including the adjoining sidewalk and alley, once they have departed the building. Of course, this does not apply to emergency or safety situations.

The safety of our students is our top priority. Please talk with your child about the pedestrian and bus riding safety rules you expect your child to observe.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name of Parent or Guardian