

Learner Name _____

2011 – 2012
Surface Creek Vision HCP
Enrollment Form For Returning Learners

Please initial the appropriate response or provide the appropriate information for the following questions:

1. Level of participation: ____ Full-time (360+ hours/semester)
____ Part-time "Home-Based" (90+ outside hours/semester)
____ Kindergarten (90+ hours/semester)

2. Resource Consultant: _____

3. 2011 - 2012 Grade Level: _____

Is the learner being retained? ____*Yes ____No

The grade level recorded may not be changed after October 1. This will be the grade level for the CSAP test – Spring 2012

* If Yes, the decision to retain was assessed through:

- ____ Curriculum Assessment
____ Educator Assessment
____ Standardized Assessment
____ Other _____ **Please explain**

4. Do you have an update for the IMMUNIZATION record? ____yes ____no
If the answer is "**yes,**" the updated immunization form needs to be submitted to the Surface Creek VISION HCP office.

5. May we have your permission to release pertinent information about the learner, as indicated on the Initial Release of Information Form, for the purpose of documenting the Vision HCP Program or to network with other Vision HCP participants? (Please note: Vision HCP will never share any personal information without your verbal or written consent on an incident by incident basis.) ____ Yes ____ *No

If the answer is *No, please submit an updated Release of Information Form. (This form is available at front table)

6. I acknowledge, as indicated on my Initial Child Protection Screening Form, my choice and my responsibility in assessing the safety of any persons who are part of my child's education within the Vision HCP. Vision HCP will not be held accountable financially or otherwise for the consequences of my personal choices.

7. Have there been any changes of address, phone numbers, e-mail address, or emergency contact information since pre-registration in May? ____*Yes ____No ***If yes, please update on lines provided below.**

Parent Signature: _____ Resource Consultant Signature: _____