

WMS Handbook Parental Agreement

By signing my name below, I affirm:

- I have read the Watch Me Sprout Handbook in its entirety.
- I agree to comply with the policies described within the handbook.
- I understand that while I may offer creative suggestions for future growth and improvement to the school, policies outlined in the handbook will not change during the current school year.
- I understand that failure to abide by the policies, guidelines and standards set in the Parent Handbook can result in the withdrawal of my child from this school at any time during the year.

Child's Name: _____ Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Director Signature: _____

Date: _____

***This form must be signed and returned to the school
before your child may attend classes.***

Department of Special Education Services Questionnaire

Child's Name: _____

Watch Me Sprout is not staffed to handle students with severe learning and behavioral disabilities. For your child's best interest, please be candid when you answer the following questions.

Has your child ever seen a physician, counselor, psychologist or psychiatrist for any type of social, behavioral, emotional learning problem? If yes, please explain.

Is your child currently enrolled in an (DSES) Department of Special Education Services? Yes or No

If Yes, Please select from the list below.

- ☐ Infant & Toddlers
- ☐ PEP
- ☐ Speech-language services
- ☐ Comprehensive Autism Preschool Program (CAPP)
- ☐ Other (Please Specify) _____

If you answered yes to the previous question, please state the nature of your child's need and describe any behavioral concerns.

Does your child have an IEP (Individualized Education Plan?) Yes or No

Does your child have an AIP (Academic Intervention Plan?) Yes or No

Does your child have a BIP (Behavioral Intervention Plan?) Yes or No

Does your child have a 504 Plan Yes or No

If yes to either, please provide a copy to Watch Me Sprout at the time of registration.

Watch Me Sprout does not discriminate against any person on the basis of race, color, national origin, disability, or participation in its programs, services and activities. Any information obtained through this questionnaire is to assist us in determining the best course of providing an effective childcare program for your child. For further information about this policy please feel free to contact us.

Parent Name: _____

Parent Signature: _____