

For School YEAR: 2018-2019
Form Received (Date):
Re-enrollment Fee \$300.00 Received {Date}:

RENROLLMENT FORM MADONNA LEARNING CENTER This form is due by April 25, 2018

Date of Birth Current Address (place of primary residence of child)					
Curren	t Contact information: I	Home Phone #:			
Parent	Information: Mother	Father			
Name					
Work #					
Cell#					
Email					
Place of Employment					

Do you wish to continue enrollment for your child at Madonna Learning Center during the next school year?

Yes No

If you are planning a change in enrollment, where will your child attend school/receive services next school year? Please take a moment to provide us with additional information regarding your needs.

1.	During the current school year, has Madonna Lenneds of your child?	arning Center met the		
	ficeus of your child:	Yes	No	
	ease briefly describe the strengths of the program eeds:	regardir	ng your child's	
	the program did not meet the needs of your child, oncerns. Be specific.	please t	ell us your	
2.	How can Madonna better respond to your needs	as it se	rves your child?	
3.	In our efforts to continually improve services we ideas. Please consider the following list of specified we currently offer and provide us with input (on any or all of them:	fic servic	es or programs	
<u> </u>	IEP's/meetings with families Cafeteria Therapy programs (speech-language; music; occulinformation/resource sharing Special events (i.e., the Christmas play, Passion Fund Raising events	_	·	

4. Please share with us (as specifically as you can) what we need to <u>add</u>, <u>change</u>, <u>re-evaluate</u>, <u>overhaul</u>, <u>modify</u>, and/or <u>eliminate all together</u> **to ensure** that Madonna continues to provide the most appropriate program of services for children with disabilities in the future:

Thank you for your input and ideas. Together we Can!
Parent Name and Signature
Parent Name and Signature
THIS FORM MUST BE RETURNED NO LATER THAN April 25, 2018.