

MEDICAL CENTER CHARTER SCHOOL

10420 Mullins St.
Houston, Texas 77096
713.726.0223



PRE-KINDERGARTEN TUITION FREE PROGRAM

Pre- Kindergarten classes are offered from 7:30am – 11:30am.

Optional extended day is offered from 11:30 – 4:00pm for a fee of \$100 per month starting with August and ending in May for a total of 10 payments or \$1000 per school year.

More information regarding extended day for pre-kindergarten will be given at the acceptance meeting.

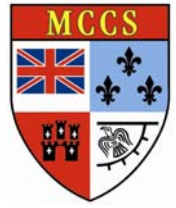
Eligibility Requirements

To be eligible for enrollment in a PK class, a child must be 3 or 4 years of age on September 1 of the current school year and must:

1. be unable to speak and comprehend the English language; or
2. be educationally disadvantaged (eligible to participate in the National School Lunch Program) ; or
3. be homeless; or
4. be the child of an active duty member of the armed forces of the United States, including the state military forces or a reserved component of the armed forces, who is ordered to active duty by proper authority; or
5. be the child of a member of the armed forces of the United States, including the state military forces or a reserved component of the armed forces, who was injured or killed while serving on active duty; or
6. have ever been in the conservatorship (foster care) of the Department of Family and Protective Services (DFPS) following an adversary hearing.

Child must be current on immunizations.

2010-2011 APPLICATION
MEDICAL CENTER CHARTER SCHOOL
A Preparatory Open-Enrollment Charter School Specializing in
Performing and Visual Arts
Grades: Pre-Kindergarten 3 through Six
Performing and Visual Arts Academy includes Grades K-6



10420 MULLINS
 HOUSTON, TEXAS 77096
 Telephone: 713.726.0223
www.mccs.cc

PREKINDERGARTEN APPLICATION PACKET

PART I: (PLEASE KEEP FOR REFERENCE) 2010-2011

THE ADMISSIONS PROCESS

(1) *The Application*, if complete, is dated, and numbered

Birth date verification is required. Originals must be seen by office staff and copies will be made. Students must be three on or before September 1 for Pre-Kindergarten (and must be eligible for either free or reduced priced meals or English Second Language), must be five on or before September 1 for Kindergarten, and must be a commensurate age for higher grades.

(2) *ESL Testing*:

- If indicated by the Home Language Survey, ESL testing can qualify the student for PK attendance.
- Parents must have an appointment and students must attend the scheduled testing date.
- If a testing session is missed, the parent may request that the student's application be re-dated and stamped for a makeup session, if one is held.

(4) *Records*:

After acceptance a copy of the student's school records is required, including any of the following, if applicable: (a) Report Card grades, (b) Testing reports, (c) Discipline records, including any suspensions, expulsions, or referrals to alternative schools, and (d) Attendance records, (e) Immunization records, (f) and Social security card. Parents are asked to bring complete records from the present school.

(3) *Language Testing*:

A short language test may be given to PK applicants if parents wish to know their level placement.

(4) *The Acceptance Meetings*: **You will be notified by mail**: The meeting is held after testing and concerns:

- Acceptance, the waiting list and placement in a homeroom: Places are filled after testing according to the date and number of the application as well as the spaces available for each level. In a Testing/Audition Session, if more applicants qualify for a classroom than can be accepted, a waiting list will be formed in order of audition score. Parents will receive information showing acceptance or waiting list status. When an opening occurs, applicants will be notified by mail or telephone to accept or refuse the opening.
- Transfer records: A Request for Transfer Form will be given for the parent to sign requesting complete health, program, and other records to be transferred.
- Special Programs Offered: Gifted and Talented, Special Education, English Second Language, and Study Skills
- Summer School for June will be offered for students in Study Skills or ESL, or who are skipping a level.
- Available from the school: Uniforms, School Supplies, French, Spanish and English Dictionaries, Breakfast Program, Lunch Program

- Available: Before/After School for a fee
- Free and Reduced Priced Meal Applications: These applications are used to qualify families for free or reduced rates for Meals. Parents are encouraged to apply because the school receives additional funding.

GENERAL INFORMATION

MISSION STATEMENT FOR MCCS:

These essential elements are recognized:

- High standards for behavior and personal responsibility including respect for the individual
- Values of duty, honor, and service to the family, the community and our country
- The goal of each child becoming a person of integrity, willing and able to take responsibility for personal attitude, behavior, achievement, and relationships
- Explicit teaching of these values and the skills producing independence in thinking and learning
- Personal interaction, cooperation, and responsibility modeled by adults
- Preparatory level coursework including four languages, (English, Spanish, French, and Latin), fine arts, (Music, Art, and Drama), physical education, and technology
- Standardized tests measuring academic progress as a function of change and growth of individual students, with no student exemptions
- Instructional leadership as the focus of energy and time for administrators and faculty
- High standards of achievement
- The parent and student pledge that all homework and school requirements will be met as a condition of enrollment
- Perseverance until success in spite of challenges

OTHER GENERAL INFORMATION

- ***Performing and Visual Arts Academy.*** Beginning in grade kindergarten students must qualify by audition in the areas of vocal music, visual arts, and drama. They will develop these artistic areas of study with the highest standards. Under highly qualified teachers they will practice and participate in community performances as scheduled.
- ***Gifted and Talented Program.*** All students are automatically considered for the Gifted and Talented Program and qualify by scoring at least 89th percentile on the Iowa Tests of Basic Skills for the appropriate grade.
- **A level, not grade, homeroom approach meets the needs of all students.**
- **All students are automatically considered for the Study Skills tutoring program** and will qualify if they score (1) below the 40th percentile on the ITBS, or (2) have failed a TAKS test, or (3) Qualify for ESL.
- **In January students are tested** for homeroom placement changes for the spring term. In May they are tested for placement for the summer and tentative placement for the fall term. Tests the first week of school determine fall placement.
- **Students that are failing a subject and gifted students** qualify for the extended year in June.
- **Requirements for Promotion at Medical Center Charter School:** To be promoted to the next grade, students must pass all subjects. They must also pass all TAKS tests required for their grade. Pre-kindergarten through grade two students are also required to score a minimum of 40th percentile in Total Reading, Total Language, and Total Mathematics on the ITBS.
- **The English Second Language program** is a mainstream immersion approach and students qualify for a special language program in Study Skills and Summer School.
- **The school day** is 7:30am to 4:00 pm for grades KG – 6 and 7:30am to 11:30am for Pre-kindergarten. Arrival for breakfast is 7:30am.
- **Parents must ensure that their children are brought to school within specified times** and are picked up promptly; no MCCS staff is on duty before or after those times and children must not be left unsupervised.

Before 7:30am and after 4:00 pm parents will be assessed a fee (Minimum of \$10) per child per time for supervision, which is what M CCS is charged for emergency supervision by licensed childcare. In addition, emergency contacts will be called and, if necessary, the authorities will be notified if children are habitually left unattended.

- **Before and Afterschool care is available for a fee.**
- **Breakfast and lunch are available** under the state programs.
- **Parents are requested to attend or have a representative at Parent-School Meeting** on Tuesdays as scheduled.
- **Parents are invited to observe** their child's class once each term, by appointment, and to follow up with a conference with the homeroom teacher.
- **Students will participate in all classes and activities** during the school day and will be occasionally photographed and videotaped for school records and promotional purposes without additional notice. To prevent your child from participating, please file a note in the office stipulating that. As a school specializing in performance and visual arts, participation in all scheduled rehearsals, workshops, and performances is required. Students must be in correct required uniform to participate. Field trips are announced to parents by school calendar, newsletter, or letter.
- **Parents are requested to participate in fund-raisers**, which include purchase of school supplies and uniforms from the school, and numerous ongoing projects such as internet purchases and purchases from participating stores. These fundraisers are an important part of the charter school budget. M CCS is a 501 (c) (3) non-profit corporation and parents are encouraged to make tax-deductible donations and to solicit donations from employers and other sources.

UPON ACCEPTANCE PLEASE COMPLETE THE FOLLOWING TO PREPARE FOR SCHOOL:

- **Submit all required records.**
- **Register with Saint Nicholas School for Before/after School if desired.**
- **By May 1: Order uniforms if using the M CCS Uniform Shop. Requirements are available in the office.**
- **By July 1: Pay for School Supplies (\$55) and Student Accident Insurance (included), or purchase required school supply items. A list is available in the office.**
- **By August 1: Apply for Free/Reduced Price Meals: (Child Nutrition Program):** free, reduced, or full price. New federal forms are available each year; call the office first to verify that they have been received before coming. **Bring immunization and hearing and vision records** to the school if not already complete.
- **By August 1:** Please complete the above.
- **Attend a Back to School Party.** You will receive an invitation in the mail.
- **Attend the Parent Meeting the week before school.** You will receive notice of the time and date.

Other essential information is outlined in the Student/Parent Handbook.

(FOR OFFICE USE ONLY)

Birth Certificate _____
Immunization _____
Social Sec. Card _____
Teacher Rec. 1st and up _____
School Records _____
PK eligibility _____

Medical Center Charter School
10420 Mullins St.
Houston, TX 77096
713/726-0223
PRE KINDERGARTIN
Tuition Free Enrollment Form
2010-2011 School Year

(FOR OFFICE USE ONLY)

Student ID _____
Grade _____
Test Date _____
Placement Test _____
Entry Date _____
Level _____

Referral

Referred by: (Parents, professionals, employer, referral service, or advertising): Please list names: _____

Pre-Kindergarten Tuition Free school hours are 7:30am – 11:30am.

Please check if extended day is needed.

- 11:30am – 4:00pm. (provided by MCCS for a monthly fee)
 4:00pm – 6:00pm. (provided by SNS for a monthly fee)

Student Information:

Age as of **September 1, 2010**: (circle one) 3 years old 4 years old

First Name: _____ Middle: _____ Last Name: _____

SSN: _____ Sex: M or F Birth Date: _____ Birthplace: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

School District where you live _____ Name of neighborhood campus _____

Parent/Guardian Information

Full Name: _____ Relationship: _____ Home Phone: _____

Home Address: _____ Work Phone: _____

Work Place: _____ Birthplace: _____ Ethnicity: _____ Speaks English: Y / N

Full Name: _____ Relationship: _____ Home Phone: _____

Home Address: _____ Work Phone: _____

Work Place: _____ Birthplace: _____ Ethnicity: _____ Speaks English: Y / N

Emergency Phone Numbers (other than parents)

Persons to contact or who may pick up student, **other than parents**, in an emergency: Two are required. Photo ID will be required for pick up. These persons must be able to pickup the child, in addition to parents, in the case of illness or discipline problems, within one hour of being called or child care charges will be incurred of \$10-\$25.

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Physician's or clinic name and Telephone: _____

Hospital Preference: _____

Special Pick-up Instructions: _____

List siblings attending MCCS: _____

Have you done migrant work, on a temporary or seasonal basis, in a job related to Agriculture, forestry or fishing? **Circle: Yes or No**

If yes, did your child/children travel with you when you went to work or looked for work?

Circle: Yes or No

To the Parent: I agree to comply with all provisions and requirements of this application and of the Student/Parent Handbook, including Student Conduct, Uniform Requirements, arrival at school by 7:30am and picked up by 11:30am, Attendance at Home School sessions, homework requirements, and participation in fundraisers. If I cannot be contacted in case of emergency, I hereby authorize the individuals listed on the Medical Center Charter School Emergency Sheet and this application to be notified at the school's discretion. In the event parent and other persons named on these forms cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgment, for the health of the aforesaid child. I will not hold the school financially responsible for the emergency care and/or transportation for said child.

Failure to sign this form does not exempt your child from compliance with the laws, policies, rules, and regulations of the state and school. All the information we ask for is required to complete the student record. Please fill out accurately and sign.

Signature of Parent/Guardian: _____ Date: _____

Student Registration Date: _____ Time: _____ Date Tested: _____

Please Return to School

**Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

Part 2. Race: What is the person's race? (Choose one or more)

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- 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 Philippine 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.

_____ Student Name (please print)	_____ (Parent/Guardian) Signature
_____ Student Identification Number (by office personnel)	_____ Date

MEDICAL CENTER CHARTER SCHOOL

HOME LANGUAGE SURVEY – GRADES PK-6
CUESTIONARIO DE IDIOMA HOGAREÑO –GRADOS PK-6

Name of Student _____ Grade _____
Nombre del Alumno

TO BE FILLED IN BY PARENT OR GUARDIAN (DEBE COMPLETARSE POR EL PADRE O GUARDIAN):

(1) What language is spoken in your home most of the time? _____
¿Cuál es el idioma que más se habla en su hogar?

(2) What language is spoken by your child most of the time? _____
¿Cuál es el idioma que más habla su niño(a)?

(3) What language did your child learn first? _____
¿Cuál idioma aprendió su niño(a) primero?

(4) What is the date of first entry into ANY school in the United States _____
¿Cuál es la fecha de primer ingreso en CUALQUIER escuela grade (grado) month (mes) year (año)
en los Estados Unidos?

(5) Was your child born outside the United States? _____ Yes(Sí) _____ No
¿Nació su niño/a fuera de los Estados Unidos?

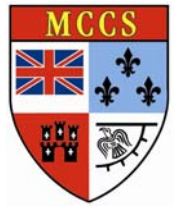
(6) Has your child resided outside the United States for 2 or more consecutive years?
¿Ha vivido su niño (a) fuera de los Estados Unidos por dos o mas años consecutivos?
_____ Yes (Sí) grade _____ From _____ to _____
Grado de month (mes) year (año) a month (mes) year (año)

(7) If your child resided outside the United States, did he/she miss significant portions of one or more school years? Si su niño (a) vivió fuera de los Estados Unidos, ¿perdió una gran parte de uno o más años escolares?

_____ Yes(Sí) grade _____ From _____ to _____
Grado de month (mes) year(año) a month (mes) year (año)

_____ No
_____ Does Not Apply (No es aplicable)

Signature of Parent or Guardian (Firma de Padre o Guardian) Date (Fecha)



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Confidential Teacher Recommendation Form for Pre-kindergarten

To the parent/guardian: Please submit this form to a teacher or director of the preschool your child currently attends. I/we understand that we may not look at this evaluation and assure the person completing this form and the school that we will not try to do so. We give permission for the preschool to release the information on this form to the schools to which we are applying for admission. We understand that as parents we will not have access to this confidential information and that it will not become part of our child's permanent school record.

First parent/guardian signature _____ Date _____

Second parent/guardian signature _____ Date _____

NAME OF STUDENT _____ APPLYING FOR PRE-KINDERGARTEN

To the person completing this form:
 Please complete both sides of this form and send to all requesting schools. Your comments will be held in strictest confidence. Thank you very much for your assistance and cooperation.

MARK ALL THAT MOST CONSISTENTLY DESCRIBE THIS CHILD:

- | | |
|---|--|
| <input type="checkbox"/> Enjoys large motor activities | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Enjoys small motor activities | <input type="checkbox"/> Defiant |
| <input type="checkbox"/> Positive member of the classroom | <input type="checkbox"/> Positive interaction with peers |
| <input type="checkbox"/> Responsive to classroom limits | <input type="checkbox"/> Positive relationships with adults/teachers |
| <input type="checkbox"/> Responsive to teacher directions | <input type="checkbox"/> Aware of others' needs |
| <input type="checkbox"/> "Goes with the flow" | <input type="checkbox"/> Easily frustrated |
| <input type="checkbox"/> Cheerful | <input type="checkbox"/> Physically hurtful when frustrated |
| <input type="checkbox"/> Resilient | <input type="checkbox"/> Enthusiastic about learning |
| <input type="checkbox"/> Short tempered | <input type="checkbox"/> Can't sit still |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Hits or bites |
| <input type="checkbox"/> Observer | <input type="checkbox"/> Slow to warm up |

What other words come to mind to describe this child? _____

SOCIAL/EMOTIONAL DEVELOPMENT

	ALWAYS	OFTEN	SOMETIMES	NEVER
Works and plays cooperatively				
Enters group activities appropriately				
Cries when frustrated				
Chooses to be alone				
Tends to lead				
Tends to follow				
Uses words to resolve conflict				
Is able to be redirected by teacher				
Accepts responsibility for behavior				
Is able to solve problems without adult help				

APPROACH TO LEARNING

	ALWAYS	OFTEN	SOMETIMES	NEVER
Tries new activities of own choice				
Needs help to be on task with own choice				
Tries new activities that are teacher-directed				
Needs teacher support to stay on task				
Makes transitions easily				
Follows classroom routines				

Comments:

LANGUAGE DEVELOPMENT

	ALWAYS	OFTEN	SOMETIMES	NEVER
Understands and follows oral directions				
Is able to communicate ideas, feelings, and needs				
Speech is intelligible				

Comments:

OTHER

	ALWAYS	OFTEN	SOMETIMES	NEVER
Responsible for personal belongings (coat, lunchbox)				
Toilets independently				
Is willing to participate in room clean-up				
Separates easily from parent(s) at drop-off				
Parent(s) set limits with child				
Child responds to limits of parent(s)				
Parent(s) respectful of teacher(s) & school				
Parent(s) responsive to teacher feedback				
Parent(s) contribute to preschool & classroom				
Parent(s) support classroom systems & expectations (i.e., arriving on time, follow thru with school requests, pick-up on time)				
Parent(s) agree with your view of the child				

Comments:

Have you made, or do you plan to make, any recommendations for professional support or assessment? Yes No
Please comment and/or state reasons for any referrals.

Is English the child's primary language spoken at home? If not, what language is primary? Yes No

IS THERE ADDITIONAL INFORMATION THAT CAN BE BETTER CONVEYED IN A PHONE CONVERSATION? Yes No
can best be reached during these hours: _____ at the phone number below:

Medical Center Charter School and Saint Nicholas Schools will abide by the confidentiality of this Recommendation Form.

Signature		School
Your name (please print)		Full School address with zip code
Position		
Date	Phone	When did you teach the student? From _____ to _____