



## MNS RECEIPT OF MATERIALS

### Forms to be Completed, Signed and Returned to MNS

- \_\_\_\_\_ 1. Updated Medical Form (CT **Early** Child Health Assessment Record)
- \_\_\_\_\_ 2. Emergency Information Sheet
- \_\_\_\_\_ 3. Permission Agreement
- \_\_\_\_\_ 4. Discipline Policy

Signed \_\_\_\_\_  
(parent or legal guardian)

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Class \_\_\_\_\_