



Board of Directors
Special Meeting
February 24, 2011
6:30pm
250 Vallombrosa Ave. #200.

Board Packet



Parent Participation Expectations

Wildflower Open Classroom K-8 parents are actively involved in their child/ren's education!

Parents are asked to approach the Open Classroom K-8 Philosophy with an open mind, and always support the learning process. The values of Wildflower Open Classroom (WOC) support the education and development of the whole child. It is essential that parents, teachers and staff work together to ensure this focus of the program. Parents are encouraged to ask questions about the involvement opportunities at Wildflower.

Co-oping = Parents working in and out of the classroom

Family commitment is 2 hours per week per family or 75 hours per year

Co-oping allows children to:

- work in smaller learning groups/ environments
- learn how to interact with a variety of adults
- benefit from parents' (co-operators') personal and professional knowledge

Wildflower families have the opportunity to work in or out of the classroom. Opportunities to co-op could include:

- In-class assistance or at home classroom support (see attached list of ideas)
- Committee involvement (parents participate in at least one WOC Committee)
- Attend WOC Parent Teacher Council Meetings
- Participate at Classroom and Community Gatherings
- Additionally there will be a variety of meetings for parents and Wildflower staff that will be community building, informational based, training based as well as meetings that are fun and social.

Classroom Involvement

Teachers are responsible for academic growth and student behavior while parents are encouraged to supplement and enrich. Teachers train co-operators in the tasks that they will implement during their weekly block of time. Parents also receive support from other parents.

Parent Teacher Council Meetings (PTC)

PTC meetings are an exciting opportunity for parents to contribute to the governance and maintenance of the school. Meetings will be regularly scheduled and all parents/guardians will be encouraged to be active participants in the organization.

I have read and accept the expectations and the importance of being a parent/guardian of a Wildflower Open Classroom student.

Parent/ Guardian Signature

Date

For more information or questions please contact us:

Wildflower Open Classroom
www.wildflowerschool

PO Box 8327 Chico, CA 95927 · 530-518-1386 · wildfloweroc@gmail.com



There are MANY ways you can help your child's school community.

In Classroom Involvement		Outside Classroom Support		Whole School Opportunities	
Curriculum Support		Weekly/ongoing help		Parent Teacher Council	
	Literature Circle		Homework Correcting	Committee Involvement	
	Lead Center Activity		Editing Student Work	All School Mixers	
	Individual and small group assistance		Word Processing/ Publish Student Work	School Construction Building Projects	
	Reading Conferences		Shopping	Janitorial Maintenance	
	Classroom Displays		Organizing Field Trips	Garden Upkeep	
	Reference/ Research Gatherer		Classroom Materials Development	Painting	
Enrichments		Classroom Upkeep		Weekly Cleaning Crews	
	Cooking/ Nutrition		Janitorial Work	Events and Socials	
	Crafts: knitting, sewing, weaving		Painting	Fundraising	
	Ceramics		Construction	Recycling Program	
	Arts Experiences		Computer Work	Outreach Involvement	
	Singing		Repairs	Electrical Work	
	Musical Instruments			Plumbing	
	Dance	Name: _____ Contact Information (phone, email, etc.): _____ _____ Profession/ Employment, if applicable: _____ Expertise: _____ Hobbies/ Interests: _____ Other/ Comments: _____ _____			
	Classroom Maintenance				
	Organizing/ Cleaning				
	Clerical/ Correcting				
	Yoga				
Outdoor Classroom Work					
	Sustainable Education				
	Composting				
	Worm Farm				
	Domestic Animal Care				
	Garden Work				
	Field Trip Driver				

MEMORANDUM/REPORT

To: WOC Board of Directors
From: Admissions Committee/D.Saake
Re: HEALTH RECORD AND EMERGENCY CARD Forms
Date: February 12, 2011

ISSUE:

Adopt forms for use during the enrollment procedure.

RECOMMENDATION:

Adopt forms for use.

DISCUSSION:

Consent agenda//Special Meeting

These forms use the CUSD template.

Attachments:

Emergency Card
Registration Health Record

Check here if address/telephone has changed in past year.

STUDENT'S NAME (last/first) _____ GRADE _____ ID# _____

SOCIAL SECURITY# _____ BIRTHDATE _____ TELEPHONE _____

ADDRESS _____ ZIP CODE _____ APT. _____ SPACE _____

FATHER'S NAME _____ ADDRESS _____

(if different from student's)

MOTHER'S NAME _____ ADDRESS _____

(if different from student's)

FATHER'S EMPLOYER _____ PHONE _____ EXT. _____ WRK. HRS. _____

MOTHER'S EMPLOYER _____ PHONE _____ EXT. _____ WRK.HRS. _____

CELLULAR PHONE OR PAGER NUMBERS - MOM: _____ DAD: _____

List relatives/friends not living in the home that can come for student or give permission to leave campus if unable to locate parent.

1. NAME: _____ RELATIONSHIP _____ DAYTIME PHONE _____

2. NAME: _____ RELATIONSHIP _____ DAYTIME PHONE _____

3. NAME: _____ RELATIONSHIP _____ DAYTIME PHONE _____

OTHER CHILDREN IN FAMILY:

1. NAME: _____ GRADE _____ SCHOOL _____

2. NAME: _____ GRADE _____ SCHOOL _____

3. NAME: _____ GRADE _____ SCHOOL _____

●TURN CARD OVER●

HS-10b (2/18/98) White

SCHOOL _____ DATE _____

AUTHORIZATION TO TREAT MINOR

I (We), the undersigned parent, parents, or legal guardian of _____, a minor, do hereby authorize and consent to any X-ray examination, anesthetic, medical, or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the medicine practice act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of Civil Code of California.

LIST OF RESTRICTIONS _____

ALLERGIES TO DRUGS OR FOODS _____

LIST ANY SPECIAL MEDICATIONS OR ANY MEDICAL CONDITIONS _____

DATE OF LAST TETANUS BOOSTER _____

IN CASE OF EMERGENCY AND PARENT OR GUARDIAN CANNOT BE REACHED, SCHOOL IS AUTHORIZED TO CALL:

LOCAL DOCTOR _____ ADDRESS _____ PHONE _____

LOCAL DENTIST _____ ADDRESS _____ PHONE _____

INSURANCE COMPANY _____ POLICY # _____

I declare under penalty of perjury that the foregoing is correct. STUDENT INSURANCE: YES ___ NO ___

Yo declaro bajo pena de perjurio que lo anteriormente dicho es correcto.

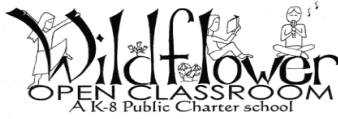
SIGNATURE OF: _____

(1) FATHER

(2)MOTHER

(3)LEGAL GUARDIAN _____

Name of Pupil: _____



REGISTRATION HEALTH RECORD

Name of Pupil _____ Sex _____ Date of Birth _____ Place of Birth _____

Pupil's Address _____ Home Phone _____

Father's Name _____ Daytime Phone _____ Cell/Pager _____

Mother's Name _____ Daytime Phone _____ Cell/Pager _____

Guardian's Name _____ Daytime Phone _____ Cell/Pager _____

Number of children living at home _____ Child lives with: Both parents ___ Father ___ Mother ___ Guardian ___

Please check appropriate response for each condition listed below:

Yes No HEAD AGE

_____ _____ Concussion _____

_____ _____ Tendency to faint _____

_____ _____ Convulsions _____

_____ _____ Recurrent headaches _____

Yes No EYES

_____ _____ Glasses - Full time [] Reading Only []

_____ _____ Contacts

Yes No EAR, NOSE, THROAT, MOUTH

_____ _____ Hearing loss

_____ _____ Difficulty with speech

Yes No OTHER NEEDS

_____ _____ Epilepsy: - Type: Grand Mal []; Petit Mal []; Other []

_____ _____ Diabetes: Insulin Dependent? Yes [] No []

_____ _____ Asthma: Inhaler Needed? Yes [] No []

_____ _____ Bee Sting reactions other than mild local swelling? EpiPen Needed? Yes [] No []

_____ _____ Allergic reaction to medicine or food. If so, please list:

Heart Condition (specify): _____

Signature of parent/guardian

Relationship

Date

If guardian have guardianship papers been completed [] Yes [] No

**COMPLETE BOTH SIDES OF THIS FORM
THIS IS A PERMANENT RECORD**

Name of Pupil: _____

According to the Education Code, parents are required to inform the school if their child is on routine medication.

Name of Medications(s): _____

Medication is taken at: Home [] School [] Home and School [] **If medication is brought to school and/or carried on your student's person, proper paper work is required and mandatory to have on file in health office. Please contact school health office for forms and information.**

List any special health problem or physical disability that should be brought to the attention of the school nurse or teacher:

Family Doctor: _____

My child has had Special Services in a previous school. Yes ___ No ___
Please circle: Speech, Special Day Class, Resource Program, Psychological Testing, Adaptive Physical Education, Other: _____

Signature of parent/guardian Relationship Date
If guardian have guardianship papers been completed [] Yes [] No

DEVELOPMENTAL HISTORY – Page 2

Pregnancy with above-named child: (Mark appropriate word, or fill in blank)

- 1) Under doctor's care in _____ month. Measles during pregnancy: Yes ___ No ___
- 2) Medications used during pregnancy: _____
- 3) Illness or accidents during pregnancy: _____
- 4) Health during pregnancy: Excellent ___ Good ___ Fair ___ Type of delivery: Vaginal ___ Caesarean ___
- 5) Delivery problems: Forceps ___ Bleeding ___ Breech ___ Other: _____

Pupil:

- 1) Condition at birth: Birth weight _____ Cry: immediate ___ delayed ___ Color: pink ___ dusky ___ blue ___
Activity level: _____ Injury: _____ Seizures: _____
Birth defects: _____ Breathing problems: _____ Jaundice: _____
- 2) Childhood illnesses: _____ Accidents: _____
Describe: _____
- 3) Pupil's feeding and diet: Weight gain: slow ___ average ___ fast ___
Appetite: good ___ poor ___ picky eater ___ eats most foods ___
Allergies: Infancy: _____ Present: _____
- 4) Pupil's sleep and rest patterns: Average hours per night _____ Sleeps: quietly ___ restless ___ dreams ___
walks in sleep ___ bed wetter ___ needs naps ___ rested after night's sleep ___
- 5) Developmental landmarks - List age when he/she: sat alone _____ crawled _____ walked _____
first tooth _____ fed self _____ established bladder control _____ bowel control _____
Speech: first word _____ phrases _____ sentences _____