

# FARMINGTON RIVER REGIONAL SCHOOL DISTRICT

OTIS & SANDISFIELD

555 North Main Road, P.O. Box 679, Otis, MA 01253  
Phone (413) 269-4466 ■ Fax (413) 269-7659



## WELCOME TO FARMINGTON RIVER ELEMENTARY PRESCHOOL/EARLY K!

Enclosed is the 2024-2025 Preschool/Early Kindergarten Registration packet for your child.

**Please complete these forms using only BLUE or BLACK INK and return them to the school ASAP.**

Children enrolling in FRES Preschool/Early Kindergarten must be three years old before September 1, 2023 to be eligible to enter Preschool/Early K in September 2023.

The following forms must be completed only once per family:

- Student Emergency Information Card
- Parental Permission to Display
- Consent & Release & Indemnification Agreement
- Preschool/Early Kindergarten & Daycare Statistical Information

The following forms must be completed only once per enrolling student:

- Home Language Survey
- Ethnicity & Military Questionnaire
- School Health Form
- First Aid and Emergency Medical Care Consent Form
- Preschool/Early Kindergarten Student Enrollment Form
- Preschool/Early Kindergarten Developmental/Background Info
- Preschool/Early Kindergarten Release Form
- Preschool/Early Kindergarten Weekly Schedule Application

Please submit a copy of the following:

- Copy of Birth Certificate
- Copy of Proof of Residency

*(Examples include Mortgage Statement or Tax Bill, Current Utility Bill, Current Lease Agreement, etc. with physical/residential address listed. A P.O. Box is not accepted for the purpose of determining residency.)*

- Immunization Record

*(see Immunizations section below)*

- Copy of Physical Examination \*\*

*(within 13 months of enrollment)*

**\*\* No Preschool/Early Kindergarten student will be allowed to begin school without evidence of current physical exam.**

- Custody Paperwork *(if applicable)*

*If you have difficulty obtaining any of the above documents, or have any questions about the above documents, please contact Michael Saporito, Director of Students Services.*

**IMMUNIZATIONS:** All enrolling children should be immunized for their age according to the ACIP Recommended Immunization Schedule. **Requirements** listed in the table below apply to all incoming **Preschool Students**:

|             |   |
|-------------|---|
| Hib         | <b>1-4 doses</b> ; the number of doses is determined by vaccine product and age the series begins   |
| DTaP        | <b>4 doses</b>  |
| Polio       | <b>3 doses</b>  |
| Hepatitis B | <b>3 doses</b> ; laboratory evidence of immunity acceptable   |
| MMR         | <b>1 dose</b> ; must be given on or after the 1 <sup>st</sup> birthday; laboratory evidence of immunity acceptable                                      |
| Varicella   | <b>1 dose</b> ; must be given on or after the 1 <sup>st</sup> birthday; a reliable history of chickenpox* or laboratory evidence of immunity acceptable |

**SCREENINGS:** A screening is required for all enrolling children by appointment and will be conducted in the areas of speech and language, fine and gross motor development, and learning skills. *(No screening appointment is necessary if your child is currently enrolled in our preschool program).*

**We strongly urge any Preschool/Early Kindergarten student to be potty trained by the start of school in September.**



**Dear Parents/Guardians:** Please read and complete **both** sides of this form and return it to the office. You will only need to complete one form per household. If at any time your information changes (i.e. emergency contact person, telephone numbers, addresses, email), contact the front office immediately.

**STUDENTS :**

|             |              |               |              |                      |               |
|-------------|--------------|---------------|--------------|----------------------|---------------|
| _____       | _____        | _____         | _____        | ____/____/____       | _____         |
| <i>Last</i> | <i>First</i> | <i>Middle</i> | <i>Grade</i> | <i>Date of Birth</i> | <i>Gender</i> |
| _____       | _____        | _____         | _____        | ____/____/____       | _____         |
| <i>Last</i> | <i>First</i> | <i>Middle</i> | <i>Grade</i> | <i>Date of Birth</i> | <i>Gender</i> |
| _____       | _____        | _____         | _____        | ____/____/____       | _____         |
| <i>Last</i> | <i>First</i> | <i>Middle</i> | <i>Grade</i> | <i>Date of Birth</i> | <i>Gender</i> |
| _____       | _____        | _____         | _____        | ____/____/____       | _____         |
| <i>Last</i> | <i>First</i> | <i>Middle</i> | <i>Grade</i> | <i>Date of Birth</i> | <i>Gender</i> |

**STUDENT ADDRESS :**

|  |                                    |  |
|--|------------------------------------|--|
| <b>Student(s) Residential Address:</b> | <b>Student(s) Mailing Address:</b> | <input type="checkbox"/> Same as Residential |
| _____                                  | _____                              |  |
| <i>Street Address</i>                  | <i>Address/P.O. Box</i>            |  |
| _____                                  | _____                              |  |
| <i>City</i>                            | <i>State</i>                       | <i>Zip</i>                                   |
| _____                                  | _____                              | _____  |
| <i>City</i>                            | <i>State</i>                       | <i>Zip</i>                                   |

**PARENT / GUARDIAN INFORMATION :**

**\*\*\* Please do not duplicate phone numbers. If you do not have a home/work phone number, please leave the field blank. \*\*\***

**Parent/Guardian #1:** Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Address (if different from Student): \_\_\_\_\_  N/A  
Mailing Address (if different from Student): \_\_\_\_\_  N/A  
Place of Work: \_\_\_\_\_ Hours of Work: \_\_\_\_\_

**Parent/Guardian #2:** Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Address (if different from Student): \_\_\_\_\_  N/A  
Mailing Address (if different from Student): \_\_\_\_\_  N/A  
Place of Work: \_\_\_\_\_ Hours of Work: \_\_\_\_\_

**EMERGENCY CONTACTS :**

**\*\*\* These contacts will assume temporary care of your student(s) in the event that you cannot be reached. \*\*\***

1. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## PHYSICIAN INFORMATION :

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact this physician, the school may make necessary arrangements for my child. Your child may be transported by ambulance to an emergency care facility if necessary.

Physician's Name: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## HEALTH INSURANCE INFORMATION :

Health Insurance Company: \_\_\_\_\_ Group: \_\_\_\_\_ Policy #: \_\_\_\_\_

*If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured children with affordable health care (restrictions may apply). Please contact the school nurse for more information about these programs. All communication will be confidential.*

Do you need confidential assistance obtaining health insurance for your child? \_\_\_\_\_ YES \_\_\_\_\_ NO

## HEALTH INFORMATION :

I give permission to the School Nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs.

Please list all medications that your child takes with dosage: \_\_\_\_\_

I give permission to have the School Nurse, or School Personnel delegated by the nurse) to administer the following:

|  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> <b>ALL of the following:</b>  | <input type="checkbox"/> Benadryl            | <input type="checkbox"/> Acetaminophen (Tylenol)   | <input type="checkbox"/> Soft Peppermint         |
| <input type="checkbox"/> <b>NONE of the following:</b> | <input type="checkbox"/> Calamine Lotion     | <input type="checkbox"/> Ibuprofen (Advil)         | <input type="checkbox"/> Hydrocortisone Cream 1% |
|  | <input type="checkbox"/> Antacid Tab (Tum)   | <input type="checkbox"/> Bacitracin Ointment       | <input type="checkbox"/> Sunscreen (if provided) |
|  | <input type="checkbox"/> Cetirizine (Zyrtec) | <input type="checkbox"/> Cough Drops (Gr.1-6 only) | <input type="checkbox"/> Aloe Vera Gel           |

I understand that any medication which needs to be administered at school, other than the list above, will need to be brought in to the nurse in the original container/prescription bottle or box and requires a physician order to be dispensed by the school nurse or nurse personnel designated by the school nurse. Forms are available in the health office and on the website.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## EMERGENCY WEATHER CLOSING

We are continuing to use the **SCHOOL MESSENGER** system to contact parents in the event of an emergency or weather closing. The School Messenger system can contact up to 3 phone numbers and 1 email address. Please provide the phone numbers/email address you would like the school to use to contact you. Please remember that this is an automated system, if you provide us with a work number that is not direct to you, it will leave a message with the person who answers the phone.

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_
4. Email Address: \_\_\_\_\_

Please discuss your emergency/weather closing plans with your student(s). If there is an emergency/weather closing, my students will be (please select one option):

- Picked up at the School
- Take the bus to his/her home only if a parent/guardian is visible to the driver. My student(s) will be returned to school if a parent/guardian is not visible.
- Take the bus to the following caretaker: Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**Parent/Guardian Signature:**

**Date:**



# FRRES: PARENTAL PERMISSION TO DISPLAY

School Year: 2024-2025

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Students' Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_  
Grade: \_\_\_\_\_  
\_\_\_\_\_  
Grade: \_\_\_\_\_  
\_\_\_\_\_  
Grade: \_\_\_\_\_

Dear FRRES Parent/Guardian:

Our school receives requests from local organizations - such as libraries, town halls and museums - to display student work products (posters, projects, stories, poems, paintings, etc.), as well as photos or videos of our students. This is a wonderful opportunity for our students to receive well-deserved recognition from local communities. It is also a nice way for students to give something back to the communities that support their school district.

We also receive requests from media organizations, like *The Berkshire Eagle*, that wish to feature performances, concerts and programs at our school. These articles include photographs of students participating in events and/or examples of student work products. Again, this is for the purpose of highlighting our talented student body.

**We respect everyone's right to privacy. Please indicate your agreement to the following:**

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PARENTAL PERMISSION TO DISPLAY outside of the school building or on the school's website, with or without the student's name, the following:

- Photographs / images / videos / recordings of student at FRRES;
- Samples of student work and program/ performance information;
- School awards, honors or recognitions.

**Yes**, I give permission to display the above  - **with** /  - **without** student's name.

**No**, I do not give permission to display the above.

Parent/Guardian's Name: \_\_\_\_\_  
*(please print)*

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# FRRES: CONSENT & RELEASE & INDEMNIFICATION AGREEMENT

School Year: 2024-2025

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The Undersigned, being the parent(s)/guardian(s) of the following minor(s):

\_\_\_\_\_, in Grade \_\_\_\_\_  
\_\_\_\_\_, in Grade \_\_\_\_\_  
\_\_\_\_\_, in Grade \_\_\_\_\_

do hereby consent to my/our child’s participation in any **voluntary athletic and/or recreation program(s)** of the Farmington River Regional School District (“District”).

Further, in consideration of permitting my/our child’s participation in any voluntary athletic and recreational program(s) of the District the Undersigned releases and forever discharges the District and those for whom it is legally liable and members of the District’s School Committee and the District’s employees, agents, volunteers and any and all individuals and organizations assisting or participating in a voluntary athletic or recreation program(s) of the District (“the Releasees”) from any and all claims, rights of action and causes of action and damages for personal injury and death and property damage resulting, arising from or occasioned by my/our child’s participation in any District voluntary athletic or recreational program(s) regardless of whether or not such claims, rights of action and causes of action and damages were caused in whole or in part by one or more of the Releasees.

Further, each parent/guardian, jointly and severally, agree to indemnify, defend and hold harmless including, but not limited to attorney’s fees and expenses, the Releasees against any and all claims, rights of action and causes of action and damages for personal injury and death and property damage, resulting, arising from or occasioned by my/our child’s participation in any District voluntary athletic or recreational program(s) regardless of whether or not such claims, rights of action and causes of action and damages for personal injuries, death or property damage was caused in whole or in part by one or more of the Releasees.

The Undersigned further affirms that the Undersigned has/have read this Consent and Release and Indemnification Agreement and understand the contents thereof. The Undersigned understands that my/our child’s participation in any voluntary athletic and recreational program(s) is not required by the District’s course of instruction and that my/our child need not participate in such program(s) and the Undersigned are free to choose to not have my/our child participate in such program(s). By signing this document, the Undersigned affirm that the Undersigned have decided to allow my/our child to participate in the District’s athletic and recreational program(s) with full knowledge that the Releasee will not be liable to anyone for personal injuries, death to my/our child or property damage resulting, arising from or occasioned by my/our child’s participation in any voluntary athletic and recreational program(s).

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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Parent / Guardian Signature

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Parent / Guardian Signature

# FRRSD: HOME LANGUAGE SURVEY

School Year: 2024-2025



Massachusetts Department of Elementary and Secondary Education regulations require that all schools determine the language(s) spoken in each student’s home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

| Student Information:  |  |   |   |
|---|--|---|---|
| _____<br>First Name   | _____<br>Middle Name   | _____<br>Last Name  | <input type="checkbox"/> F <input type="checkbox"/> M<br>Gender |
| _____<br>Country of Birth   | ____/____/____<br>Date of Birth (mm/dd/yyyy)   | ____/____/____<br>Date first enrolled in ANY U.S. school (mm/dd/yyyy) |   |
| School Information:   |  |   |   |
| ____/____/____<br>Start Date in New School (mm/dd/yyyy)   | _____<br>Name of Former School and Town  | _____<br>Current Grade  |   |
| Questions for Parents/Guardians:  |  |   |   |
| What is the native language(s) of <u>each</u> parent/guardian? (circle one)<br><br>_____ (mother / father / guardian)<br>_____ (mother / father / guardian) | Which language(s) are spoken with your child?<br>(include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers)<br>_____ seldom / sometimes / often / always<br>_____ seldom / sometimes / often / always |   |   |
| What language did your child first understand and speak?  | Which language do you use most with your child?  |   |   |
| Which other languages does your child know? (circle all that apply)<br><br>_____ speak / read / write<br>_____ speak / read / write                         | Which languages does your child use? (circle one)<br><br>_____ seldom / sometimes / often / always<br>_____ seldom / sometimes / often / always  |   |   |
| Will you require written information from school in your native language?<br>Y <input type="checkbox"/> N <input type="checkbox"/>                          | Will you require an interpreter/translator at Parent-Teacher meetings?<br>Y <input type="checkbox"/> N <input type="checkbox"/>  |   |   |
| Parent/Guardian Signature:<br><br>X   |  | ____/____/____ 20____<br>Today's Date: (mm/dd/yyyy)                   |   |

# FRRES: ETHNICITY & MILITARY QUESTIONNAIRE

School Year: 2024-2025



Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

The revised federal guidelines for reporting student race/ethnicity require that schools offer individuals the opportunity to select one or more races when reporting information on race in federal/state data collections. In addition, race and Hispanic origin are to be considered two separate and distinct concepts. This change is being made to comply with the federal Office of Management and Budget (OMB) revisions to the standards for classification of Federal data on race and ethnicity announced in the Federal Register Notice of October 30, 1997.

Please answer BOTH questions 1 and 2.

## 1. Is this student Hispanic or Latino? Select only one below.

**No, not Hispanic or Latino** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa).

**Yes, Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.)

## 2. What is the student's race? You may select one or more races below.

**White** (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

**Black or African American** (A person having origins in any of the black racial groups of Africa.)

**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 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)

**Native Hawaiian** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

As part of the VALOR Act of 2012, Massachusetts joined other states as part of the Interstate Compact on Educational Opportunity for Military Children. As a result, the information below must be reported to the Department of Elementary and Secondary Education. Please let us know whether any member of your family meets the following criteria by completing and returning this letter to the main office.

Military family criteria consists of: Active duty members of the uniformed services, National Guard and Reserve on active duty orders; members or veterans who are medically discharged or retired within one year; and members who die on active duty.

Military family criteria DOES NOT consist of: Inactive members of the National Guard and Reserves; members now retired not covered above; veterans not covered above; Department of Defense personnel, federal agency civilians and contract employees not defined as active duty.

**Military Family Status:** \_\_\_\_\_ **Yes, applicable** \_\_\_\_\_ **No, not applicable**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# FRRES: SCHOOL HEALTH FORM

School Year: 2024-2025

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Physician(s) Child Sees: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_ Date of last dental exam: \_\_\_\_\_

*REMINDER: Updated physician physical exams reports (within the last 13 months) are required for grades K, 4<sup>th</sup>, 7<sup>th</sup>, and 10<sup>th</sup>. Please provide them to the school nurse at **least** that often.*

Explain any dental problems that might cause discomfort at school: \_\_\_\_\_

Accidents (explain): \_\_\_\_\_

Past Surgeries: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Known Vision Problems: \_\_\_\_\_ Glasses:  Yes  No

Known Hearing Problem: \_\_\_\_\_ Known Physical Problem: \_\_\_\_\_

Identify any current health problems:

- |                                       |   |   |  |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Asthma       | <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Heart Disease            | <input type="checkbox"/> Sickle Cell Anemia  |
| <input type="checkbox"/> Allergies    | <input type="checkbox"/> Eczema                     | <input type="checkbox"/> Broken Bones             | <input type="checkbox"/> Vision              |
| <input type="checkbox"/> ADD/ADHD     | <input type="checkbox"/> Frequent Ear Infections    | <input type="checkbox"/> Kidney/Bladder Disorders | <input type="checkbox"/> Weight              |
| <input type="checkbox"/> Cancer       | <input type="checkbox"/> Gastrointestinal Disorders | <input type="checkbox"/> Bed-wetting              | <input type="checkbox"/> Bowels/Constipation |
| <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Seizures                   | <input type="checkbox"/> Other: _____             |  |

Identify any medical or physical condition that would limit child's full participation in gym or school activities: \_\_\_\_\_

*IMPORTANT: If your child has asthma, please obtain a physician order, an inhaler and spacer for use in the health room.*

List allergies to:

Foods: \_\_\_\_\_

Medicine: \_\_\_\_\_

Insect Bites: \_\_\_\_\_

Is Epi-Pen required? \_\_\_\_\_

List medication taken regularly: \_\_\_\_\_

**If your child needs medication at school, we require a new physician order and signed parental consent every year. All medication, including inhalers must be kept in the nurse's office. To request self-carry, please contact the school nurse.**

If you checked Yes to any of the above, please describe. Is there anything else you want the school nurse to know? Please explain: \_\_\_\_\_

I give permission to the school nurse to contact my child's physician if medically necessary. I give permission for the school nurse to provide information relevant to my child's health condition to appropriate school personnel when necessary to meet my child's health and safety needs, and to exchange my child's information with medical authorities for the purpose of referral, diagnosis, and treatment.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



# FRRES: FIRST AID & EMERGENCY MEDICAL CARE CONSENT FORM

School Year: 2024-2025



Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

I authorize staff in school who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_ and to secure necessary medical treatment for my child.

Student's Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

## EMERGENCY CONTACTS (IN ORDER TO BE CONTACTED):

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you give permission for child to be released to this person?  Yes  No

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you give permission for child to be released to this person?  Yes  No

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you give permission for child to be released to this person?  Yes  No

Health Insurance Coverage: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date (Valid for one year)

# FRRSD: PRESCHOOL/EARLY KINDERGARTEN STUDENT ENROLLMENT FORM

School Year: 2024-2025



## STUDENT INFORMATION:

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

**Last Name**

**First Name**

**Middle Name (no initials)**

Date of Birth: \_\_\_\_\_ Town of Birth: \_\_\_\_\_

Age at Admission: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1 Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Hours at work: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Hours at work: \_\_\_\_\_

**Continued on back.....**

# PRESCHOOL /EARLY-K STUDENT ENROLLMENT FORM (cont'd)

School Year: 2023-2024



## ADDITIONAL INFORMATION:

Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies/Special Diets: \_\_\_\_\_

Individual Health Plan for child with a chronic health condition? If yes, please attach: \_\_\_\_\_

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach: \_\_\_\_\_

Special limitations or concerns: \_\_\_\_\_

Please list below names and birth dates of all children living in this child's home:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PLEASE NOTE:** Children without documented special needs must be 3 years old before September 1, 2023 to be eligible.

# FRRSD: Preschool/Early Kindergarten & Daycare Statistical Information

School Year: 2024-2025



The Department of Early Education and Care (DEEC) require that we gather the following information from all families registering their children in our program. All information received on this form is held in confidence by the Farmington River Regional School District. Only statistical data is shared with the DEEC.

## NAME OF CHILD/CHILDREN:

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## PARENT INFORMATION:

### Names & Social Security # of parents/guardians with whom child resides:

Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

Name: \_\_\_\_\_ SSN #: \_\_\_\_\_

### Birthplaces of birth parents:

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

### Please indicate below the # of hours per week worked by:

Mother/guardian: \_\_\_\_\_ hours/week

Father/guardian: \_\_\_\_\_ hours/week

### Either parents/guardians on disability?

Mother/guardian:  Yes  No

Father/guardian:  Yes  No



# PRE-K/EARLY K DEVELOPMENTAL & BACKGROUND INFORMATION

School Year: 2024-2025

Regulations require the following information to be on file to address the needs of children while in our program.

**CHILD'S NAME:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

## **DEVELOPMENTAL HISTORY:**

Age began... sitting: \_\_\_\_\_ crawling: \_\_\_\_\_ walking: \_\_\_\_\_ talking: \_\_\_\_\_

Any speech difficulties: \_\_\_\_\_

Special words to describe needs: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_ Any history of colic? \_\_\_\_\_

Does your child use pacifier or suck thumb? \_\_\_\_\_ When? \_\_\_\_\_

Does your child have a fussy time? \_\_\_\_\_ When? \_\_\_\_\_

How do you handle this time? \_\_\_\_\_

## **HEALTH:**

Any known complications at birth? \_\_\_\_\_

Serious illnesses and/or hospitalizations: \_\_\_\_\_

Special physical conditions, disabilities: \_\_\_\_\_

Allergies, i.e. asthma, hay fever, insect bites, medicine, food reactions: \_\_\_\_\_

Regular medications: \_\_\_\_\_

Special limitations or concerns: \_\_\_\_\_

## **EATING HABITS:**

Special characteristics or difficulties: \_\_\_\_\_

Favorite foods: \_\_\_\_\_

Foods refused: \_\_\_\_\_

Does your child eat with a  spoon?  fork?  hands?

Any special diet? \_\_\_\_\_


## **SLEEPING HABITS:**

Does your child sleep in a  crib?  bed?

Does your child become tired or nap during the day (include when and how long?): \_\_\_\_\_

When does your child go to bed at night? \_\_\_\_\_ and get up in the morning? \_\_\_\_\_

Describe any special characteristics or needs (stuffed animal, story, mood on waking, etc.): \_\_\_\_\_

Continued on page 2 



# PRE-K/EARLY K DEVELOPMENTAL & BACKGROUND INFO. (cont'd)

School Year: 2023-2023

## **BATHROOM HABITS:**

Are disposable or cloth diapers?  Yes  No      Is there a frequent occurrence of diaper rash?  Yes  No  
Do you use...  oil?  powder?  lotion?  Other: \_\_\_\_\_  
Are bowel movements regular?  Yes  No      How many per day? \_\_\_\_\_  
Is there a problem with diarrhea?  Yes  No      Is there a problem with constipation?  Yes  No  
Has toilet training been attempted? \_\_\_\_\_  
Please describe any particular procedure to be used for your child at the school: \_\_\_\_\_

What is used at home?  potty chair  special child seat  regular seat  Other: \_\_\_\_\_  
How does your child indicate bathroom needs (include special words): \_\_\_\_\_  
Is your child ever reluctant to use the bathroom? \_\_\_\_\_  
Does your child have accidents? \_\_\_\_\_

## **SOCIAL RELATIONSHIPS:**

How would you describe your child? \_\_\_\_\_  
\_\_\_\_\_  
Previous experience with other children/day care? \_\_\_\_\_  
\_\_\_\_\_  
Reaction to strangers: \_\_\_\_\_  
Able to play alone? \_\_\_\_\_ Favorite toys and activities: \_\_\_\_\_  
How do you comfort your child? \_\_\_\_\_  
What is the method of behavior management/discipline at home? \_\_\_\_\_  
\_\_\_\_\_  
What would you like your child to gain from this school experience? \_\_\_\_\_  
\_\_\_\_\_

## **DAILY SCHEDULE:**

Please describe your child's schedule on a typical day: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Is there anything else we should know about your child? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

# FRRSD: Preschool/Early Kindergarten Release Form

School Year: 2024-2025



**STUDENT NAME:** \_\_\_\_\_

Parents of our preschoolers and early kindergarteners are responsible for transporting their children to and from the school. We need to know if other adults might be picking your child up at school, with your permission.

Please list below any persons (relatives, neighbors, or friends) who may pick up your child from the school. You do not need to include the names of other school parents with whom you might carpool or share rides. Names may be added during the school year simply by writing us a note with updated information which we will add to this list.

We realize that there will be times when it will be necessary for you to make last minute arrangements with people whose names may not be on this list. If this should happen, please call the school (413-269-4466) to give us this information and your verbal permission.

*ANY PERSON WHO PICKS UP YOUR CHILD SHOULD BE PREPARED TO SHOW US SOME IDENTIFICATION, SUCH AS A DRIVER'S LICENSE.*

The following individuals may occasionally pick up my child at school and have my permission to do so.

| NAME: | PHONE #: | RELATION TO CHILD: |
|-------|----------|--------------------|
|       |          |                    |
|       |          |                    |
|       |          |                    |
|       |          |                    |
|       |          |                    |
|       |          |                    |
|       |          |                    |
|       |          |                    |

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

# FRRSD: Preschool Weekly Schedule Application

School Year: 2024-2025



STUDENT'S NAME: \_\_\_\_\_

## HALF DAY OPTION (3 & 4 year olds)

Children who will turn **three** by **September 1, 2023** may be eligible to attend up to five mornings a week; we require a minimum of three days per week.

*Note: The morning program will be in session from 8:30am to 11:30am.*

Please indicate your half day choice below:

- |   |  |   |   |   |
|---|--|---|---|---|
| <input type="checkbox"/> <b>MON.</b><br>(8:30-11:30a) | <input type="checkbox"/> <b>TUES.</b><br>(8:30-11:30a) | <input type="checkbox"/> <b>WED.</b><br>(8:30-11:30a) | <input type="checkbox"/> <b>THURS.</b><br>(8:30-11:30a) | <input type="checkbox"/> <b>FRI.</b><br>(8:30-11:30a) |
|---|--|---|---|---|

## FULL DAY OPTION (4 year olds ONLY)

Children who will turn **four** by **September 1, 2023** may be eligible to attend five full days a week. We require a minimum of three days per week.

**Children must attend both the morning and afternoon sessions. Afternoons only are not permitted.**

*Note: The full day program will run from 8:30am to 2:30pm*

Please indicate your half day choice below:

- |   |  |   |   |   |
|---|--|---|---|---|
| <input type="checkbox"/> <b>MON.</b><br>(8:30a-2:30p) | <input type="checkbox"/> <b>TUES.</b><br>(8:30a-2:30p) | <input type="checkbox"/> <b>WED.</b><br>(8:30a-2:30p) | <input type="checkbox"/> <b>THURS.</b><br>(8:30a-2:30p) | <input type="checkbox"/> <b>FRI.</b><br>(8:30a-2:30p) |
|---|--|---|---|---|

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature

Date