

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	1-4 doses ; the number of doses is determined by vaccine product and age the series begins
DTaP	4 doses
Polio	3 doses
Hepatitis B	3 doses ; laboratory evidence of immunity acceptable
MMR	1 dose ; must be given on or after the 1 st birthday; laboratory evidence of immunity acceptable
Varicella	1 dose ; must be given on or after the 1 st 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>Town of Birth</i>
_____	_____	_____	_____	____/____/____	_____	_____
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Grade</i>	<i>Date of Birth</i>	<i>Gender</i>	<i>Town of Birth</i>
_____	_____	_____	_____	____/____/____	_____	_____
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Grade</i>	<i>Date of Birth</i>	<i>Gender</i>	<i>Town of Birth</i>
_____	_____	_____	_____	____/____/____	_____	_____
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Grade</i>	<i>Date of Birth</i>	<i>Gender</i>	<i>Town of Birth</i>

STUDENT ADDRESS :

Student(s) Residential Address:	Student(s) Mailing Address:	<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"/> ALL of the following:	<input type="checkbox"/> Benadryl	<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Soft Peppermint
<input type="checkbox"/> NONE of the following:	<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

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:

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

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 _____.

Parent / Guardian Signature

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:			
_____ First Name	_____ Middle Name	_____ Last Name	<input type="checkbox"/> F <input type="checkbox"/> M Gender
_____ Country of Birth	____/____/____ Date of Birth (mm/dd/yyyy)	____/____/____ Date first enrolled in ANY U.S. school (mm/dd/yyyy)	
School Information:			
____/____/____ Start Date in New School (mm/dd/yyyy)	_____ Name of Former School and Town	_____ Current Grade	
Questions for Parents/Guardians:			
What is the native language(s) of <u>each</u> parent/guardian? (circle one) _____ (mother / father / guardian) _____ (mother / father / guardian)	Which language(s) are spoken with your child? (include relatives - <i>grandparents, uncles, aunts, etc.</i> - and caregivers) _____ seldom / sometimes / often / always _____ 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) _____ speak / read / write _____ speak / read / write	Which languages does your child use? (circle one) _____ seldom / sometimes / often / always _____ seldom / sometimes / often / always		
Will you require written information from school in your native language? Y <input type="checkbox"/> N <input type="checkbox"/>	Will you require an interpreter/translator at Parent-Teacher meetings? Y <input type="checkbox"/> N <input type="checkbox"/>		
Parent/Guardian Signature: X		____/____/____ 20____ 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, 4th, 7th, and 10th. 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:

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"/> MON.
(8:30-11:30a) | <input type="checkbox"/> TUES.
(8:30-11:30a) | <input type="checkbox"/> WED.
(8:30-11:30a) | <input type="checkbox"/> THURS.
(8:30-11:30a) | <input type="checkbox"/> FRI.
(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"/> MON.
(8:30a-2:30p) | <input type="checkbox"/> TUES.
(8:30a-2:30p) | <input type="checkbox"/> WED.
(8:30a-2:30p) | <input type="checkbox"/> THURS.
(8:30a-2:30p) | <input type="checkbox"/> FRI.
(8:30a-2:30p) |
|---|--|---|---|---|

Comments: _____

Parent/Guardian Signature

Date