



2018-2019 Kindergarten Registration Crestwood Primary School

Thursday, April 5th - 5:00 p.m. - 7:30 p.m. or
Saturday, April 14th - 9:00 a.m. - 12:00 p.m.

***Your child must be five years old on or before August 1st, 2018, to be eligible to register for Kindergarten.**

Please note: you **MUST** have the following items completed and available when you register your child for Kindergarten. If you do not have **ALL** of the requested items, you will be unable to register at that time.

- ✓ Completed Crestwood Local Schools Registration Forms
- ✓ \$75.00 Class fee (Similar to other grades) payable to Crestwood Board of Education
- ✓ Child's original birth certificate issued by the state
- ✓ Child's social security card
- ✓ Proof of residency for the parent (See p.4 Section 9 of the registration paperwork for specifics)
- ✓ Custody Papers - if applicable
- ✓ Health History (completed by parents)
- ✓ Child's Current Immunization Record

If you have any questions regarding Kindergarten Registration, please contact Crestwood Primary School at (330) 357-8202

SECTION 1: STUDENT DEMOGRAPHIC INFORMATION:

Full Name: _____ (First, Middle and Last) School Year: _____

Gender: Male Female DOB: _____ Age: _____ Grade: _____ Homeroom: _____

Is this student Hispanic/Latino? Y or N Teacher: _____

Is this child from one or more of the following races: White, Asian, American or Alaskan Native
(Please circle all that apply) Black or African American Native Hawaiian or Pacific Islander

Mailing Address: _____ Physical Address: _____

Phone Number: _____ Email Address: _____

SECTION 2: PARENT/GUARDIAN INFORMATION:

Biological/Adoptive Father's Name: _____ Biological/Adoptive Mother's Name: _____

Address: _____ Address: _____

Home #: _____ Home#: _____

Cell# _____ Cell# _____

Employer Name: _____ Employer Name: _____

Work #: _____ Work #: _____

Email: _____ Email: _____

Should this parent receive copies of correspondence? Y or N (If no, documentation must be provided) Should this parent receive copies of correspondence? Y or N (If no, documentation must be provided)

With whom does this child live (circle one)? Biological/Adoptive Parents Biological/Adoptive Father Grandparent
Biological/Adoptive Mother Legal Guardian Foster Parents

Does this child have a parent that is active in the military or national guard? (circle one) Y or N

***If this child lives with anyone other than the biological parents, court-papers must be furnished or on file in our office.
**If this child's parents are divorced, a copy of the divorce decree must be furnished or on file in our office.*

If this child lives with someone other than his biological or adoptive parent, please complete this section:

Foster Parent's Names: _____ Guardian/Caseworker's Name: _____

Address: _____ Address: _____

Home #: _____ Home#: _____

Cell# _____ Cell# _____

Employer Name: _____ Employer Name: _____

Work #: _____ Work #: _____

Email: _____ Email: _____

The name of the school district in which the biological parents live: _____

STUDENT NAME: _____

SECTION 3 - CUSTODIAL PARENT/GUARDIAN TO GRANT CONSENT FOR EMERGENCY MEDICAL TREATMENT

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parents or guardians cannot be reached.

Emergency Contact #1 Relationship: _____
(Other than Parent/Guardian)

Name: _____

Address: _____

Home #: _____

Cell# _____

Employer Name: _____

Work #: _____

Email: _____

Emergency Contact #2 Relationship: _____
(Other than Parent/Guardian)

Name: _____

Address: _____

Home# _____

Cell# _____

Employer Name: _____

Work #: _____

Email: _____

Preferred Dentist: _____

Phone #: _____

Preferred Doctor: _____

Phone #: _____

Specialist to be called: _____

Phone # _____

Preferred Hospital: _____

Phone # _____

Facts Concerning the child's medical history and Physical impairment to which a physician should be notified: _____

Medications that this child is taking: _____

Please list any allergies: _____

PLEASE CHECK ONE:

To grant consent:

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-mentioned doctor or, in the event, the designated practitioner isn't available, by any other licensed physician or dentist; and (2) the transfer of the child to the preferred hospital or, any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur in the necessity for such surgery, and are obtained prior to the performance of such surgery.

Refusal to consent:

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to: _____

Signature/Parent or Guardian: _____ Date: _____

STUDENT NAME: _____

SECTION 4: ONLY NEW STUDENTS (of students that are re-enrolling NEED TO COMPLETE THIS SECTION)

SSN: _____

Is your child in any special programs or do they receive special services (Special Education, Gifted Program, Speech/Language Therapy)? Y or N

If yes, please explain: _____

Has your child ever attended Crestwood Local Schools in the past? Y or N Is your child in Band/Choir? (please circle)

Has your child ever been retained? Y or N If so, in which grade was (s)he retained? _____

Has your child moved to the U.S. from another country and been in school less than 3 years? Y or N

The child's Native Language (the language the child first spoke): _____ The language spoken in the home: _____

The name of the School District where the child was previously enrolled: _____

SECTION 5: SIBLINGS:

The name and ages/grades of the child's siblings: _____

SECTION 6: CONTACTING YOU

Student Absences

The Ohio Missing Children's Act became effective on April 1985. The law states that each day a student is absent from school the parent/guardian must notify the school between 8:00 A.M. – 10:00 A.M. the day the child to be absent from school. If you do not notify the school it will become necessary for the school to contact you either at home, on your cell phone or at your place of employment. Please indicate by checking the appropriate column next to number below.

Blackboard Connect

The Crestwood Local School District uses the Blackboard Connect Notification Service which will allow us to send telephone messages to you about school emergencies, various announcements, and school delays and cancellations due to inclement weather.

What you need to know about receiving calls through Blackboard Connect:

- Caller ID will display the schools main number when a general announcement is delivered.
- Caller ID will display 411 if the message is an emergency.
- The primary phone number (the phone number listed as the home number for the student) will be called for standard announcements. For emergency calls the home number will be called as well as the numbers of the Primary Contact and the Emergency Contacts.
- Press 1 to replay the message if necessary.

The successful delivery of information is dependent upon us having accurate contact information for you. Please complete the section below:

Person to call	Relationship – type of number	Number	Call if school is cancelled	Call in case of emergency	Call if my child is absent & I didn't call in	Call with standard announcements
Example 1: Susan Smith	Mother – Home	330.555.1212	√	√	√	√
Example 2: Susan Smith	Mother – Work	330.555.1234		√		

STUDENT NAME: _____

SECTION 7 - INTERNET USE POLICY

Board Policy 7540.03 entitled Student Network and Internet Acceptable Use and Safety (adopted 5/4/06) required written agreement to abide by the terms and conditions of this policy. I have discussed the use of the Internet with my child and grant permission for my child to use the internet in school in a responsible manner.

Signature: _____

Date: _____

SECTION 8 - PERMISSION FOR PICTURES AND VIDEOS

I give my permission for this child's picture and name to be included in photographs and video tapes which positively represent him/her, the curriculum, and Crestwood Schools in publications such as the Yearbook, Crestwood Comments, social media area newspapers, television or the District's Website.

Signature: _____

Date: _____

SECTION 9 - RESIDENCY AFFIDAVIT

This section is to be completed and proof of residency must be furnished if the student is new to the district or the address has changed.

The undersigned parent (or legal guardian) of the afore-mentioned student attests that he/she resides at the afore-mentioned address within the Crestwood Local School District.

I (we) understand that residency means the family is physically present and living as a household at this address (eats there, sleeps there, receives mail there, etc). I (we) further understand that providing false residency information will be reported to Law Enforcement Officials for falsification of records and we will be responsible for full recovery of tuition. We understand that I (we) must provide one of the following as proof of residency if my child (ren) is new to the district or if we have moved (The district may require additional documentation, if necessary):

- Deed, lease, or signed rental agreement to residence
- Purchase/construction contract
- Current Property Tax Statement
- Official voter registration card from Board of Elections
- Notarized affidavit of residency (Form 5111 F2a) living with another family in our District)

Signature: _____

Date: _____

SECTION 10 - PARENT INTERNET VIEWER

The Parent Internet Viewer is available to all parents of Crestwood High School and Middle School and Intermediate School students. Parents are able to view their child's grades and attendance on the internet. It is accessible on the www.crestwoodschoools.org website using a pin code. An individual pin code/password is needed for each child.

While parents are able to check their student's records throughout the school year, we ask that parents understand the reality that teachers do not import grades every day. This information does not replace the official report card or transcript.

As in all education facilities, all individuals accessing and using the internet should follow the local policy. Please review the Network and Internet Acceptable Use and Safety Policy on the Crestwood Website or in the school office.

If you would like to have access to the Parent Internet Viewer please complete the information below. All school fees must be paid to date to receive an access code. Pin numbers will be mailed out once a signed request is received from the parent.

Yes, I would like a pin code to access my child's records. I understand that the pin code access is for my use and will not be given to anyone else.

I will review the Internet Acceptable Use Policy and abide by its beliefs.

Signature: _____

Date: _____

SECTION 12 - FIELD TRIP PERMISSION

I give my permission for my child to go on school sponsored field trips.

Signature: _____

Date: _____



Kindergarten Registration Letter

Dear Kindergarten Parents/Guardians:

It is with much anticipation that we await your child's entrance into Kindergarten! Nursing services in this school district are provided by Akron Children's Hospital School Health Services. Akron Children's Hospital School Health Services is dedicated to supporting the academic success of all children and youth through health promotion, education and child advocacy.

The following forms are needed for school entry:

1. **School Health History Record/Update** provides a student health history, completed by parent, **REQUIRED AT REGISTRATION.**
2. Current **Immunization Record**, completed by a healthcare provider, **REQUIRED AT REGISTRATION.** Please bring the record even if your child has not had the final boosters yet. We can make a copy if you have the original. State of Ohio health law requires the following immunizations for school entry:

DPT, DTaP	5 doses	Hepatitis B	3 doses
Polio	4 doses	Varicella	2 doses or documented date of disease
MMR	2 doses		

*Please note: Immunizations must be completed within 15 days of starting school, or your child may be excluded from attendance by the principal. Immunizations can be obtained through your child's primary healthcare provider or through the Portage County Health Department (330) 296-9919.

3. **Physician/Healthcare Provider Report**, completed by the doctor. Can be mailed or faxed in to the school clinic by August 13th, 2018.
4. **Dentist report**, completed by a dentist. Can be mailed or faxed in to the school clinic by August 13th, 2018.

***Please send/fax forms to:

ATTN: School Nurse
 Crestwood Primary
 11256 Bowen Rd.
 Mantua, OH. 44255
 Phone: (330) 357-8202
 Fax: (330) 274-3838

In addition, if your child has a medical condition that may need intervention at school, for example asthma, food allergies, medications, etc., please call us so accommodations can be arranged.

We are looking forward to a healthy school year!

Sincerely,

M. Lukes, BSN, RN

Akron Children's Hospital School Health Staff

Melissa Lukes, BSN, RN

Akron Children's Hospital: School Health Services

Email: cls nurse@crestwoodschools.org

Phone: (330) 357-8202 Ext. 4123



School Health History Record/Update

School Year: _____

Student Name: _____ Male _____ Female _____

Date of Birth: _____ Grade: _____

How does this child's development compare to other children, such as brothers/sisters or playmates?
About the same _____ Delayed _____ Advanced _____

Health Conditions: Please check any that your child has or had

Current	Past		Current	Past		Current	Past	
_____	_____	Allergies	_____	_____	Cancer	_____	_____	Hepatitis
_____	_____	Anaphylactic reaction	_____	_____	Chickenpox	_____	_____	Juvenile Arthritis
_____	_____	Asthma or wheezing	_____	_____	Cystic Fibrosis	_____	_____	Meningitis/Encephalitis
_____	_____	Attention Deficit	_____	_____	Diabetes	_____	_____	Seizures/Epilepsy
_____	_____	Behavior/Emotional concerns	_____	_____	Ear problems/poor hearing	_____	_____	Sore throat (frequent)
_____	_____	Birth/Congenital malformations	_____	_____	Eczema/skin conditions	_____	_____	Speech difficulties
_____	_____	Blood problems	_____	_____	Eye problems/poor vision	_____	_____	Toothaches/dental problems
_____	_____	Bone/Joint problems	_____	_____	Headache (frequent)	_____	_____	Urinary tract infections
_____	_____	Bowel problems	_____	_____	Heart Disease	_____	_____	Wetting during day/night

Current Health: Tell us about any current health conditions or concerns.

Illness, Injuries & Hospitalizations (please explain):

Medical Home: Please provide us with your child's current health care provider's name and contact information.

Healthcare Provider/Physician Name: _____ Phone: _____

Address: _____

Please continue to the back

Student Name: _____

Allergies: If your child has any food or environmental allergies, please obtain the Allergy Action Plan form from the school clinic for your child's health record.

Allergy	Reaction	Treatment

Medications: Describe medicine your child takes regularly. If your child must take medication at school, please obtain the Medication Administration Authorization form from the school clinic to be completed by you and your child's healthcare provider.

Medication	Reason	How often?	What time?

Explain any special assistance your child may need during the school day:

Please add any comments or concerns you have about your child's health, development, behavior, family or home life that you would like the school to be aware of: _____

Please check with your health care provider to be sure your child's immunizations are all current and up to date. You will be requested to provide an updated copy of immunization records to the school if the records on file with the school are not current.

If you have questions or concerns about your child's health or would like information about a medical home for your child or community services that may be available, please contact your school clinic.

Name of Person Completing Form

Signature

Date

Physician/Healthcare Provider Report

School Year: _____ Grade: _____

Name: _____ Male _____ Female _____ Date of Birth: _____

Height: _____ (_____ %ile) Weight: _____ (_____ %ile) B.P.: _____ Pulse: _____

Vision	Hearing
Distance Acuity Right _____ Left _____	Pure Tone testing (20 dB @ 1000, 2000, 4000 Hz)
Tested with glasses? _____ yes _____ no	Right Ear: _____ pass _____ fail
Muscle Balance: _____ pass _____ fail _____ not done	Left Ear: _____ pass _____ fail
Farsightedness: _____ pass _____ fail _____ not done	Other tests (specify) _____
Color vision with pseudo isochromatic plates: _____ pass _____ fail _____ not done	Child wears hearing aid? _____ yes _____ no
Child wears glasses? _____ yes _____ no	Tested with Hearing aid? _____ yes _____ no
Glasses for: _____ distance _____ reading _____ all times	Referral made? _____ yes _____ no
Referral made? _____ yes _____ no	

Speech/Language
Speech assessment: _____ done _____ not done _____ Child has no discernible speech problem
Child has possible problem with: _____ Articulation _____ Rhythm _____ Voice _____ Language
Speech Evaluation recommended: _____ yes _____ no

Physical Examination

Does this child require any special assistance during the school day? _____ yes _____ no

If yes, please explain:

Is child able to participate in the following?

Classroom and academic activities: _____ yes _____ no	Competitive athletics: _____ yes _____ no
Physical education classes: _____ yes _____ no	Contact sports: _____ yes _____ no

If limitations are advised, please explain these limitations:

Medications

Current Medications/Reason for Taking:

Will these medications need to be given at school? _____ yes _____ no

Name: _____

- Immunizations: (Required by Ohio Law)

Vaccine	1 st Dose	2 nd Dose	3 rd Dose	4 th Dose	5 th dose	Comments
DPT						Preschool 1 dose to start Kindergarten 5 th dose required if 4 th dose before age 4 Grades 1-12 3-4 doses <u>Grades 7-12</u> One (1) dose of Tdap prior to entry
Polio					N/A	Preschool 1 dose to start Final dose required on or after 4 th birthday
MMR			N/A	N/A	N/A	Preschool 1 dose to start Two doses required for grades K-12
Hepatitis B				N/A	N/A	Preschool 1 dose to start Three doses required for K-12
Varicella (Chicken Pox)			N/A	N/A	N/A	Preschool 1 dose to start Kindergarten-5 One dose on or after the 1 st birthday Second dose at least 28 days after 1 st dose. Grades 6-9 One dose on or after the 1 st birthday
HIB (preschool entry)					N/A	0-14 months: 3-4 doses <u>OR</u> 15-59 months: 1 dose
Hepatitis A (preschool entry)			N/A	N/A	N/A	First dose between 12-23 months Second dose 6-18 months later
Pneumococcal Disease (preschool entry)					N/A	4 doses at 2, 4, 6 months and between 12-18 months
Influenza (preschool entry)			N/A	N/A	N/A	2 doses at least 4 weeks apart for age 6 mo to 8 years if first time dose. After first dose annually.
Rotavirus (preschool entry)				N/A	N/A	3 doses at 2, 4 and 6 months

Lead Poisoning (PRESCHOOL ONLY):

Date _____ Results _____

Hemoglobin/Hematocrit (PRESCHOOL ONLY):

Date _____ Results _____

Physician/Healthcare Provider Signature

Date

Physician/Healthcare Provider Name (please print)

Physician/Healthcare Provider address

Physician/Healthcare Provider phone



Dentist Report

Child's Name: _____ Birth Date: _____

The following services have been performed:	
____ Examination	Date of Exam: _____
____ Radiographs	____ Prescription for fluoride supplements
____ Diagnosis	____ Oral prophylaxis
	____ Topical application of fluoride
The following oral hygiene instruction was provided:	
____ Toothbrushing	____ Diet counseling
____ Flossing	____ Home/school use of fluoride mouth rinse
The following statements are applicable:	
____ All necessary services have been performed	
____ Further treatment is indicated	
____ No restorative services are required at this time	
____ Further appointments have been arranged	
Comments:	

Please Print or Stamp:

Dentist's Name:	Signature:
Address:	Date Signed:
Phone:	

Please return this completed and signed dentist form to your child's school clinic.