

ELMIRA CITY SCHOOL DISTRICT



Dear Parent or Guardian;

The Elmira City School District is pleased to offer Pre-Kindergarten to children residing in the Elmira City School District. The child must be toilet trained and 4 years old on or before December 1st. Please note, the child cannot ride the bus until they turn 4 years old. Therefore you will be responsible for transporting until the child turns 4.

There are several options available, based on your family's needs. Some programs offer wrap-around childcare. Please contact the YWCA (733-5575) for more info on wrap-around childcare. For your convenience you may register at any of the schools below regardless of the school you choose. Children need not be present to register.

REGISTRATION DATES & LOCATIONS:

LOCATION	DATE	TIME	PHONE #	ADDRESS	AFTER APRIL 6 TH
Fassett	04/02/18	10:30-1:30	735-3900	309 W. Thurston St.	Registrations will be accepted between 8AM & 3PM at these 4 locations.
Diven	04/03/18	10:30-1:30	735-3701	1115 Hall St.	
Pine City	04/04/18	10:30-1:30	735-3801	1551 Penna. Ave., Pine City	
Riverside	04/05/18	10:30-1:30	735-3851	409 Riverside Ave	
Admin. Bldg.	04/04/18	3:30 – 6:30	735-3040	951 Hoffman St.	N/A

For Pre-K grades only, you are permitted to choose to attend any of the 7 locations listed below, however if you choose a school that is not your residential district, you will be responsible for transportation. The child will be required to attend Kindergarten and beyond at the school in your residential zone.

The lottery for Happy House UPK will take place before the end of May.

For all District locations, decisions are final after June 15th. If on June 15th the District locations have more registrations than classroom spots, a lottery will be held of all registrations received to date.

PROGRAM INFORMATION

	DIVEN	FASSETT	PINE CITY	RIVERSIDE	HAPPY HOUSE	YWCA	ADON ALLEN
# OF CLASSROOMS	4	4	4	4	1	1	1
STUDENTS PER CLASS	18	18	18	18	18	10	18
FULL/HALF DAY	FULL DAY	FULL DAY	FULL DAY	FULL DAY	FULL DAY	FULL DAY	HALF DAY

You must provide the items highlighted in yellow at registration.

- Registration Form (attached)
- Health Form (attached)
- Consent for Release of Information (attached)
- Dental Certificate (attached)
- C.I.D.S. Screening Permission Form (attached)
- Ethnic Identification (attached)
- Proof of Physical Exam for child turning 4
- Immunizations, including lead screening, current and up to date for child turning 4.
- 3 proofs of address (i.e. utility bill, driver's license, bank statement, etc.)
- Child's Birth Certificate (copies can be obtained at C.C. Vital Statistics. Fee will be waived if you tell them it's for school registration.)

A screening will be scheduled for your child, which will take place sometime over the summer. This screening is mandated by NYS and will be conducted by CIDS. The Elmira City School District's Early Childhood Services Team (ECST) will follow up on the CIDS screenings with further evaluations consisting of speech, language, vision, hearing, gross motor skills, fine motor skills and social development when warranted. The team provides counseling for parents regarding developmental issues, and refers children for appropriate remediation as necessary.

Should you have any additional questions, please feel free to contact your school at the number listed above. Thank you.

Sincerely,
Office of Student Services

Elmira City School District

Pre-Kindergarten Registration

School Year _____

Home School: Diven, Fassett, Pine City, Riverside
(Circle One)

School Requesting: Happy House, YWCA, Adon Allen
(If different from home school)

Student Name _____ Gender: M / F
Last First MI

Address _____
Street City State Zip

Student's Birth Date / / Birthplace _____
Month Day Year City State

PARENT / GUARDIAN INFORMATION

Student lives with: Both Parents _____ Mother only _____ Father only _____ Other: _____
Attach copy of Custody Papers

Father / Guardian Name: _____

Address (if different from student): _____
Street City State Zip

Home Phone _____ Cell Phone _____ Email _____

Employer _____ Work Phone _____

Mother / Guardian Name: _____

Address (if different from student): _____
Street City State Zip

Home Phone _____ Cell Phone _____ Email _____

Employer _____ Work Phone _____

OTHER CHILDREN IN FAMILY

Name (Last, First, MI)	(M/F)	DOB	Grade	School	Relationship to Pre-K Student

Emergency Contacts (Must be different from parents)

1. Contact Name: _____

Phone: _____

Relationship: _____

2. Contact Name: _____

Phone: _____

Relationship: _____

<u>OFFICE USE ONLY</u>	<u>INFORMATION CHECKLIST</u>
Sch. Key: Diven = D, Fassett = F, Pine City = PC, Riverside = R Happy House = HH, Adon Allen = AA, or YWCA	
Sch. Assigned _____	Date Received _____
Registration Form _____	Birth Certificate (2 copies) _____
3 Proofs of Address _____	Health Information Form _____
Immunization Record _____	Physical within last year _____
Dental Form _____	Release of Information _____
CIDS Screening _____	Ethnicity H NH AI AS BL WH _____
New Entrant Form _____	Parent Portal _____
Entered in computer _____	Custody Papers _____

Date _____ Signature of Parent/Guardian _____

ELMIRA CITY SCHOOL DISTRICT



HEALTH INFORMATION

Student's Name _____ DOB _____ Grade _____

Parents are urged to provide for their child's complete physical, dental, ear, and eye exams before school entrance. Parents are required to provide proof of immunizations by State Law.

DISEASE	YES/NO	DATE	DISEASE	YES/NO	DATE	DISEASE	YES/NO	DATE
Chicken Pox			Bee Sting Allergy			High Lead Level		
German Measles			Severe Food Allergy			High Blood Pressure		
Measles			Dizziness w/Exercise			Heart Problems/Murmur		
Mumps			Allergies/Hay Fever			Concussion		
Anemia			Single Testicle			Headaches		
Diabetes			Physical Handicap			Ear Problems		
Seizure Disorder			Rheumatic Fever			Hearing Loss		
Heart Disease			Scarlet Fever			Ankle Injury		
Fainting Spells			Pneumonia			Fracture of Dislocation		
Nose Bleeds			Asthma			Knee Injury		
High Cholesterol			Serious Injuries			Eye Problems		
Spleen Injury			Problem Birth			Vision Loss		
Neck or Back Injury			Operations			Uncorrectable Vision Loss		
Bladder/Kidney Problems			Hospitalization			Glasses or Contact lenses		
Single Kidney								

HEALTH HISTORY – Please explain any "YES" below. Use back of page if extra space is needed.

Family Doctor: _____ Address: _____
 City _____ State _____ PH# _____

Has there ever been a sudden death of a family member under 50 years of age? Yes _____ No _____
 Cause: _____

Has your child ever been evaluated at any clinic such as heart, speech, hearing, mental health, etc.?
 Yes: ___ No: ___ Clinic Name and Address: _____

Is your child taking any medications? Yes: ___ No: ___ Please list medications: _____

Will your child be taking any medications at school? Yes: ___ No: ___ If yes, please speak to school nurse.
 Does your child have any medication allergies? Yes: ___ No: ___ If yes, please name. _____

Has your child ever attended another Pre-school program? ie: Headstart Yes ___ No ___
 If so, where? _____

Parents Signature: _____ Date: _____

Elmira City School District

Administration Building
951 Hoffman St. Elmira, NY 14905
Phone: (607) 735-3000 • Fax: (607) 735-3001



ECSD Pre-K Program
Consent for Release of Information

Student's Name: _____

Student's Date of Birth: _____

I hereby give permission to The Elmira City School District Pre-K Staff to obtain information from or release information to:

- EOP – Head Start
- C.I.D.S.
- Student's Medical Provider

Student's Medical Provider Name, Address, PH#:

The information requested is needed for education planning for the student named above.

I understand that information regarding the student listed above is **CONFIDENTIAL** and will not be released without my written consent. I also understand that I can revoke this consent at any time before the information is exchanged.

This Consent for Release of Information is valid for one year from date of parent/legal guardian signature.

Signature of Parent/Legal Guardian

Relationship

Date

Dental Health Certificate

Parent/Guardian: New York State law (Chapter 281) permits schools to request an oral health assessment in the following grades: school entry, K, 2, 4, 7, & 10. Your child may have a dental check-up during this school year to assess his/her fitness to attend school. Please complete Section 1 and take the form to your registered dentist or registered dental hygienist for an assessment. If your child had a dental check-up before he/she started the school, ask your dentist/dental hygienist to fill out Section 2. Return the completed form to the school's medical director or school nurse as soon as possible.

Section 1. To be completed by Parent or Guardian (Please Print)

Child's Name:			Last	First	Middle
Birth Date: / /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Will this be your child's first oral health assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<small>Month Day Year</small>					
School: <small>Name</small>					Grade

Have you noticed any problem in the mouth that interferes with your child's ability to chew, speak or focus on school activities? Yes No

I understand that by signing this form I am consenting for the child named above to receive a basic oral health assessment. I understand this assessment is only a limited means of evaluation to assess the student's dental health, and I would need to secure the services of a dentist in order for my child to receive a complete dental examination with x-rays if necessary to maintain good oral health.

I also understand that receiving this preliminary oral health assessment does not establish any new, ongoing or continuing doctor-patient relationship. Further, I will not hold the dentist or those performing this assessment responsible for the consequences or results should I choose NOT to follow the recommendations listed below.

Parent's Signature _____ Date _____

Section 2. To be completed by the Dentist/ Dental Hygienist

I. The dental health condition of _____ on _____ (date of assessment)
The date of the assessment needs to be within 12 months of the start of the school year in which it is requested. Check one:

Yes, The student listed above is in fit condition of dental health to permit his/her attendance at the public schools.

No, The student listed above is not in fit condition of dental health to permit his/her attendance at the public schools.

NOTE: Not in fit condition of dental health means that a condition exists that interferes with a student's ability to chew, speak or focus on school activities including pain, swelling or infection related to clinical evidence of open cavities. The designation of not in fit condition of dental health to permit attendance at the public school does not preclude the student from attending school.

Dentist's/ Dental Hygienist's name and address

(please print or stamp)

Dentist's/Dental Hygienist's Signature

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Optional Sections - If you agree to release this information to your child's school, please initial here.

II. Oral Health Status (check all that apply).

- Yes No **Caries Experience/Restoration History** – Has the child ever had a cavity (treated or untreated)? [A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR an open cavity].
- Yes No **Untreated Caries** – Does this child have an open cavity? [At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pits and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present].
- Yes No **Dental Sealants Present**

Other problems (Specify): _____

III. Treatment Needs (check all that apply)

- No obvious problem. Routine dental care is recommended. Visit your dentist regularly.
- May need dental care. Please schedule an appointment with your dentist as soon as possible for an evaluation.
- Immediate dental care is required. Please schedule an appointment immediately with your dentist to avoid problems.

**Elmira City School District
951 Hoffman Street
Elmira, NY 14905**

Student Racial and Ethnic Identification

To the Parent/Guardian: The United States Department of Education has adopted a policy which requires the collection and recording of the ethnic identity of students in the District in accordance with the federal categories and definitions. The information will be used to:

- Report information to the state and federal education departments.
- Plan educational programs and make sure that they are readily available to all students.
- Study the movement of students in different ethnic groups as they move from school to school.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the racial and ethnic definitions on the back of this page. Put a check (✓) in the box for the category or categories which best describe your child. The Elmira City School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all state and federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

Confidential Procedures and Regulations

To School Staff: This form will be filed in the student's permanent record as confidential information.

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number

Please complete the form on the reverse side of this page.

STUDENT RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education
Children may not be refused admission because of race, color, creed or national origin, sex,
citizenship, handicapping condition, or immigration status.

Name of School _____

Student Name _____
Last, First, Middle

School District Student ID Number _____ Gender: Male Female

Child's Birth Date _____ Grade Level _____
Month/Date/Year

Directions to Parent/Guardian:

Please answer questions (1) and (2). Please read them before you respond.

1. **Is the student Hispanic, Latino or of Spanish origin?** Hispanic, Latino or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Check the box that best describes your child. Check only one box.

- Yes, Hispanic
 No, not Hispanic

2. **Select one or more races from the following five racial groups.**

Check all groups that apply to your child. You may check more than one. You must check at least one.

- American Indian or Alaska Native.** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.
- 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 or other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islander.
- Black.** A person having origins in any of the black racial groups of Africa.
- White.** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Date _____ Signature of Parent/Guardian _____

Relationship to Student (check one): Mother Father Guardian Other (Specify) _____

See reverse for important message to parents/guardians
and confidentiality procedures and regulations.

Comprehensive Interdisciplinary Developmental Services, Inc.



161 Sullivan Street
Elmira, New York 14901-3331
(607) 733-6533 Fax: (607) 733-0939

David M. Andreine, MPS, CSA
Executive Director

Dear Parent/Guardian:

C.I.D.S. is an agency that offers developmental services to all children in Chemung County, aged birth through school age. One of the services this agency provides is developmental screenings.

The screenings evaluate children in the areas of gross motor, fine motor, personal-social and language development, along with a standardized vision, hearing and speech evaluation. The screenings are not meant to provide a diagnosis, but will help to identify possible areas of development that may need further review. New York State requires screenings for all children entering Pre-Kindergarten. CIDS is pleased to partner with the Elmira Central School District to provide these screenings.

Please bring the completed permission form with you to Pre-Kindergarten Registration. We will need the signed permission form in order to screen your child. Please stop by the CIDS table during registration to sign up for an appointment day/time for your child's screening. We look forward to meeting you!

If you would like more information regarding the screening, please call our office any time Monday through Friday, 8:30am – 4:30pm, to speak with a Developmental Screening Associate. We will be very happy to answer any questions. Our phone number is 733-6533.

Sincerely,

Shannon Mott & Reagan Schmerbeck

Parent Portal Registration Form

PLEASE PRINT CLEARLY

The Elmira City School District's Parent Portal is a free service offered to all parents/legal guardians of students currently enrolled in grades K through 12. The intention of this access is to enhance communication and dialog between school and home.

- Access to the Parent Portal is a privilege. In submitting this request I understand that the District will provide me with a login password that will allow me to access information about my child's school performance, including classes, teacher names, attendance, grades, and discipline. I understand that this information will be accessible using the Schooltool Parent Portal, which is maintained by the District.
- I understand that the Schooltool Parent Portal may record and retain information about when and how I use the Schooltool Parent Portal, and that this information is the property of the District and subject to review by the District.
- I accept responsibility for all actions that are performed by anyone gaining access to the Schooltool Parent Portal using the login password assigned to me.
- I understand that the District makes no guarantee that the functions or the services provided via the Schooltool Parent Portal will be error-free or without defect. The District retains the discretion to suspend access to the Schooltool Parent Portal when there is reasonable suspicion to believe that the account has been compromised.
- I certify that I am a parent or legal guardian of the students I have listed below.

I have read the Schooltool Parent Portal user guidelines above for parents/legal guardians and agree to abide by and support these rules. I understand that if I violate any of the above terms, that I may lose my privilege to use the Parent Portal.

CONTACT INFORMATION

Name: _____ Home Phone: _____

Home Address: _____ City: _____ ZIP: _____

Email Address: _____

This email address is required to obtain an account and serves as your primary email address with the District.

I hereby give the Elmira City School District permission to place information regarding the following student(s) in the Parent Portal program for me to access. **NOTE: You only need to submit one application to view all children registered in your care.**

STUDENT NAME	GRADE
1.	
2.	
3.	
4.	
5.	

If additional lines are needed, please attach a separate page

Parent / Legal Guardian Signature

Date

Return this form to your child's school. You will be notified by email when the account is created. It may take up to two weeks for the account to be created.