



**CHILMARK
SCHOOL**
SINCE 1943

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KINDERGARTEN REGISTRATION - HEALTH REQUIREMENTS

Dear Parent,

The Massachusetts Department of Public Health requires that the following information be presented before your child is allowed to start school. These documents will be kept in your child's medical files in the nurse's office.

- **MOST RECENT PHYSICAL EXAM** must be within one year of school enrollment.
- **IMMUNIZATION RECORD** which indicates that your child has received the following required vaccines:
 - 5 doses DTap (diphtheria, tetanus, and pertussis)
 - 4 doses Polio
 - 3 doses Hepatitis B
 - 2 doses MMR (measles, mumps and rubella)
 - 2 doses Varicella (chicken pox) or a physician documented evidence of natural disease
- **YOUR CHILD'S LEAD SCREENING** one lab result from any date prior to start of school

If your child is missing vaccines or is behind schedule, please make an appointment with your pediatrician as soon as possible. A signed medical or religious immunization exemption may be submitted; form is available upon request and must be renewed yearly.

Kindergarten is such an exciting time for both parents and children! I look forward to meeting you all.

If you have questions, please don't hesitate to contact me.

Nurse Bea

KINDERGARTEN ENTRY - PARENT QUESTIONNAIRE

Child's Full Name: _____ Date of Birth _____

Child's doctor: _____

Approximate date of last visit: _____ Reason for visit: _____

Your child's general state of health: Excellent _____ Good _____ Fair _____ Poor _____

Have there ever been any concerns about your child's height, weight, or growth? _____

Please check all that apply to your child:

- | | | | |
|----------------------|-------|------------------------------|-------|
| friendly | _____ | cooperative | _____ |
| easily angered | _____ | extremely quiet | _____ |
| independent | _____ | a daydreamer | _____ |
| fearful | _____ | clumsy | _____ |
| short attention | _____ | shy | _____ |
| easy going | _____ | easily upset | _____ |
| cries easily | _____ | stubborn | _____ |
| difficult to handle | _____ | outgoing | _____ |
| overactive | _____ | often hurts self | _____ |
| unexplained tantrums | _____ | separates easily from parent | _____ |
| other (describe) | _____ | | |

How does your child usually handle conflicts with other children? _____

How does your child usually express anger or frustration? _____

Have you ever had serious questions or concerns about your child's behavior, emotional or mental health? _____ If so, describe: _____

LANGUAGE DEVELOPMENT

Is there a family history of learning difficulties, speech or language problems, inherited illnesses or conditions? _____ If so, please specify: _____

Check any which apply to your child now:

- Speaks clearly most of the time _____
- Has difficulty with some speech sounds _____
- Often is difficult to understand _____
- Talks in long sentences and paragraphs _____
- Usually talks in short sentences (2-4 words) _____
- Understands most directions and conversations _____
- Needs directions given one step at a time _____
- Seems confused or needs things repeated _____
- Can talk about things that have happened to her/him _____
- People outside our family don't seem to understand what he/she says _____
- Sometimes misinterprets what is said _____
- Remembers favorite stories and can tell general idea _____
- Sings short songs or says nursery rhymes _____
- Tells about his/her feelings, e.g. happy, sad, mad _____

- I have concerns about my child's speech or language. Yes _____ No _____
- I have concerns about my child's hearing. Yes _____ No _____
- I have concerns about my child's vision. Yes _____ No _____
- I have concerns about my child's learning. Yes _____ No _____

Please use this space to include any other information you would like to share to help us to get to know your child better:

CHILMARK SCHOOL

Kindergarten and New Student Health History Form

Student's Name _____ Birth Date ____/____/____ Today's Date: ____/____/____

Child's Birth Weight: _____
Any complications or problems with this pregnancy or birth?
Please explain: _____

Please check any allergies your child has:
Bee stings _____
Environmental - Please list: _____
Foods - Please list: _____
Latex _____
Medications - Please list: _____
Others: _____

Does your child have a doctor's order for an EPI-PEN? Yes _____ No _____
Are there any foods your child should/does not eat because of Family, religious or personal preferences? _____

Are you concerned about your child's weight? Yes _____ No _____
Does your child have trouble sleeping? Yes _____ No _____
Does your child have a condition which limits her/his physical activity? Yes _____ No _____
Please explain: _____

Has your child had any operations? Please give dates & details:
Appendix _____
Tonsils, Adenoids _____
Ear Tubes _____
Other _____

Please list any medications you child is currently taking:

Please check if your child has any of the following:
Speech concerns _____ Receives speech therapy _____
Hearing or ear problems _____ Wears hearing aids _____
Vision Problems _____ Wears glasses _____
Instructions for wearing: _____

Please check any problems your child has had:
Asthma _____ ADHD _____
Broken bones or other bone/joint problems _____ Convulsions _____
Cancer _____ Cystic Fibrosis _____
Congenital Abnormality _____ Epilepsy _____
Dental _____ Heart Condition _____
Eczema or other Skin Disorder _____ Frequent Headaches _____
Emotional _____ Nose Bleeds _____
Kidney, Bladder or other Urinary Tract Disorder _____ Serious Head Injury _____
Intestinal Disorders _____
Serious Accidents _____

Please give dates & details: _____

Give dates if your child has had any of the following illnesses:
Chicken Pox _____ German measles _____
Measles _____ Meningitis _____
Herpes _____ Mumps _____
Polio _____ Pneumonia _____
Rheumatic Fever _____ Scarlet Fever _____
Strep Throat _____ Tonsillitis _____
Tuberculosis _____ Whooping Cough _____

Early Childhood Education Experience Survey

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only, and indicate hours where applicable. Thank you!

Name of child: _____

Date of Birth: _____

My child did not have any formal early childhood program experience

My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.

My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.

My child did not have formal early childhood program experience but participated in **BOTH Coordinated Family and Community Engagement (CFCE) AND Parent Child Home Program (PCHP)** services.

My child attended a Licensed Family Child Care Provider (indicate hours below)

___ for less than 20 hours per week

___ for 20+ hours per week

My child attended a Center Based Program (indicate hours below)

___ for less than 20 hours per week

___ for 20+ hours per week

My child attended **BOTH a Licensed Family Child Care Provider AND a Center Based Program** (indicate hours below)

___ for less than 20 hours per week

___ for 20+ hours per week

Martha's Vineyard Public Schools Survey

Please complete ONLY if your child did NOT attend Preschool before Kindergarten Entry

If your child did not attend either preschool or childcare before beginning Kindergarten, please share your reasons why: (please check all that apply)

- I chose to keep my child at home with me
- My child was cared for by a relative, friend or nanny at home
- I was unable to transport my child to preschool
- I could not find a program that met my family's scheduling needs
- I was unable to afford preschool tuition
 - I applied for Tuition Assistance, but was denied
 - I applied for assistance but was waitlisted
 - I was awarded assistance, but couldn't find a program to accept it
 - I was unaware that there was assistance available

Other:

The Chilmark School

The following items are required in order for a student to enter school:

- Copy of Birth Certificate
- Proof of residency with street address
- Copy of current physical exam
- Copy of current immunizations, or letter of exemption (see attached)
- Copy of lead screening results, or letter of exemption