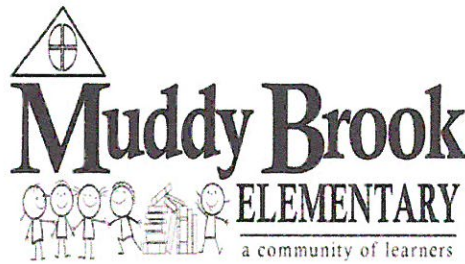


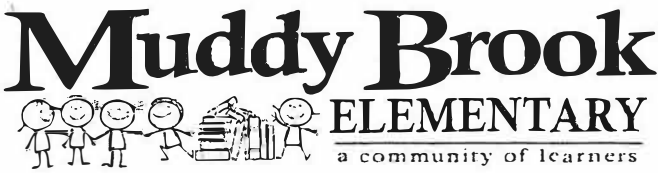
MUDDY BROOK REGIONAL ELEMENTARY SCHOOL
Berkshire Hills Regional School District
Great Barrington Stockbridge West Stockbridge



PRE-KINDERGARTEN, EARLY KINDERGARTEN and KINDERGARTEN REGISTRATION

- **REQUIRED: COMPLETED REGISTRATION PACKET (ATTACHED)**
- **REQUIRED: COMPLETED SCHOOL ENTRY QUESTIONNAIRE (ATTACHED)**
- **REQUIRED: PROOF OF RESIDENCY**
 - copy of a utility bill with your name and address shown
 - copy of a lease or mortgage statement with your name and address shown
- **REQUIRED: COPY OF BIRTH CERTIFICATE**
- **REQUIRED: MEDICAL REPORTS**
 - Most recent physical examination from health care provider
 - Full up-to-date Immunization Records including Lead Test Result
 - For Pre-Kindergarten and Early Kindergarten – 4-year old physical examination from health care provider.

****If these records are not received by the first day of school for your child, your child may not be allowed to enter school until these Massachusetts State requirements have been met.*



Timothy Lee – Principal
Nan Thompson – Assistant Principal
Berkshire Hills Regional School District
318 Monument Valley Road
Great Barrington, MA 01230
T. 413-644-2350; F 413-644-2395

Student Registration/Emergency Forms

Date: _____

Grade Entering: _____

Student's Name: _____
Last First Middle

DOB: _____ Gender: ☐ Female ☐ Male City or Town of Birth: _____

Ethnicity: ☐ Yes ☐ No Is student Hispanic or Latino? Race: ☐ Asian ☐ Black/African American ☐ American

Indian/Alaska Native ☐ Native Hawaiian/Other Pacific Islander ☐ White

Check if student: ☐ Has an IEP ☐ Has a 504 Plan

Name of Previous School: _____

Address: _____

Is student eligible for assistance as a member of a military family as defined by the Interstate Compact on Educational Opportunity for Military Children? Please read below. ☐ Yes ☐ No

In May 2012, as part of the VALOR Act, Massachusetts joined other states as part of the Interstate Compact on Educational Opportunity for Military Children. Please visit www.mic3.net for more information.

Eligibility for assistance under the Compact is children 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 for (1) year
- Members who die on active duty

Those not eligible for assistance under the Compact are children 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

Student's Primary Residential Address:

Street: _____ City: _____

State: _____ Zip Code: _____

Mailing Address:

Street: _____ City: _____

State: _____ Zip Code: _____

First Parent/Custodial Parent(s)/Guardian(s) with Whom Student Resides:

Name: _____ Relationship: _____

Last

First

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ E-mail: _____

Name: _____ Relationship: _____
Last First
Home Phone #: _____ Work Phone #: _____
Cell Phone #: _____ E-mail: _____

Second Parent(s)/Guardian(s) #2

☐ Non-custodial or ☐ Shared Custody

Residential Address:

Street: _____ City: _____
State: _____ Zip Code: _____

Mailing Address:

Street: _____ City: _____
State: _____ Zip Code: _____

Name: _____ Relationship: _____
Last First
Home Phone #: _____ Work Phone #: _____
Cell Phone #: _____ E-mail: _____

Name: _____ Relationship: _____
Last First
Home Phone #: _____ Work Phone #: _____
Cell Phone #: _____ E-mail: _____

If there are individuals to whom the school SHOULD NOT RELEASE YOUR CHILD TO because there is a legal updated court document you MUST provide the school with a copy of this document. PLEASE LIST BELOW:

Name(s): _____

Siblings Attending other Berkshire Hills Regional Schools

Name: _____ Grade: _____
Name: _____ Grade: _____
Name: _____ Grade: _____

Emergency Contact Information

In the event that we cannot reach you in an emergency or illness situation, please list below in order of preference the person(s) to contact (not including contact information above). They will assume responsibility/transportation.

1. _____ Relationship: _____ Home # _____ Cell # _____ Work # _____
2. _____ Relationship: _____ Home # _____ Cell # _____ Work # _____
3. _____ Relationship: _____ Home # _____ Cell # _____ Work # _____

DO NOT RELEASE THE FOLLOWING INFORMATION

Under Department of Education regulations, **the school may release for publication certain information concerning you/your child from time to time without first obtaining your consent, unless you indicate that we should not do so.** The information which may be released for publication includes only the students name, class, participation in officially recognized activities and sports, degrees, honors and awards, and post high school plans.

If you **DO NOT WISH** this information concerning you/your child to be released for publication without your consent during the school year, **check the box below.**

☐ **DO NOT** release the following information: Honor Roll & Awards, Post High School Plans, Participation in Officially Recognized Activities & Sports, Degrees

**Delayed Opening, School Closing, & Early Dismissal
Contact Phone Numbers and E-mails**

BHRSD is using an automated system through which you may be contacted in the event of a school closing, delay or early dismissal. You may be notified in the evening, morning or during school hours. The system will call you and/or a family member for the following reasons:

- **NO SCHOOL OR DELAY OPENING** – In the event of a delay of opening school in the morning or no school on a specific day, the system will be implemented.
- **EARLY DISMISSAL OF STUDENTS DUE TO SEVERE WEATHER APPROACHING OR OTHER EMERGENCY REQUIRING EVACUATION OF ALL STUDENTS AND STAFF** – In the event that there is an emergency at the school and students need to be evacuated/dismissed early, the system will be implemented and you will be given instructions for the dismissal process. Should this occur, the superintendent or designee will initiate the calling system at which time you will receive a pre-recorded phone message.

Please provide the requested information below. No extensions please.

Phone # 1: _____ Name: _____ Relationship: _____

Phone # 2: _____ Name: _____ Relationship: _____

Phone # 3: _____ Name: _____ Relationship: _____

E-mail Address 1: _____

E-mail Address 2: _____

E-mail Address 3: _____

Berkshire Hills Regional School District

Home Language Survey

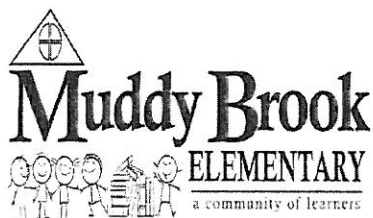
Massachusetts Department of Elementary and Secondary Education regulations require that *all* schools determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all 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 _____
		Gender F <input type="checkbox"/> M <input type="checkbox"/>
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 each 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	Today's Date: _____ / ____ / ____ (mm/dd/yyyy)	

OFFICE: If ANY language other than English is listed ANYWHERE on this form:

For students enrolling in Monument Mountain Regional High or Monument Mountain Regional Middle School send copy to Karen Luttenberger. For students enrolling in Muddy Brook Regional Elementary School, send copy to Emily Olds. Maintain original in student's file. Thank you.

Revised January 3, 2018



Current Health Information
(This Page to School Nurse's Office only)

Physician: _____ **Phone #** _____

Additional Physicians child sees: _____

Dentist: _____ **Phone #** _____

Health Insurance: ☐ YES ☐ NO
☐ Private ☐ Public (Mass Health, CMSP)

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

Child's Health Problems (Heart Condition, Diabetes, Asthma, Seizure Disorder, Other):

☐ Hearing Problems ☐ Left ear ☐ Right ear ☐ Hearing Aids
☐ Vision Problems ☐ Wears Eyeglasses ☐ Wears Contact Lenses

Child's Allergies (food, insects, medication, environmental) & **describe child's reactions:**

Names of any Medications taken regularly: _____

Any additional health information the school health office should be aware of:

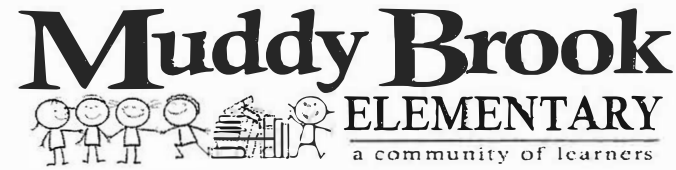
☐ I give permission for the school nurse to provide information relevant to my child's health condition to appropriate school personnel when necessary to meet my child's health and safety needs, and to exchange my child's information with medical authorities for the purpose of referral, diagnosis and treatment. I also give permission for ambulance transport to the hospital in the event that emergency treatment is determined necessary.

Parent/Guardian Signature _____ Date _____

Medications in School

Grades K – 6 require a written Doctor's order along with written parent consent for any medication whether it is an Over-the-Counter (OTC) like Tylenol or a prescription if it is to be administered in school. Any medicines to be administered must be delivered to school in the original container.

Berkshire Hills Regional School District
Great Barrington • Stockbridge • West Stockbridge



BE KIND

BE RESPONSIBLE

WORK HARD

Timothy Lee – Principal
Nan Thompson – Assistant Principal
Berkshire Hills Regional School District
318 Monument Valley Road
Great Barrington, MA 01230
T. 413.644.2350; F 413.644.2395

Religious Exemption / Vaccinations and Immunizations

I do not wish to have my child _____
vaccinated or immunized because such conflicts with my sincere, religious beliefs.

Parent's/Guardian's Signature

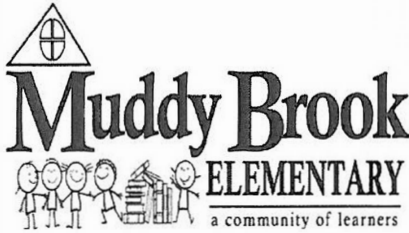
Date

Please note:

Per the Massachusetts Department of Public Health, exclusion of students during disease outbreaks may occur when one or more cases of disease are present in a school. All susceptible, including those with medical or religious exemptions, are subject to exclusion as described in the Reportable Diseases and Isolation and Quarantine Requirements (105CMR 300.000).

The reporting and control of diseases identified as posing a risk to the public health is prescribed by State regulation and law. The Isolation and Quarantine Requirements establish isolation and quarantine requirements for cases of certain diseases and their contacts in certain high risk situations, including the school setting. Common childhood vaccine-preventable diseases identified that may occur in schools and require exclusion requirements include: Measles, Mumps, Rubella, Pertussis (whooping cough) and Varicella (chicken pox).

MUDDY BROOK REGIONAL ELEMENTARY SCHOOL
Berkshire Hills Regional School District
Great Barrington Stockbridge West Stockbridge



PHOTOGRAPHY/PUBLICATION OPT-OUT

Dear Parent/Guardian:

Under the Department of Education regulations, the school may release for publication certain information concerning your child from time to time without first obtaining your consent, unless you indicate NOW that we should not do so. The information which may be released for publication includes the students' name, class, participation in recognized activities, honors and awards, and possible photographs or videos. If you **DO NOT WISH** this information concerning your child to be released for publication without your consent during the school year, please complete this form.

Sincerely,

Timothy Lee, Principal

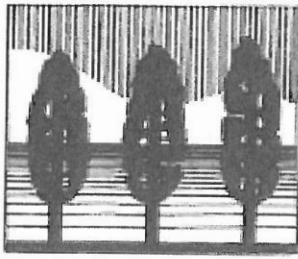
Student(s) Name: _____

☐ I **DO NOT** consent to the release of any information, participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the student named above by Muddy Brook Regional Elementary School. I **DO NOT** grant to Muddy Brook Regional Elementary School the right to edit, use and reuse said products for non-profit purposes including use in print, on the internet and all other forms of media.

Signature of Parent/Guardian: _____

Date: _____

Address of Parent/Guardian _____



BERKSHIRE HILLS REGIONAL SCHOOL DISTRICT

GREAT BARRINGTON • STOCKBRIDGE • WEST STOCKBRIDGE

50 MAIN STREET • P.O. BOX 617 • STOCKBRIDGE, MA 01262 • (413) 298-4017

Dear Parent/Guardian,

Your elementary school child(ren)'s safety is a priority from the time he or she gets on the bus in the morning to the time he or she is dropped off in the afternoon. This is why our bus drivers are instructed to make sure that there is a care provider waiting for your child(ren) before they are allowed off the bus in the afternoon.

If no one is waiting for your elementary school aged child(ren), we will keep them on the bus and return them to the elementary school. You will be notified that your child(ren) have been returned to the elementary school and will be waiting there until picked up. In order to ensure that there is a trained and authorized adult with your child(ren) if they are returned to school, there may be times when your child(ren) are brought to the after-school program run at the elementary school by the Berkshire South Regional Community Center (BSRCC). Any charges incurred by BHRSD will be passed on to you. You will receive a bill subsequent to use of the service.

We will provide BSRCC with the non-emergency and emergency phone numbers for every child(ren), in case your child(ren) is left in the care of BSRCC.

If you have any questions about our policy, please feel free to call Mary Berle, Muddy Brook Elementary School at 413-644-2350.

Sincerely,

Peter Dillon

Peter Dillon, Ed.D.,
Superintendent

Please sign and return this notice to:

Muddy Brook Regional Elementary School
318 Monument Valley Road
Great Barrington, MA 01230

We(I), the parent(s)/guardian(s) of _____ have read and understand the policy of returning my elementary school child(ren) to Muddy Brook Elementary School or Berkshire South Regional Community Center if there is not a care provider waiting for my child(ren) when he/she is to disembark from the bus at the end of the school day.

Signed: _____

Date: _____

If parents cannot be contacted, notify:

Name: _____ Relationship to Child: _____

Address: _____

Phone Number: _____ Cell phone: _____

Others in family: _____

Name: _____ Relationship to Child: _____

Address: _____

Phone Number: _____ Cell phone: _____

Others in family: _____

Child's Physician/Clinic: _____

Telephone: _____

Child's Identifying Information:

Eye Color: _____ Hair Color: _____ Sex: _____ Height: _____ Weight: _____ Skin Color: _____

Identifying Marks: _____

Allergies: _____

Siblings:

Name

Age

School

Grade

Others in the Household:

Relationship:

Other Step Parent(s)/Sibling(s) living elsewhere: Yes ___ No ___

Relationship: _____

II DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

LANGUAGE SKILLS:

At approximately what age did your child first begin to speak? _____

First words: _____ Two or three words together: _____

Sentences: _____

Does your child:

talk a lot? _____

speak as well as other children the same age? _____

speak so you can understand him or her? _____

speak so an unfamiliar listener can understand? _____

Do you think your child has difficulty: making sounds? No ____ Yes ____

Example: _____

putting words together? No ____ Yes ____

Example: _____

with the way his/her voice sounds? No ____ Yes ____

Example: _____

by extensively repeating sounds or words too often? No ____ Yes ____

Example: _____

What primary language(s) is spoken most frequently in the home? _____

Is your child exposed to another language at home? _____

If so, what language? _____

GROSS MOTOR SKILLS:

At what age did your child first begin to crawl? _____

At what age did your child first begin to walk alone? _____

Age began sitting: _____ crawling: _____ walking: _____ talking: _____

Can your child ride a tricycle, two-wheeler with training wheels, without training wheels? (circle one)

Can your child walk up and down stairs one foot per tread, with no support? Yes ____ No ____

Can your child throw and catch a ball? Yes ____ No ____

FINE MOTOR SKILLS:

Does your child prefer his/her right hand, left hand or both? _____

Has your child had experience using pencils, crayons, markers, scissors? (circle those that apply)

Does your child choose small motor activities, like drawing, painting, puzzles? (circle those that apply)

SELF HELP SKILLS:

At what age was your child toilet trained? _____

Does your child still have "accidents"? Yes ____ No ____ If yes, how often? _____

Does your child know how to use a fork and spoon appropriately? Yes ____ No ____

Can your child zip, button, snap or tie fasteners? (circle as appropriate)

Does your child dress him/herself? Yes ____ No ____

Favorite Foods: _____

Foods Refused: _____

III. MEDICAL INFORMATION

VISION:

Has your child ever had a vision examination or treatment?

When: _____ By Whom: _____ Results: _____

Does your child:

have difficulty seeing small lines or pictures?	Yes _____	No _____
have a problem seeing things far away?	Yes _____	No _____
squint, blink, rub eyes?	Yes _____	No _____
wear glasses?	Yes _____	No _____
have eyes that turn in?	Yes _____	No _____
have eyes that turn out?	Yes _____	No _____

HEARING:

Has your child ever had any hearing examination or treatment? Yes _____ No _____

When: _____ By Whom: _____ Results: _____

Does your child:

have difficulty hearing?	Yes _____	No _____
turn up the TV louder than others?	Yes _____	No _____
favor one ear over the other?	Yes _____	No _____
jump or appear to be more startled than others		
if there is sudden noises?	Yes _____	No _____
hear you if you talk in a whisper?	Yes _____	No _____
make you talk loudly or repeat frequently?	Yes _____	No _____
have a history of ear infections?	Yes _____	No _____

How often? _____ What treatment? _____

OTHER MEDICALLY RELATED QUESTIONS:

Do you notice or has a doctor reported any of the following in your child:

____ Asthma	____ Frequent fevers	____ Headaches	____ Frequently overtired
____ Indigestion	____ Sinus trouble	____ Nightmares	____ Thumb Sucking
____ Constipation	____ Nose bleeds	____ Heart trouble	____ Nail biting
____ Diarrhea	____ Vomiting	____ Epilepsy (seizures)	
____ Other physical problems (please explain) _____			

Does your child have any allergies? (please explain) _____

Was there anything unusual about your pregnancy? _____

Did your child require any special medical care or hospitalization at birth or during the first month after birth?

Has your child ever been in the hospital or been seriously ill at home? Yes _____ No _____ If yes, please explain.

Has your child ever had a serious accident? _____

When was the last time your child saw a doctor? _____

Whom? _____

Briefly, what was the reason? _____

Is your child on any medication? Yes _____ No _____ If yes, explain: _____

Please add any additional developmental or medical information you feel we should know: _____

SOCIAL/BEHAVIORAL INFORMATION

What does your child like to do best at home? _____

Does he/she have any favorite games or toys? _____

Does he/she prefer to play alone or with others? _____

Does your child cry when not given his/her own way? _____

Does your child play well with other children? _____

Does your child have any special fears (dogs, darkness, etc.)? _____

Are there things your child does that you think are unusual? _____

How would you describe your child's temperament? _____

How do you comfort your child? _____

Describe your child's schedule on a typical day:

Do you have any special concerns about your child? _____

Does anyone read stories to your child? _____ Who? _____

What kind of stories does he/she like? _____

What TV shows does your child watch? _____

How many hours a day? _____

Does your child display any special talents such as in music, art, performing for others, leading other children, engaging in physical activities? _____

Has there been any event that has had a significant impact on your child's life such as, but not limited to: divorce, sickness or death of a loved one, move from one home to another? _____

EXPECTATIONS OF EARLY CHILDHOOD PROGRAM

How does your child react to new situations? _____

What do you expect your child to learn in the early childhood program? _____

What do you see as the major goal for your child-academic or social development? _____

How old are your child's favorite playmates? (Note any relationships) _____

How does your child usually get along with his/her brother(s) and sister(s)? _____

What kinds of things does your child do that you like? _____

What kinds of things does your child do that bother you? _____

What have you found to be the most effective means of handling your child's behavior? _____

Who does most of the disciplining? _____

What have you found to be effective in rewarding good behavior? _____

Is your child a good sleeper? Describe any problems: _____

Time he/she goes to bed: _____

Time he/she gets up: _____ Do you have to wake him/her? Yes ____ No ____

Does he/she still take naps? ____ Age he/she gave them up: _____

Do you consider your child a morning person, night person, or neither? _____

Does your child seem to be restless or fidgety? _____

Does your child seem to be happy? _____

Does your child say, "I can't" without trying? _____

Does your child have temper tantrums? _____

Does your child have any special friends at this school, either staff or students? _____

Is there any other information you would like us to know? _____

Describe any special characteristics or needs: (Stuffed animal/blanket, story, mood on waking, etc.) _____

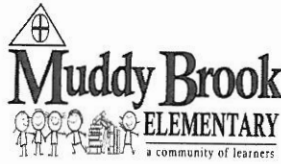
Thank you for helping us get to know your child!

Form completed by: _____

Relationship to child: _____

Date: _____

MUDDY BROOK REGIONAL ELEMENTARY SCHOOL
Berkshire Hills Regional School District
Great Barrington Stockbridge West Stockbridge



Emergency and Health Information Form (Complete **Front and Back Side**/Please use ink/print clearly)

SCHOOL: _____ **School Year:** _____ **Grade:** _____

Student's Name: _____ **Date of Birth:** _____ **Age:** _____

Parent(s)/Guardian(s) Full Name(s): _____

Residential Address: _____ **Home Phone:** _____

Town of Residence: _____ **Birthplace:** _____

Mailing Address: _____

Child Resides 1. _____ **Relationship:** _____ **Work #:** _____ **Cell #:** _____

With: 2. _____ **Relationship:** _____ **Work #:** _____ **Cell #:** _____

Siblings attending other Berkshire Hills Regional Schools:

Sibling's full name:

Grade:

_____	_____
_____	_____
_____	_____

E-mail address: _____

Persons to Contact for emergency or illness (will assume responsibility/transportation-list in order of preference excluding parent)

1. _____ **Relationship:** _____ **Home:** _____ **Work:** _____ **Cell:** _____

2. _____ **Relationship:** _____ **Home:** _____ **Work:** _____ **Cell:** _____

3. _____ **Relationship:** _____ **Home:** _____ **Work:** _____ **Cell:** _____

Non-custodial parent information (if applicable).

Name _____ **Relationship to Child** _____

Residential Address _____

Mailing Address _____

Home Phone # _____ **Work Phone #** _____ **Cell #** _____

If there are individuals to whom the school SHOULD NOT DISMISS YOUR CHILD TO because there is a legal, updated court document on file with the school, PLEASE LIST BELOW:

Name(s) _____

COMPLETE STUDENT HEALTH INFORMATION ON BACK SIDE →

Current Health Information (This Page to School Nurse's Office only)

Student's Name: _____ **Date of Birth:** _____ **Grade:** _____

Physician: _____ **Phone #** _____

Additional Physicians child sees: _____

Dentist: _____ **Phone #** _____

Health Insurance: ☐ YES _____ ☐ NO

☐ Private ☐ Public (Mass Health, CMSP)

Need confidential assistance obtaining health insurance for your child? ☐ YES ☐ NO

Child's Health Problems (Heart Condition, Diabetes, Asthma, Seizure Disorder, Other):

☐ Hearing Problems ☐ Left ear ☐ Right ear ☐ Hearing Aids

☐ Vision Problems ☐ Wears Eyeglasses ☐ Wears Contact Lenses

Child's Allergies (food, insects, medication, environmental) **& describe child's reactions:**

Names of any Medications taken regularly:

Any additional health information the school health office should be aware of:

☐ 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. I also give permission for ambulance transport to the hospital in the event that emergency treatment is determined necessary.

Parent/Guardian Signature _____ **Date** _____

Medications in School

Grades K – 6 require a written Doctor's order along with written parent consent for any medication whether it is an Over-the-Counter (OTC) like Tylenol or a prescription if it is to be administered in school. Any medicines to be administered must be delivered to school in the original container. These forms are available on the school's website for Muddy Brook and Monument Valley or may be obtained from the Health Office at each school.