

Lt. Eleazer Davis School



BETH BENOIT, Principal
JESSICA COLBY, Asst. Principal

410 Davis Road
Bedford, MA 01730
Tel: 781-275-6804
Fax: 781-275-7639
www.bedfordps.org

Welcome to Davis School!

Enclosed please find the registration forms, which must be filled out and returned in order to register your child at Davis School.

These forms are in addition to the required District forms. Please refer to the parent checklist page for the information you will be required to supply. Please return these forms to the Davis office at 410 Davis Road, Bedford MA 01730 to begin the registration process.

We have included some helpful phone numbers at the bottom of this letter. Please do not hesitate to contact us at with any questions you may have.

IMPORTANT NUMBERS

Davis School – 781-275-6804

Davis School Fax Number – 781-275-7639

Bedford Bus Co. – 781-275-9524

Bedford Recreation – 781-275-1392 (Before and after school programs)

BEDFORD PUBLIC SCHOOLS



Please complete the enclosed registration packet and return to Davis School promptly. **Without all of these documents we are unable to register your child.**

Please write legibly.

Please include the following documentation with this packet:

Child's Name: _____

- _____ New Student Registration Form
- _____ Massachusetts Department of Education Survey
- _____ Early Childhood Education Survey (*Kindergarten Registration Only*)
- _____ Custodial Parent Waiver Form (if applicable)
- _____ Copy of Birth Certificate
- _____ Record of recent Mortgage Payment **OR** Property Tax Bill **OR** Signed Lease *see below if you cannot provide one of these*
- _____ Recent (45 days) Utility Bill with name and correct address *see below if you cannot provide one of these*
- _____ Copy of Valid License or Valid Gov't ID with Bedford address
- _____ Family Questionnaire (*Kindergarten Registration Only*)
- _____ Preschool Questionnaire (*Kindergarten Registration Only*)
- _____ Signed Records Release / Request Form

Health- All forms are due with registration packet

- _____ Health Information Form
- _____ Student Health History
- _____ Current Physical

If you are unable to provide the residency or occupancy documentation, please fill out the residency/occupancy forms and have them notarized



EARLY CHILDHOOD EDUCATION 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 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 a **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



Bedford Public Schools Kindergarten Family Questionnaire

Today's Date: _____

Child's Name: _____ ☐ Male ☐ Female

Home Address: _____

Primary Phone: _____ Date of Birth: _____

Who is completing the form? _____

FAMILY

Parents(s) or guardians(s) student resides with: _____

Ages of siblings living in the home: _____

Other people living in the home: _____

Immediate family members living outside the home _____

Do you speak any other languages besides English at home? Y or N _____

PRESCHOOL/CHILD CARE HISTORY

Has your child attended preschool/child care before? ☐ yes ☐ no

If yes, for how long? ☐ 6 months ☐ 1 year ☐ 2 years ☐ more than 2 years

Name of child's present or most recent school/child care: _____

MEDICAL HISTORY

Birth

Were there any significant problems during pregnancy? ☐ yes ☐ no

If yes, please explain:

Were there any significant problems after delivery? ☐ yes ☐ no

Child's health since birth

Please check any issues your child has experienced or you have suspected

- | | | |
|--|---|---|
| <input type="checkbox"/> Significant illness | <input type="checkbox"/> Hospitalizations | <input type="checkbox"/> Surgeries |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Accidents | <input type="checkbox"/> Glasses |
| <input type="checkbox"/> Eating problems | <input type="checkbox"/> Ear infections | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Sleeping problems | <input type="checkbox"/> Other | |

Please explain any issues you checked above or any other concerns your child has had:

Is your child presently on any medication? ☐ Yes ☐ No

Please describe: _____

At what age was your child toilet trained? _____

Please list any toileting concerns that you would like the school to be aware of:

Do you have any concerns with your child's speech? ☐ Yes ☐ No

Please describe: _____

Do you have any concerns with your child's movement or coordination? ☐ Yes ☐ No

Please describe: _____

Has your child ever been evaluated for concerns with speech, occupational therapy, or any other services? ☐ Yes ☐ No

Has your child ever received any therapies or services (such as early intervention, speech and language therapy, occupational therapy etc. ☐ Yes ☐ No

Does your child currently have an Individualized Education Plan? ☐ Yes ☐ No

If you marked yes for any of the 3 last questions please explain: _____

SOCIAL, EMOTIONAL, AND SELF-HELP SKILLS

Please check the box that best describes your child:

My child:	Never	Rarely	Sometimes	Often	Always
Shares and plays well w/ sibling(s)/family members					
Listens to and follows the directions of adults					
Plays well with other children his/her age					
Is comfortable with new people					
Separates easily from parent/guardian/caregiver					

Please describe any social, emotional or behavioral challenges that your child experiences:

Please describe any significant events such as deaths or illness of a family member, divorce, moves: _____

Do you have any concerns about your child's sleeping patterns? ☐ Yes ☐ No

Please describe: _____

Is your child able to dress independently? ☐ Yes ☐ No

Is your child able to clean up his or her toys? ☐ Yes ☐ No

Please describe any fears your child has: _____

How do you think your child would react to a problem with another student (such as a concern with sharing a material): _____

How does your child react when he or she makes a mistake? _____

_What strategies do you recommend to help your child when he or she is upset?

How does your child feel about coming to Kindergarten?

Please describe your hopes and dreams for your child in Kindergarten:

Are there more topics or concerns that you would like someone from the Kindergarten screening team to call you to discuss? ☐Yes ☐No

If yes, please list the best phone number: _____

Best time of day to speak: _____

Thank you for helping us to get to know your child!

PRESCHOOL TEACHER ASSESSMENT FORM

(To be filled out by preschool teacher and mailed to
Davis School, 410 Davis Road, Bedford, MA 01730)

Child: _____ Teacher: _____

School: _____ Length of Acquaintance: _____

Class Ratio (teacher:student) _____ Times/week attending: _____

CLASSROOM ADAPTATION SKILLS

	Rarely	Sometimes	Consistently
Sits for short story and stays in own place			
Cares for own toileting needs without supervision			
Follows one and two step directions			
Works and listens without disrupting others			
Demonstrates a positive attitude toward school			
Understands daily routines			
Reacts appropriately to changes in routine			
Controls behavior (running, shouting, aggressions)			
Modifies behavior if provided with verbal and nonverbal direction			
Exhibits age appropriate attention span			

Additional Information:

SOCIAL/EMOTIONAL SKILLS

	Rarely	Sometimes	Consistently
Handles frustration appropriately			
Enjoys the company of other children			
Complies with adult expectations			
Separates easily			
Responds to social reinforcement and praise			
Seeks and adults for assistance, information, comfort			
Interacts without aggression			
Adjusts to new situations			
Initiates interactions with peers			
Asserts self appropriately when needed			
Shares and takes turns			

Additional Information:

COMMUNICATION SKILLS

	Rarely	Sometimes	Consistently
Is understood by others			
Learns names of teachers/peers			
Secures teacher/peer attention appropriately			
Listens to other children's ideas in a group			
Relates ideas and experiences			
Communicates like/dislikes			
Answers teacher's questions			

Additional Information:

COGNITIVE/PRE-ACADEMIC SKILLS

	Rarely	Sometimes	Consistently
Is willing to take risks			
Maintains attention			
Challenges self			
Demonstrates appropriate memory skills (visual/verbal)			
Begins work activities with minimal teacher prompting			
Knows how to print first name			
Shows interest in letters and numbers			

Additional Information:

Internet, Newspaper, Television, Radio and Periodical Release

Increasingly, opportunities present themselves for images, art materials, ideas and students' names to appear in local or national newspapers, on television, on You Tube videos or on other internet platforms. Today, every newspaper has an online version, so even honor roll lists published in the local newspaper will appear online.

The schools have an interest in promoting student work and accomplishments and examples of good instruction because students benefit from seeing that their achievements matter and because the schools, as public institutions, benefit from an informed citizenry.

In accordance with Bedford Public School policy and federal and state legislation, however, no student's image, work or full name will be released to these public media without first providing the parent or, in the case of an 18 year old, the emancipated minor, with the opportunity to deny permission. PLEASE NOTE, if parents do not notify the school in writing, either by mail or email, that they are denying permission, the default will be assumed to be a "YES", and the child's image, name and or work may be displayed.

Bedford Public Schools – Approved June 6, 2017

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JESSICA COLBY, Asst. Principal

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Dear Parent/Guardian:

A hearty, healthy welcome is extended to all incoming students and their parents!

To ensure the healthiest learning environment possible, Massachusetts law requires that all children be fully immunized against childhood diseases before entering kindergarten.

Up-to-date evidence of immunizations must be provided before entrance to the school system. These immunizations must include five or more DTP doses (unless the fourth dose was given after the fourth birthday) and four or more polio doses (unless the third dose was given after the fourth birthday). Two doses of measles mumps and rubella (MMR) and a series of three hepatitis B vaccines are also required. Finally, two doses of varicella vaccine or a documented physician-certified history that the child has had the chickenpox is required for all students entering kindergarten.

The Omnibus Lead Law passed by the Massachusetts state legislature requires that you provide evidence that your child has been tested for lead prior to entering kindergarten.

Please fill out the School Nurse Emergency Information and the Student Health History forms and return with the Registration packet. A physical exam done within one year of entrance into Davis School must also be submitted prior to the start of school.

If you have difficulty fulfilling any of the above requirements, or if you have recently moved to our town and would like the names of physician's in the area, please feel free to call the Davis School health office at (781) 918-4906.

Sincerely,

Jennifer Capece, RN
Davis School Nurse

Bedford Public Schools
Student Health History

Dear Parents:

We would like your child to gain the most from his/her school experience. Please fill out this brief health history form on your child. This information will help the nurse to better understand your child and assist in the transition into school life. Please complete this form and return it with a copy of your child's most recent physical exam and immunization record (please see health requirements checklist).

Student name: _____ Birth date _____ Grade _____

1. Does your child have any food allergies that require an Epi Pen: ☐ Yes ☐ No
 - a. If yes, please list allergen: _____
 - b. How did you become aware of the allergen? _____
 - c. Do you want the Nurse to send classroom letter home requesting that parents refrain from sending snacks that contain nuts/nut products? ☐ Yes ☐ No
 - d. Do you want your child to sit at the Allergy table at lunch? ☐ Yes ☐ No
 - e. May we share your child's picture with Staff and Bus Drivers to make everyone aware of your child's allergy? ☐ Yes ☐ No
2. Does your child have a history of Asthma or other respiratory issue? ☐ Yes ☐ No
 - a. Does your child need an inhaler/nebulizer at school? ☐ Yes ☐ No
3. Does your child have any other medical conditions not listed on the Nurse Emergency Form?

4. Does your child take any medication daily at home? If so, please list: _____

5. Will your child need any medication during the school day? If so, please list: _____

6. Has your child ever been hospitalized: If so, please explain: _____

7. Has your child ever had surgery (ear tubes/adenoidectomy)? Please list type of surgery and Date: _____

8. Please list other children in household (name/age) _____

9. Any other information you would like to share with the school nurse? _____

Parent/Guardian signature _____ Date _____

Kindergarten and New Student Registration Health Requirements Checklist

Please bring the following information to your child's kindergarten screening or registration appointment:

Physical Examination

- ___ A copy of your child's most recent physical exam. A physical exam done within one year of school enrollment date is required.
(For K screening, we realize your child may not have had their 5th year physical, please bring the most recent copy of your child's physical exam/immunization record. If your child is scheduled to have their physical/immunizations following K screening or during the summer months please forward to the school nurse as soon as possible. We need to make sure all students are up-to-date prior to the start of school in September. Thank you!)

Immunizations

- ___ 5 doses of DTaP/DTP (Diphtheria, Tetanus, Pertussis)
- ___ 4 doses of IPV (Polio)
- ___ 3 doses of Hepatitis B
- ___ 2 doses of MMR (Measles, Mumps and Rubella)
- ___ 2 doses of Varicella or physician-certified history that your child has had the chicken pox
- ___ 1 dose of Tdap for grades 7th-11th

Completed Health Forms

- ___ School Nurse Emergency Information Form
- ___ Health History Form

Screenings

- ___ Lead screening test is required for Kindergarten students only; documentation of having a lead test at any age prior to Kindergarten entry is acceptable.

Please be sure that all the above requirements are submitted to the school nurse's office prior to the start of school. Thank you for your cooperation.

Davis School
Jennifer Capece RN
410 Davis Rd.
Bedford, MA 01730
781-918-4906
fax 781-275-7639

Lane School
Kathy Webster RN
66 Sweetwater Ave.
Bedford, MA 01730
781-275-7623
fax 781-275-4722

John Glenn Middle School
Tracy Fernald RN
99 McMahon Rd.
Bedford, MA 01730
781-275-3165
fax 781-275-7632

Bedford High School
Nancy Thorsen RN
9 Mudge Way
Bedford, MA 01730
781-275-1700 ext. 5
fax 781-275-6664

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1.

	Range of recommended ages for all children
	Range of recommended ages for catch-up immunization
	Range of recommended ages for certain high-risk groups
	Range of recommended ages for non-high-risk groups that may receive vaccine, subject to individual clinical decision making
	No recommendation

NOTE: The above recommendations must be read along with the footnotes of this schedule.