

**Kindergarten Registration Information**  
**For the 2022-2023 School Year**  
**FAQ**

**IS MY CHILD ELIGIBLE FOR KINDERGARTEN?**

Connecticut law requires public schools to be open to all children who reach the age of 5 on or before the first of January of any school year. [C.G.S.\* Sec. 10-15c]. **In order for your child to be eligible for kindergarten, he/she must be born on or before January 1, 2018**

**DOES MY CHILD NEED A PHYSICAL EXAMINATION?**

Your child will need a physical examination. Physicals are acceptable if they are within one year of date of entry. Please bring the State of Connecticut Department of Education, Health Assessment Record with you to the doctor and return completed form to school with your application. **This form must be received and reviewed prior to the first day of school.**

**WHAT DOCUMENTS DO I NEED TO BRING TO REGISTRATION?**

- Child's full size Birth Certificate (child must be five on or before [January 1, 2023](#))
- Picture I.D. of Parent (Driver's License, Non-Driver Photo I.D., Valid Passport with photo)
- Child's Health Records (Completed Health Assessment Record, Completed HAR 3 Form, Complete Immunization Record)
- Proof of Residency: (one document from group A and two documents from group B)

**A. One of the following documents:** Mortgage Deed or Notarized Lease Agreement

**B. Two of the following documents:** Property Tax Bill, Mortgage Note, Current Utility Bill- UI, Gas, Home Telephone, Water, Updated Voter Registration Card. **Cell Phone Bills are not accepted. All documents must have the same home address and must have the address of the residence on the document.**

**IS THERE AN ORIENTATION FOR NEW KINDERGARTEN STUDENTS?**

The parents and students will be given an opportunity to visit the kindergarten before the start of the new school year. Our orientation program will be offered in the summer. Details will be available at a later date.

**WHERE CAN I OBTAIN REGISTRATION FORMS?**

The registration forms can be obtained at any one of our elementary schools and on The Hamden Public Schools' website [www.hamden.org](http://www.hamden.org).

**WHEN AND WHERE IS REGISTRATION?**

Parents may obtain and submit registration information. Registration times and dates are as follows.

- |   |   |
|---|---|
| ○ | All Registration may be done on line at <a href="http://www.hamden.org">www.hamden.org</a> or |
| ○ | Families may call their assigned elementary school to make appointments to register           |
|   | March 23 <sup>rd</sup> 5:30 PM – 7:30 PM  |
|   | March 24 <sup>th</sup> 1:30 PM- 3:00PM  |
|   | March 25 <sup>th</sup> 1:30-3:00 PM   |

Registration will take approximately a half-hour. If you are not sure, which school your child will be attending, please call Central Office (203) 407-2000 or an elementary school in your neighborhood.

**WHAT FORMS DO I NEED TO COMPLETE?**

The following forms must be completed for kindergarten registration. You may use this checklist to help you keep track of all of the registration requirements.

- |    |   |
|----|---|
| 1. | <input type="checkbox"/> Registration Form: To be filled out by parent/guardian   |
| 2. | <input type="checkbox"/> Emergency Form: To be filled out by parent/guardian  |
| 3. | <input type="checkbox"/> Home Language Survey: To be filled out by parent/guardian  |
| 4. | <input type="checkbox"/> Hamden Public Schools Internet Use Policy Form: To be filled out by parent/guardian                        |
| 5. | <input type="checkbox"/> Permission to Photograph/Videotape Form: To be filled out by parent/guardian                               |
| 6. | <input type="checkbox"/> Pre School Observation Form: To be filled out by Preschool/Child Care Provider                             |
| 7. | <input type="checkbox"/> Health History Form: To be filled out by parent/guardian   |
| 8. | <input type="checkbox"/> Residency Affidavit: To be filled out by parent/guardian   |
| 9. | <input type="checkbox"/> State of Connecticut Department of Education Health Assessment Form (HAR 3): To be filled out by physician |

We look forward to welcoming you and your family to the Hamden Public Schools' community. It is our belief all students will thrive in and be prepared for an ever-changing world when students, families, teachers, and the community form respectful relationships and strong, active partnerships.

**Hamden Public Schools**  
**Elementary Registration Card**  
**2022 - 2023**

Student's Name: \_\_\_\_\_ My child likes to be called: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Non-Binary

Current Address: \_\_\_\_\_  
(Include Apartment/Floor)

Student Lives With: (Please Specify): \_\_\_\_\_

**Racial and Ethnic Identity:** Please Check One : ☐ Hispanic/Latino ☐ Not Hispanic/ Latino

Choose one or more (regardless of ethnicity)

☐ White, ☐ Asian, ☐ Black or African American, ☐ American Indian or Alaskan Native

☐ Native Hawaiian or Other Pacific Islander

Parent/Guardian Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Employer: \_\_\_\_\_

**Contact Information:**

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Employer: \_\_\_\_\_

**Contact Information:**

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Student's Place of Birth (City and State): \_\_\_\_\_

Former Address (If applicable): \_\_\_\_\_

School Last Attended: \_\_\_\_\_ City and State: \_\_\_\_\_

Grade(s) Attended: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

**Pre-Kindergarten Information:**

Was your child ever evaluated by CT's Birth to Three Program? ☐ Yes ☐ No

Did your child attend school preschool / child care? ☐ Yes ☐ No

If yes, please list the program attended: \_\_\_\_\_ City and State: \_\_\_\_\_

This program was in a ☐ Home ☐ Center

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



**Hamden Public Schools**  
**Emergency Information**  
**2022 - 2023**  
**Important Please Print**

**For Office Use Only**

- ☐ Legal Restrictions on the release of child to non-custodial parent
- ☐ Child has a medical condition

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Non-Binary

Primary Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

(Include Apartment/Floor)

Student Lives With: ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Other (Please Specify): \_\_\_\_\_

Name of Custodial Parent(s)/Guardian(s): \_\_\_\_\_

In case of illness or accident it is vital that our office have a telephone number available where you can be contacted during the day.

**PLEASE NOTIFY US OF ANY CHANGES DURING THE YEAR.**

Parent/Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Address (If different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

List two people that we may contact during the school day and to whom your child may be released to if you cannot be reached. The two people listed below will be authorized to pick-up your child. You may add more names to the reverse side of the page.

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Are there any legal restrictions on the release of your child or his/her records to non-custodial parent?**

☐ Yes ☐ No **If yes, please specify and provide documentation to the principal.**

☐ In case of accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements necessary.

Hospital of Preference: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there any medical problem that we should be alerted to? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hamden Public Schools  
Hamden School Health Services  
Health History Questionnaire

Revised 8/27/12

Dear Parent/Guardian,

Please fill out the following health history information if your child is a new entrant to Hamden elementary schools and return to the school nurse. If this is part of the kindergarten packet, please bring the completed form to the school nurse when your register for school along with your child's Immunization records.

**1. Identifying Information**

Student's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
(Include Apartment/Floor)Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Non-Binary

Parent/Guardian Name(s): \_\_\_\_\_

Last School Attended: \_\_\_\_\_

**2. Early Health and Developmental History**

Birth Weight: \_\_\_\_\_

Please note any complications of pregnancy, labor or delivery, such as illness, infection, long labor, prematurity, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or your primary health care provider identified any developmental problems or concerns?

☐ Yes ☐ NoIf yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**3. Medical Information**

Primary Health Care Provider's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last physical exam \_\_\_\_\_

Findings: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Is your child on regular medication? ☐ Yes ☐ No If yes, please name and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Does your child occasionally need medication for any reason? ☐ Yes ☐ No If yes, please name and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have an allergy to:

Food	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, explain: _____
Insects	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, explain: _____
Medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, explain: _____
Environment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, explain: _____
Latex	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, explain: _____
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> If yes, explain: _____

#### 4. Review of Systems

If your child has/had any of the following within the past 12 months please check and briefly describe.

Head: ☐ None/No incidents ☐ Loss of Consciousness ☐ Pain

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Eyes: ☐ None/No incidents ☐ Squinting ☐ Tearing ☐ Cross Eyes ☐ Loss/Impaired Sight

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Ears: ☐ None/No incidents ☐ Excess Wax ☐ Frequent Infections ☐ PE Tubes ☐ Loss/Impaired Hearing

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Nose: ☐ None/No incidents ☐ Frequent Colds ☐ Nose Bleeds ☐ Allergies (explain type)

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Throat: ☐ None/No incidents ☐ Frequent Infections ☐ Strep Throat ☐ Difficulty Swallowing

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Mouth & Teeth: ☐ None/No incidents ☐ Toothaches ☐ Cavities ☐ Sourness of the Mouth ☐ Speech Problems

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Lungs: ☐ None/No incidents ☐ Difficulty Breathing ☐ Wheezing ☐ Persistent Cough ☐ Asthma ☐ Infections  
(Bronchitis/Pneumonia)

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Heart: ☐ None/No incidents ☐ Murmur ☐ Chest Pains ☐ Tires Easily ☐ Shortness of Breath  
☐ High Blood Pressure ☐ Elevated Heart Rate

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Stomach & Bowels: ☐ None/No incidents ☐ Vomiting ☐ Diarrhea ☐ Constipation ☐ Frequent Stomachaches

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Bladder & Kidneys: ☐ None/No incidents ☐ Painful Urination ☐ Infections ☐ Bed Wetting

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Bones & Muscles: ☐ None/No incidents ☐ Joint Pain ☐ Joint Swelling ☐ Limp ☐ Knee Pain

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Growth: ☐ None/No incidents ☐ Overweight ☐ Underweight ☐ Anemia (low red blood cells) ☐ Too short ☐ Too Tall

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Skin & Lymph: ☐ None/No incidents ☐ Rashes ☐ Hives ☐ Infections ☐ Swollen Glands ☐ Bruise Easily ☐ Eczema

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Hospitalization (explain): \_\_\_\_\_

Serious Injury/Accident (explain): \_\_\_\_\_

Surgery (explain): \_\_\_\_\_

## **5. Current Behavior and Development**

Activities of daily living: Please briefly describe:

Usual sleep pattern (include any problem): \_\_\_\_\_

Usual eating pattern (include any dietary limitations): \_\_\_\_\_

Elimination Pattern (indicate any problem with urination or bowel movement): \_\_\_\_\_

Exercise Habits: \_\_\_\_\_

**Behaviors** Please check and explain as appropriate. My child...

is overly active	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes: _____
is easily distracted	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes: _____
is very quiet	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes: _____
has unusual fears	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes: _____
has temper tantrums	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes: _____
plays regularly with other children	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes: _____
can cooperate with other children	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Sometimes: _____

**Skills** Can your child use...

pencils?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
crayons?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
scissors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## **Language**

Can strangers easily understand your child's speech?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child under care for speech?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

What languages are spoken at home? \_\_\_\_\_

## **6. Family Information**

Has your family had any recent significant changes? (death, divorce, move)

If yes, please explain:

Does any immediate family member or relative have any significant medical problem(s)?

If yes, please explain:

Please provide the following information for other children in your family:

Name	Age	Gender	Any Health Problems?	School (if still in school)

Medical Insurance: \_\_\_\_\_  
(please list insurance company)

## 7. Health History

If your child has had one of the following health problems, please check the appropriate age(s) and provide details

[illegible]



Type of Health Problem (Please Check)	Unsure	Never	0-6 Months	7-12 Months	13-18 Months	19-24 Months	2 years	3 years	4 years	5-7 years	8-12 years	Explain (please use back of page to provide more information)
Ear Problem/Infection												
Anemia (low blood count)												
Cancer/Leukemia												
Other Serious Condition												
Surgery												
Lead Poisoning												
Serious Injury/Accident												
Hospitalization												

### 8. School Adjustment

How do you think your child will react on the first day of school?

Is there anything we can do or should know that might help your child in adjusting positively in school?

What does your child enjoy?

Please list your child's interests:

What does your child dislike?

Thank you for your time and assistance. This information will help me to provide appropriate health care for your child in the school setting. Please keep me updated about any future changes in your child's health status.

I can be reached at: \_\_\_\_\_  
Sincerely,

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Date

The above information is accurate to the best of my knowledge:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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**AFFIDAVIT IN SUPPORT OF STUDENT RESIDENCY**

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[illegible]

I, \_\_\_\_\_, hereby depose and state that:

1. I am over the age of eighteen and believe in the obligations of an oath.
2. I currently reside in the Town of Hamden. My residence address is \_\_\_\_\_, Hamden, Connecticut. I have resided at this address since \_\_\_\_\_.
3. The following children (hereinafter, the “Student(s)”) attend the Hamden Public Schools and reside with me at my resident address identified in the above paragraph:

Student's name

School attending

Student's name

School attending

Student's name

School attending

Student's name

School attending

Student's name

School attending

**If more space is needed, please use back of page.**

4. The Student(s) has/have resided at this address since \_\_\_\_\_.

5. I submit this affidavit in order to attest that the Student(s) is/are residing with me at my residence address in Hamden, Connecticut and, therefore, the Student(s) is/are legally entitled to attend the Hamden public schools. I further attest that I am providing the Student(s) with residence at my address in Hamden without payment or compensation to me or any other member of my family (directly or indirectly) and that such residence at my address is not being provided for the sole purpose of attending Hamden Public Schools.

6. If I move outside of Hamden, or the Student(s) no longer reside(s) with me at my Hamden residence, I agree to so inform the Hamden Public Schools immediately.

7. I understand and hereby acknowledge that the statements herein are true and that I may be subject to civil and criminal penalties if I have knowingly provided inaccurate information.

8. If it is determined that the Student(s) is/are not legally residing in Hamden and/or is/are not legally entitled to school accommodation in Hamden, I acknowledge and understand that the Hamden Board of Education may assess me tuition for the period of time that the Student(s) was/were not legally entitled to attend Hamden Public Schools. I hereby agree to waive any defenses or claims I may have in any administrative, legal or other proceeding brought by the Hamden Public Schools to collect tuition for the period of time that the Student(s) illegally attended Hamden Public Schools.

Dated: \_\_\_\_\_, 202\_\_\_\_\_, \_\_\_\_\_, Connecticut  
Month Day Year Town/City

By: \_\_\_\_\_

This document must be witnessed and signed by another person over the age of 18:

\_\_\_\_\_  
Witness

Hamden Public Schools  
Permission to Photograph/Video Tape

In connection with the educational programs in our school building, opportunities may occur to photograph or videotape your child. These photographs and/or videos may be used in the school or PTA newsletters, school web sites, yearbooks, bulletin boards, in local or regional newspapers, on television, to train staff members, or as part of a public performance.

In order to grant the school district permission to photograph and/or videotape your child parents/guardians of all students must complete and return the form below.

I hereby give permission for my child \_\_\_\_\_ to be photographed, videotaped, audio-taped, named on radio, named or shown on television, named or pictured in a newspaper, and/or appear in a public performance (which may be photographed or videotaped).

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date

Please note: As per the Hamden Public Schools Web Site Policy (6141.311), no personal information and/or identification of any student (other than first name, and last initial) may be contained in a school web site, whether in conjunction with published photograph or not.

# **HAMDEN PUBLIC SCHOOLS**

## **HEALTH ASSESSMENT AND IMMUNIZATION REQUIREMENTS**

Dear Parent/Guardian:

Connecticut law requires that every student entering a public school system must meet certain health requirements before being allowed to begin school. Hamden Public Schools compiles with these requirements including immunizations and state mandated health assessments.

The same requirements apply to all students entering private and parochial schools that receive nursing services through Hamden Public Schools.

**NO STUDENT MAY ENTER SCHOOL UNTIL THESE REQUIREMENTS HAVE BEEN SATISFIED.**

### **HEALTH ASSESSMENTS**

Hamden Public Schools requires physical examinations before a student may enter Pre-School, Kindergarten, Seventh Grade, and Eleventh Grade or the first time a student enters Hamden Public Schools from outside of Connecticut.

A physical exam is also required for a student re-entering Hamden Public Schools who has not received the grade appropriate required state physical.

Physical examinations must be recorded on the current Connecticut Form HAR-3. **The first page of the form must be completed and signed by the parent/guardian.** Pages two and three must be completed and signed by the primary health care provider.

Students transferring from out of state who do not have the required physical examination on the current Connecticut Form HAR-3 must submit an equivalent examination and form completed in another state by a physician, PA or APRN, performed within one year of the date of entry into school.

### **REQUIRED PHYSICAL EXAMINATIONS:**

**Pre-School Students:** A physical examination must be performed within one year before the date of entry into school, and yearly while in pre-school.

**Kindergarten Students:** A physical examination must be performed within one year before the date of entry into school (This is in addition to the Pre-School physical examination).

**First through Sixth Grade Students:** Each student must show proof of either a Connecticut Kindergarten physical examination or a physical examination performed within one year before the date of entry into school.

**Seventh through Tenth Grade Students:** Each student must show proof of either a Connecticut Sixth Grade physical examination or a physical examination performed within one year before the date of entry into school.

**Eleventh and Twelfth Grade Students:** Each student must show proof of either a Connecticut Tenth Grade physical examination or a physical examination performed within one year before the date of entry into school.

Additional Health Assessments may be required of any entering student if the School Medical Advisor determines it is necessary for the protection of the student or others in school.

## IMMUNIZATIONS

Students must show proof of completing Connecticut State Immunization Requirements before entering school.

Students who have not yet completed these requirements may enroll in school only if they have received at least the first dose of each required vaccine and continue on the recommended schedule to complete the remainder of these immunizations.

Students entering Hamden Public Schools from an area of high risk for tuberculosis, as determined by the World Health Organization, are required to have a recent PPD, and show proof of the results, or provide results of an interferon-gamma release assay (a blood test) prior to entering school.

The only acceptable proof of immunizations is a document listing the immunizations administered and the dates received (mm/dd/yr). This document must be signed by the student's primary health care provider or an authorized Department of Health Official.

**Documented** proof of immunity is only acceptable for Measles, Mumps, Rubella, Varicella, Hepatitis A and Hepatitis B. Verification of disease, by history, from an MD, PA, or APRN, is acceptable only for Varicella.

Exemptions from Connecticut State Immunization Requirements for medical reasons are valid only with appropriate documentation. Exemption application forms can be found at the link below from The Connecticut Department of Health.

<http://www.ct.gov/dph/cwp/view.asp?a=3136&q=388416>

**Students transferring from another Connecticut school system should obtain a copy of their immunizations and last state-required health assessment from their previous school. This will simplify the process of enrolling the student in Hamden Public Schools.**

## REFUSAL TO PERMIT ADMINISTRATION OF EPINEPHRINE FOR EMERGENCY FIRST AID

Connecticut law requires the school nurse and other qualified school personnel in all public schools to maintain epinephrine in cartridge injectors (EpiPens) for the purpose of administering emergency care to students who experience allergic reactions and do not have a prior written authorization of a parent or guardian or a prior written order of a qualified medical professional for the administration of epinephrine. State law permits the parent or guardian of a student to submit written notice to the school nurse and to the Director of Pupil Personnel Services that epinephrine shall not be administered by qualified school personnel to such student in emergency situations.

A form is available from the school nurse for those parents/guardians who refuse to have epinephrine administered to their child. The refusal is valid for only the **2017-2018** school year.

You must come to school and sign the form in the presence of the school nurse.

**Please call your school's Nurse or Hamden School Health Services at 203- 407- 2084 if you have any questions about these requirements.**

## HAMDEN SCHOOL HEALTH SERVICES

### PERMISSION TO RELEASE AND EXCHANGE CONFIDENTIAL INFORMATION

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Medical Health Care Provider: \_\_\_\_\_

(Name)

\_\_\_\_\_  
(Organization)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Telephone Number)

I hereby authorize the medical health care provider listed above and the Hamden School Health Services staff to release and exchange medical information (both verbally and in writing) concerning my son/daughter named above. I further authorize the Hamden School Health Services staff to share such health information on a confidential basis with appropriate staff who have legitimate educational interest in such information. I understand that this information may be used only for such educational purposes, and that it will be maintained as confidential as provided by the Family Educational Rights and Privacy Act, 20, U.S.C. Section 1232g.

This consent is effective indefinitely or from \_\_\_\_\_ to \_\_\_\_\_.

Also, this consent is subject to revocation in writing at any time. Any such revocation will operate to prevent disclosure of further information by and between the Hamden School Health Services and the health care provider(s) named above.

I am (please check one)

☐ Parent

☐ Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

# Hamden Public Schools Preschool Information Form

Dear Parent/Guardian,

The information we are seeking will assist your child's kindergarten teacher in planning appropriate learning and social activities. Please sign below and **give this form to your child's Preschool/Child Care Provider to complete** and return to the Hamden Public Schools.

I give permission for \_\_\_\_\_ to complete this form and share the information with the Hamden Public Schools. (Name of Preschool/Child Care Provider)

Name of Student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Does your child speak English? ☐ yes ☐ no Language(s) your child speaks at home: \_\_\_\_\_

Please circle the Hamden public elementary school your child will be attending:

Bear Path 10 Kirk Road Hamden, CT 06514	Church Street 95 Church Street Hamden, CT 06514	Dunbar Hill 315 Lane Street Hamden, CT 06514	Helen Street 285 Helen Street Hamden, CT 06514	Ridge Hill 120 Carew Road Hamden, CT 06517	Shepherd Glen Skiff Street Ext. Hamden, CT 06514	Spring Glen School 1908 Whitney Ave Hamden, CT 06517	West Woods 350 W. Todd St. Hamden, CT 06518
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If your child will not be attending kindergarten at one of the schools listed above please provide the address of the school where he/she will be attending: \_\_\_\_\_

Preschool/Child Care Provider \_\_\_\_\_ Phone Number: \_\_\_\_\_

By the time this child enters kindergarten he/she will have attended this program for \_\_\_\_\_ years and \_\_\_\_\_ months. During this past year this child attended \_\_\_\_\_ hours \_\_\_\_\_ days/week.

**Teacher: Place an ☒ next to those skills/behaviors that the child displays on a consistent basis.**

## Language and Early Literacy Skills:

- ☐ Identifies own first name ☐ Points to pictures in a book when asked about the characters or objects
- ☐ Identifies upper case letters. How many out of 26? \_\_\_\_\_ ☐ Identifies lower case letters. How many out of 26? \_\_\_\_\_
- ☐ Tracks text during a read aloud ☐ Answers questions about stories ☐ Asks questions
- ☐ Tells about the events of his/her day ☐ Engages in conversation ☐ Retells stories

## Listening Skills/Social Emotional Develop:

- ☐ Socializes/Plays with other children ☐ Shares with others ☐ Knows first and last name
- ☐ Seeks adult assistance when needed ☐ Maintains self-control ☐ Knows body parts ☐ Takes turns
- ☐ Appropriate response to authority ☐ Transitions easily ☐ Adjusts to new situations appropriately
- ☐ Follows simple directions ☐ Expresses self verbally ☐ Participates appropriately during group times
- ☐ Uses classroom materials appropriately ☐ Follows classroom routines ☐ Cares for own toilet needs

## Colors, Shapes, Numbers:

- ☐ Recognizes basic colors ☐ Identifies numbers to 10 ☐ Recognizes circle, square, triangle, rectangle
- ☐ Counts objects to 10 ☐ Can sort objects by attribute (color, shape size etc)

## Motor Skills:

- ☐ Is able to complete simple puzzles ☐ Is able to cut with scissors ☐ Is able to control pencil and crayon
- ☐ Is able to draw some recognizable objects ☐ Is able to build with blocks ☐ Writes own first name

Child's Strengths: \_\_\_\_\_

Child is working on: \_\_\_\_\_

Has this child received special support services or were they referred for services? ☐ yes ☐ no If yes, please explain: \_\_\_\_\_

Please have this child draw a picture of him/herself or another person, write their name on the paper and attach it to this form

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please put additional information that would be helpful to the kindergarten teacher on the back side. ➡➡➡➡➡➡➡➡➡➡

**Preschool Provider: Please send this for directly to the elementary school indicated above by June 1st**