

# Student Registration Form

To Be Completed by Parent/Guardian:

## Student Information

LAST NAME		FIRST NAME		MIDDLE NAME	STUDENT ID #
HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)					HOME PHONE NUMBER ( )
DATE OF BIRTH (mm/dd/yyyy)	AGE	GENDER (optional) M F	PLACE OF BIRTH	HOME/NATIVE LANGUAGE	
NAME, CITY, STATE OF LAST SCHOOL (or current school)					LAST GRADE COMPLETED
HEALTH INSURANCE INFORMATION: Does the student have health insurance? <input type="checkbox"/> YES ⇒ If YES, what type of coverage is it? <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Child Health Plus B <input type="checkbox"/> NO ⇒ If NO, would you like to be contacted about getting coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No					HEALTH ALERT: Any health condition that affects participation in physical activities. <input type="checkbox"/> Yes <input type="checkbox"/> No
SPECIAL EDUCATION INFORMATION: Does the student receive special education services? <input type="checkbox"/> YES ⇒ If YES, do you have a copy of the Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NO					

STUDENT NAME: LAST

## Parent/Guardian Information

LAST NAME		FIRST NAME		RELATIONSHIP TO STUDENT
HOME ADDRESS (House number, Street name, Apt #, City, State, ZIP)			PARENT/GUARDIAN PREFERRED LANGUAGE WRITTEN: SPOKEN:	
HOME PHONE NUMBER ( )	WORK/CELL PHONE NUMBER ( )		PARENT/GUARDIAN EMAIL	

FIRST

To Be Completed by Enrollment Staff:

<b>Registration (check one):</b> <input type="checkbox"/> New <input type="checkbox"/> Re-admit to NYC DOE (less than 1 year) <input type="checkbox"/> Re-admit to NYC DOE (longer than 1 year) <input type="checkbox"/> Code 10 Return (If Code 10 Return): <input type="checkbox"/> Student has current transcript <input type="checkbox"/> Transcript request made to out-of-New York City school  <b>Transfer Request (check one):</b> <input type="checkbox"/> Safety <input type="checkbox"/> Medical <input type="checkbox"/> Travel (HS only) <input type="checkbox"/> Child Care (ES only) <input type="checkbox"/> Sibling (ES only) <input type="checkbox"/> Other (please specify):  Notes:	<b>Disposition:</b>  <table border="1"> <tr> <td>Enrolled School Name</td> <td>DBN</td> </tr> </table> <b>Referred to:</b> <table border="1"> <tr> <td>School Name</td> <td>DBN</td> </tr> </table> 1) _____ 2) _____ 3) _____	Enrolled School Name	DBN	School Name	DBN
Enrolled School Name	DBN				
School Name	DBN				

DATE:

I have met with a counselor and understand my options and the process for school placement. I understand the information presented and have received the information necessary to proceed.

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

Name/Signature of Counselor: \_\_\_\_\_

Additional Comments:



Department of  
Education

Office of Communications and Media Relations  
52 Chambers Street, New York, NY 10007  
Tel: 212.374.5141 Fax: 212.374.5584

**CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT FOR NON-PROFIT USE**  
(e.g. educational, public service, or health awareness purposes)

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Class: \_\_\_\_\_

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by P.S. 188 (school) and PTA of P.S. 188.

I also grant to P.S. 188 (school) and PTA of P.S. 188 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. I also hereby release the New York City Department of Education and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if Student is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

**OR**

Signature of Student (if 18 or over): \_\_\_\_\_ Date: \_\_\_\_\_

Address of Student: \_\_\_\_\_

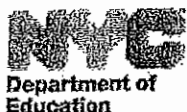
**\*\*Teachers, please send down to the main office. Thank you.\*\***

- All students between 5 and 21 years of age have the right to a free public education.
- Children may not be refused admission to a public school because of race, color, creed, national origin, gender, gender identity, pregnancy, immigration/citizenship status, disability, sexual orientation, religion, or ethnicity.

## HEADER INFORMATION

Students in Temporary Housing Guide for Parents & Youth

Topic	Important Information
Children living in the following situations are considered homeless for the purposes of education rights under the McKinney-Vento Act:	<ul style="list-style-type: none"> <li>In a shelter, transitional shelter, motel, campground, abandoned in a hospital, or awaiting foster care.</li> <li>In a car, park, public place, bus, train or abandoned building.</li> <li>Doubled up with friends or relatives because you cannot find or afford housing.</li> </ul>
Unaccompanied Youth	<ul style="list-style-type: none"> <li>Youth who is not in the physical custody of a parent or guardian and who meets the definition of homelessness set forth in the explanation above.</li> </ul> <p><i>Unaccompanied homeless youth have the same rights as homeless students who reside with a parent or guardian.</i></p>
Students who fall under the McKinney-Vento Act's definition of homeless have the following rights:	<ul style="list-style-type: none"> <li>To a free public education.</li> <li>To immediate enrollment in the zoned school.</li> <li>To attend school no matter how long they have lived at their current location.</li> <li>To stay in their school of origin (school attended before becoming homeless or the last school attended) or choose to attend their new zoned school.</li> <li>To transportation services to and from school.</li> <li>To not be denied immediate school enrollment just because of their situation or because they lack enrollment documentation.</li> <li>To not be separated from the regular school program because they are homeless.</li> <li>To receive free school meals.</li> </ul>
Important information:	<ul style="list-style-type: none"> <li>Each borough Integrated Service Center (ISC) has at least one Student in Temporary Housing (STH) Content Expert who serves as the STH liaison and manages programs and services designed to help children who are homeless pursue their education. The STH Content Expert supervises a team of Family Assistants.</li> <li>Each Children First Network (CFN) has a designated STH liaison available to assist children who are homeless with their educational needs.</li> <li>Additionally, District 75 and District 79 each have a designated STH liaison available to assist children who are homeless with their educational needs.</li> <li>Family Assistants are located at shelters and in some schools. They are responsible for assisting homeless parents and their children with their educational needs.</li> <li>Family Assistants are available to assist the child's parent/guardian with school enrollment, obtaining immunizations, school records, and arranging transportation to and from school. School staff should not hesitate to contact their STH liaison for individual questions, to arrange training, or to assist unaccompanied youth.</li> </ul>
School	<p>Schools must allow parents/guardians to choose the child's school when their child is homeless. The parent/guardian may choose among the following:</p> <ol style="list-style-type: none"> <li>The school the child attended when permanently housed (school of origin);</li> <li>The school in which the student was last enrolled; or</li> <li>Any school available to a permanently housed child residing in the area where the homeless student is currently residing.</li> </ol>
School Enrollment: (Apply only if your child is not currently enrolled or you want to change school)	<ul style="list-style-type: none"> <li>Elementary School – register your child at your zoned school. If you are currently residing in a NYC Department of Homeless Services shelter, the family assistant at your shelter will be able to assist you, if needed. If there is no family assistant in your shelter or if you are not residing in a shelter, please contact your STH liaison for assistance.</li> <li>Middle School – same procedure as elementary school except where your district does not have zoned middle schools, then you must report to the Borough Enrollment Center. For the location of your Borough Enrollment Center, please call 311.</li> <li>High School – all high school students must register at the Borough Enrollment Center. For the location of the nearest Borough Enrollment Center, please call 311.</li> </ul>
Enrollment Disputes:	<ul style="list-style-type: none"> <li>If a dispute arises over the school selection or enrollment, your child must be immediately admitted to the school in which he/she is seeking enrollment, pending resolution of the dispute.</li> <li>The parent/guardian must be provided with a written explanation of the school decision on the dispute, including the right to appeal, and referred to the STH Family Assistant or STH liaison for assistance.</li> </ul>
Transportation:	<ul style="list-style-type: none"> <li>Students who are defined as homeless by the McKinney-Vento Act are entitled to transportation to and from school, if necessary.</li> <li>If available, busses will be provided to students grades K-6; if not available, they are eligible for student MetroCard.</li> <li>For students in grades Pre-K to 6 who are eligible for transportation and receive a student MetroCard, their parents/guardians are eligible for public transportation assistance (MetroCard) to accompany the child.</li> <li>Students in grades 7-12 are eligible for student MetroCard.</li> </ul>



## Residency Questionnaire

**Parent/Guardian/Student:**

This form is intended to address the McKinney-Vento Act 42 U.S.C. 11435, and must be completed for each student. The information you provide is confidential. Your child will not be discriminated against based upon the information provided.

Please complete the following questions regarding the student's housing in order to help determine services the student may be eligible to receive.

**Note to schools/Temporary Housing Liaisons:** Please assist students and families in filling out this form. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

Student Name			
Last	First	Middle	
Grade	Date of Birth MM/DD/YY	Gender	School

Please identify the student's current living arrangements. Please check one box:

Check ( )	Residency Questionnaire Choice	School Use Only ATS Code
<input type="checkbox"/>	<b>Doubled-Up</b> With another family or other person because of loss of housing or as a result of economic hardship	D
<input type="checkbox"/>	<b>Shelter</b> Emergency or transitional shelter	S
<input type="checkbox"/>	<b>Awaiting Foster Care Placement</b>	A
<input type="checkbox"/>	<b>Hotel / Motel</b> Living in what is NOT an emergency or transitional shelter and involves payment	H
<input type="checkbox"/>	<b>Other Temporary Living Situation</b> Trailer park, campground, car, park, public places, abandoned building, street, or any other inadequate living space	T
<input type="checkbox"/>	<b>Permanent Housing</b> Student who is living in a fixed, regular, and adequate housing situation	P

If the student is NOT living in permanent housing, also indicate if the below applies:

<input type="checkbox"/>	<b>Unaccompanied Youth</b> Youth who is not in the physical custody of a parent or guardian	School Use Only Enter "Y" if applicable
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\_\_\_\_\_  
Parent/Guardian Name (print)

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

\_\_\_\_\_  
Date

**Please return this form to your child's school as requested.**

**Note:** The answer you give above will help determine what services you or your child may be eligible to receive under the McKinney-Vento Act. Students who are protected under the Act are entitled to immediate enrollment in school even if they do not have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. After the student has been enrolled, the new school must contact the last school attended to request the student's educational records, including immunization records, and Students in Temporary Housing (STH) Liaison(s) must help the student get any other necessary documents or immunizations. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services. Please refer to Chancellor's Regulation A-780.

This form is accompanied by a one-page attachment titled,

"McKinney-Vento Homeless Assistance Act - Students in Temporary Housing Guide for Parents & Youth."

**EMERGENCY CONTACT CARD (Print information)**  
**SCHOOL YEAR 201\_\_ to 202\_\_**

**Student:** Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Other name the student likes to be called in school \_\_\_\_\_

DOB \_\_\_\_\_ Sex \_\_\_\_\_ ID# \_\_\_\_\_

**Parent/Guardian** (Student resides with):

\_\_\_\_\_

Relationship \_\_\_\_\_

Parent's Preferred Language of Communication:

Written \_\_\_\_\_

Oral \_\_\_\_\_

Home Telephone (    ) \_\_\_\_\_

Work Telephone (    ) \_\_\_\_\_

Cell No. (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_

Borough \_\_\_\_\_ ZIP \_\_\_\_\_

**Other Parent/Guardian:** \_\_\_\_\_

Relationship \_\_\_\_\_

Parent's Preferred Language of Communication:

Written \_\_\_\_\_

Oral \_\_\_\_\_

Home Telephone (    ) \_\_\_\_\_

Work Telephone (    ) \_\_\_\_\_

Cell No. (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

Borough \_\_\_\_\_ ZIP \_\_\_\_\_

Grade \_\_\_\_\_ Class Room No. \_\_\_\_\_

Teacher \_\_\_\_\_

**EMERGENCY CONTACTS**

Please list the names of the adults who may be called in the case of emergency or if a child is sick in school.

CHILD WILL BE RELEASED **ONLY** TO PERSONS NAMED ON THIS SHEET.

Name of Emergency Contact	Relationship	Phone Numbers (home, cell, work) – <b>WRITE CLEARLY!!!!</b>		
		H:	C:	W:
		H:	C:	W:
		H:	C:	W:
		H:	C:	W:
		H:	C:	W:
		H:	C:	W:

\* If none of the named contacts can be reached, what do you wish the school to do if your child is sick or injured?

It is understood that in the final disposition of an emergency case, the judgement of the school authorities will prevail. The recommendation of the parents as indicated will be respected as far as possible.

**NO ACCESS TO CHILD**

If there is a person who may NOT HAVE ACCESS to your child, please indicate!

Name	Relationship	Does a Current Order of Protection Exist?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

**HEALTH INFORMATION**

Name of Physician/Clinic:	Phone Number:
Does your child have any health conditions that may affect participation in physical activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Limitations: <input type="checkbox"/> Stair Climbing <input type="checkbox"/> Participation in Physical Education <input type="checkbox"/> Other _____
Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> 504 services for current year <input type="checkbox"/> 504 services for previous year
Dietary Considerations: <input type="checkbox"/> Kosher <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other _____	
My child has: <input type="checkbox"/> Private health insurance <input type="checkbox"/> Medicaid	<input type="checkbox"/> My child has no health insurance <input type="checkbox"/> Are you willing to share contact information from this card to learn about insurance options? <input type="checkbox"/> Yes <input type="checkbox"/> No

**SIBLINGS**

Siblings first and last names	Schools of Attendance

Principal must be notified in writing of any changes to information on this card.

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

# **P.S. 188q/Annex**

Main: 218-12 Hartland Ave, Bayside, New York 11364

Tel: (929) 600-5683 Fax: (929) 600-5685

Janet Caraisco, Principal, Ed.D.

Annex: 216-15 Peck Avenue, Bayside, New York 11364

Tel: (718) 464-4615 Fax: (718) 464-5771

Christina Nartowicz, Assistant Principal

Website ps188q.org

## **Afternoon Dismissal/Transportation Notice**

September 2019

Dear Parents,

Please provide the following information:

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

How will your child get home from school this year?

- ☐ Parent will pick up child from school
- ☐ Car Pool – Parents in car pool: \_\_\_\_\_  
\_\_\_\_\_
- ☐ Bus: Bus Name \_\_\_\_\_ Bus Number \_\_\_\_\_  
Bus Driver's Name \_\_\_\_\_
- ☐ Other information (irregular schedule, etc.) \_\_\_\_\_  
\_\_\_\_\_

I understand that I must write a note to the classroom teacher **AND** Mrs. Rana (Annex) or Mrs. Formica (main building) whenever there is a change in the way my child is going home (going home with a friend, not taking the regular bus, etc.) (Parents – Please be reminded, for the safety of all students, the office **WILL NOT** dismiss a child to any adult not listed on the blue emergency card and anyone who does not show valid ID without a written note from you in advance.)

Sign



\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

### **Neighborhood Walk/Bus Permission Slip – September 2018**

I give permission for my child, \_\_\_\_\_ to accompany his/her class \_\_\_\_\_ on neighborhood walks (in the vicinity of the school – including the main building and annex) during the 2019-2020 school year. I also give permission for my child to take the school bus to the main building and annex.

Sign



\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**



## Public School 188 Queens

218-12 Hartland Avenue, Bayside, NY 11364 Tel: (929) 600-5683

Annex -216-15 Peck Avenue, Bayside, NY 11364 Tel: (718) 464-2026

School Website -<http://pcps188q.org>

Janet Caraisco, Ed.D.  
Principal

Christina Nartowicz  
Assistant Principal

June 1, 2019

Dear Parent:

Due to the large number of families in our community who are seeking to enroll children in public school, it may be necessary to close admissions in **Grade** \_\_\_\_\_ at our school. Even though we are processing your paperwork for enrollment, we cannot guarantee your child's admission to this school at this time.

We realize that not attending a neighborhood school may be a hardship for your family, and we regret the uncertainty that this situation creates for you and your child. We are committed to creating an educational experience for your child.

Please continue to bring your child to our school while the decision whether to close registration is being made. In the event that registration is closed at our school in your child's grade, arrangements will be made for your child to attend another school in this district. A decision will be made shortly regarding your child's school assignment. Your patience and understanding is greatly appreciated.

Sincerely,



Janet Caraisco, Ed.D.  
Principal

---

I have read the above letter and understand that due to high enrollment the Department of Education may find it necessary to close admissions to students in **Grade** \_\_\_\_\_ and my child may have to attend a different neighborhood school.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## **MEDICAL QUESTIONNAIRE FOR THE 2019-2020 NEW APPLICANTS TO P.S.188Q**

(To be completed by the parent/guardian at registration)

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

Does your child presently have or have a history of any of the following?

Food Allergies \_\_\_\_\_

Medication Allergies \_\_\_\_\_

Asthma \_\_\_\_\_

Reactive Airway \_\_\_\_\_

Seasonal Allergies \_\_\_\_\_

Febrile Seizures \_\_\_\_\_

Activity Restrictions \_\_\_\_\_

Does your child require medication to treat any of the above? \_\_\_\_\_

Does your child use an inhaler or nebulizer? \_\_\_\_\_

Does your child require medication to be kept in school in the event of an emergency?

(For e.g.: Epi-Pen, Benedryl, Albuterol, Xopenex) \_\_\_\_\_

Does your child wear glasses? An eye patch? \_\_\_\_\_

Does your child have any other special needs? \_\_\_\_\_

**If you answered yes to any of the above questions or if you are unsure please make arrangements to see the school nurse, in the annex as soon as possible. There may be additional forms for your physician to complete. The nurse will provide you with the forms when you come in to avoid additional trips to your physician prior to September admission. Thank you.**

# P.S.188q/Annex

Main: 218-12 Hartland Ave, Bayside, N.Y. 11364  
Main Tel: (929)600-5683 Fax: (929)600-5685  
Janet Caraisco, Ed.D., Principal

Website: pcs188q.org

Annex: 216-15 Peck Avenue, Bayside, N.Y. 11364  
Annex Tel: (718)464-2026 Fax: (718) 464-5797  
Christina Catalano, E. Assistant Principal

## HEALTH ALERT NOTICE FOOD ALLERGIES

September, 2019

Dear Parents/Guardians,

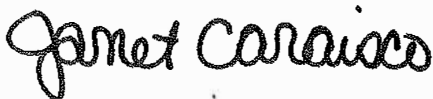
During the school year, your child will participate in activities where a variety of foods may be served. In our efforts to provide for the health and safety of all students, we must be informed of any food allergies and/or dietary restrictions.

Complete the form below and return it with your child to his/her teacher. Please understand that no child will be permitted to participate in any school activity where foods are served until this form has been completed and returned.

During the school year, if you child's food restrictions change, you must remember to update this information (in writing) and submit it to your child's teacher.

Thank you for your cooperation.

Sincerely,



Janet Caraisco  
Principal, Ed.D.

(Tear off and return to your child's teacher)

**STUDENT'S NAME:** \_\_\_\_\_ **CLASS:** \_\_\_\_\_

Please check and fill in any and all that apply to your child:

☐ My child has no food allergies and is allowed to participate FULLY in school activities where food will be served.

☐ My child has the following food/spice allergies:

☐ My child is restricted from eating the following foods because of non-allergic or Non-medical reasons:

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CHILD & ADOLESCENT HEALTH EXAMINATION FORM

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please  
Print Clearly  
Press Hard

STUDENT ID NUMBER  
OSIS

## TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Last Name		First Name		Middle Name		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (Month/Day/Year) ____/____/____
Child's Address				Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check ALL that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other		
City/Borough	State	Zip Code	School/Center/Camp Name		District Number	Phone Numbers Home _____ Cell _____ Work _____	
Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No (including Medicaid)? <input type="checkbox"/> No		Parent/Guardian Last Name		First Name			
		Foster Parent					

## TO BE COMPLETED BY HEALTH CARE PROVIDER If "yes" to any item, please explain (attach addendum, if needed)

<b>Birth history (age 0-6 yrs)</b> <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____ <b>Allergies</b> <input type="checkbox"/> None <input type="checkbox"/> Epi pen prescribed <input type="checkbox"/> Drugs (list) _____ <input type="checkbox"/> Foods (list) _____ <input type="checkbox"/> Other (list) _____		<b>Does the child/adolescent have a past or present medical history of the following?</b> <input type="checkbox"/> Asthma (check severity and attach MAF/Asthma Action Plan): <input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent <input type="checkbox"/> Inhaled corticosteroid <input type="checkbox"/> Other controller <input type="checkbox"/> Quick relief med <input type="checkbox"/> Oral steroid <input type="checkbox"/> None <input type="checkbox"/> If persistent, check all current medication(s): <input type="checkbox"/> Orthopedic injury/disability <input type="checkbox"/> Attention Deficit Hyperactivity Disorder <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Chronic or recurrent otitis media <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Diabetes (attach MAF)		<b>Medications (attach MAF if in-school medication needed)</b> <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ <b>Dietary Restrictions</b> <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____	
Explain all checked items above or on addendum					

### PHYSICAL EXAMINATION

Height \_\_\_\_\_ cm (\_\_\_\_ %ile)  
 Weight \_\_\_\_\_ kg (\_\_\_\_ %ile)  
 BMI \_\_\_\_\_ kg/m<sup>2</sup> (\_\_\_\_ %ile)  
 Head Circumference (age ≤2 yrs) \_\_\_\_\_ cm (\_\_\_\_ %ile)  
 Blood Pressure (age ≥3 yrs) \_\_\_\_\_ / \_\_\_\_\_

### General Appearance:

NI Abnl	NI Abnl	NI Abnl	NI Abnl	NI Abnl
<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Skin	<input type="checkbox"/> Psychosocial Development
<input type="checkbox"/> Dental	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Language
<input type="checkbox"/> Neck	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Extremities	<input type="checkbox"/> Back/spine	<input type="checkbox"/> Behavioral

### Describe abnormalities:

### DEVELOPMENTAL (age 0-6 yrs) ☐ Within normal limits

If delay suspected, specify below

☐ Cognitive (e.g., play skills) \_\_\_\_\_  
☐ Communication/Language \_\_\_\_\_  
☐ Social/Emotional \_\_\_\_\_  
☐ Adaptive/Self-Help \_\_\_\_\_  
☐ Motor \_\_\_\_\_

### SCREENING TESTS

	Date Done	Results
<b>Blood Lead Level (BLL)</b> (required at age 1 yr and 2 yrs and for those at risk)	____/____/____	____ µg/dL
<b>Lead Risk Assessment</b> (annually, age 6 mo-6 yrs)	____/____/____	<input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk
<b>Hearing</b> <input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE	____/____/____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
<b>Hemoglobin or Hematocrit (age 9-12 mo)</b>	____/____/____	____ g/dL ____ %

	Date Done	Results
<b>Tuberculosis</b> Only required for students entering intermediate/middle/junior or high school who have not previously attended any NYC public or private school		
PPD/Mantoux placed	____/____/____	Induration _____ mm
PPD/Mantoux read	____/____/____	<input type="checkbox"/> Neg <input type="checkbox"/> Pos
Interferon Test	____/____/____	<input type="checkbox"/> Neg <input type="checkbox"/> Pos
Chest x-ray (if PPD or interferon positive)	____/____/____	<input type="checkbox"/> NI <input type="checkbox"/> Not indicated <input type="checkbox"/> Abnl
Vision (required for new school entrants and children age 4-7 yrs)	____/____/____	Acuity Right _____ / _____ Left _____ / _____ <input type="checkbox"/> with glasses Strabismus <input type="checkbox"/> No <input type="checkbox"/> Yes

### IMMUNIZATIONS - DATES

CIR Number of Child

____	____	____	____	____	____	____	____
------	------	------	------	------	------	------	------

Hep B \_\_\_\_\_  
 Rotavirus \_\_\_\_\_  
 DTP/DTaP/DT \_\_\_\_\_  
 Hib \_\_\_\_\_  
 PCV \_\_\_\_\_  
 Polio \_\_\_\_\_

Influenza \_\_\_\_\_  
 MMR \_\_\_\_\_  
 Varicella \_\_\_\_\_  
 Td \_\_\_\_\_  
 Tdap \_\_\_\_\_ Hep A \_\_\_\_\_  
 Meningococcal \_\_\_\_\_  
 HPV \_\_\_\_\_  
 Other, specify: \_\_\_\_\_

### RECOMMENDATIONS

☐ Full physical activity ☐ Full diet

☐ Restrictions (specify) \_\_\_\_\_

Follow-up Needed ☐ No ☐ Yes, for \_\_\_\_\_ Appt. date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral(s): ☐ None ☐ Early Intervention ☐ Special Education ☐ Dental ☐ Vision

☐ Other \_\_\_\_\_

### ASSESSMENT

☐ Well Child (V20.2) ☐ Diagnoses/Problems (list)

ICD-9 Code

Health Care Provider Signature

Date

DOHMH PROVIDER ONLY

CD

Health Care Provider Name and Degree (print)

Provider License No. and State

Facility Name

National Provider Identifier (NPI)

Address

City

State

Zip

Telephone

Fax

TYPE OF EXAM: ☐ NAE Current ☐ NAE Poor Years

Comments

Date Reviewed

ICD NUMBER

REVIEWER

# P.S.188q/Annex

Main: 218-12 Hartland Ave, Bayside, N.Y. 11364  
Main Tel: (929)600-5683 Fax: (929)600-5685  
Ed.D., Principal

Website: pcps188q.org

Annex: 216-15 Peck Avenue, Bayside, N.Y. 11364  
Annex Tel: (718)464-4615 Fax: (718) 464-5797  
Christina Nartowicz, Asst. Principal

September, 2019

Dear Parents/Guardian,

Welcome to P.S. 188. Because of ongoing budget cuts to school funding, one of the ways we have been able to reduce controllable costs is through our paper consumption. We found that we consumed 17 cases of paper every 6 weeks. With 41 weeks in a school year, that is a lot of paper. We began using email as a communication tool. Emailing notices to parents/guardians has reduced the amount of paper and ink cartridges we consume. We found it not only reduced our paper cost and consumption but supported a greener school.

As a new parent in our school, we are asking for your assistance. Please fill out the tear off below with the best email address we can use to communicate with you. **All communications from the school except for notices where parent signatures are needed (i.e. school trip forms), will be sent by email.** Parents can have more than one email address listed for their child

In addition to our email survey, we communicate weekly with our families through a voicemail service called School Messenger. We use this service to keep our parents updated on events that are taking place during the week and in cases of emergency (i.e., snow closing). Home phone numbers listed on the registration paperwork are generally used but you may request a different number to be called. If you would like a different number to be called please print the preferred number below. Cell phone numbers can be used. Weekly general calls are sent out after 6:00pm. If you would prefer not to be on the weekly general call, please indicate below and your number will be removed from the general list. **All parents will be on the emergency call list.**

To reduce the number of forms parents are given the first day of school, **we have collaborated with our PTA to share your name, your child's name, your phone number, and email address with them.** This information will be used to create the class lists that go home at the beginning of the school year. For parents, the class list can be used to get homework from another child if your child is home sick or even to send an invite to a party. It also allows the PTA to communicate directly with families.

If you have any questions please contact Myrna Perez Fung, Parent Coordinator, at 929-600-5383, ext. 1165. Thank you.

Sincerely,

*Janet Caraisco*

Janet Caraisco  
Principal, Ed.D.

*Christina Nartowicz*

Christina Nartowicz  
Asst. Principal

**PARENT COMMUNICATION SURVEY - PLEASE RETURN TO MYRNA PEREZ FUNG,**  
**P.S.188 PARENT COORDINATOR. THANK YOU!**

CHILD'S NAME: \_\_\_\_\_ CLASS: \_\_\_\_\_

☐ EMAIL: \_\_\_\_\_  
(PLEASE PRINT YOUR EMAIL ADDRESS CLEARLY)

**SCHOOL MESSENGER VOICEMAIL SERVICE:**

☐ PREFERRED TELEPHONE NUMBER: \_\_\_\_\_ ☐ PLEASE REMOVE ME FROM THE GENERAL LIST

PARENT'S SIGNATURE: \_\_\_\_\_

