

Elmira City School District



Administration Building
430 W. Washington Avenue
Elmira, NY 14901

Phone: (607) 735-3000
www.elmiracityschools.com

Dear Parent or Guardian:

The Elmira City School District is pleased to offer Pre-Kindergarten to children of the 2034-2035 graduating class who live in the Elmira City School District. The child must be 4 years old on or before December 1st and it is highly recommended that they be toilet trained. Please note the child cannot ride the bus until they turn 4 years old. Therefore, you will be responsible for transporting until the child turns 4.

There are several options available, based on your family's needs. We have full day and half day sessions, and some programs offer wrap-around childcare. Please contact the YWCA (607-733-5575) for more info on wrap-around childcare.

Registration will be held March 22, 2021 through April 1, 2021 from 9:00 a.m. to 2:00 p.m. You may come to the ECSD Administration Building at 430 W. Washington Avenue during these dates and times to complete registration. Children do not need to be present at enrollment. Please see below the documents required to register. Completed registration packets may also be returned to the secure drop box at ECSD Administration at Washington Ave (near the front door) at any time, or electronically using the Secure Document Portal. Instructions are on the next page or at www.elmiracityschools.com.

For Pre-K grades only, you are permitted to choose to attend any of the 7 locations listed below, however if you choose a school that is not in your residential district, you will be responsible for transportation. The child will be required to attend Kindergarten and beyond at the school in your residential zone.

The lottery for Happy House UPK will take place around the first week in May.

For all District locations, decisions are final after June 15th. If on June 15th the District locations have more registrations than classroom spots, a lottery will be held of all registrations received to date.

PROGRAM INFORMATION

	DIVEN	FASSETT	PINE CITY	RIVERSIDE	HAPPY HOUSE	YWCA	ADON ALLEN
# OF CLASSROOMS	4	4	4	4	1	1	1
STUDENTS PER CLASS	18	18	18	18	15	10	18
FULL/HALF DAY	FULL DAY	FULL DAY	FULL DAY	FULL DAY	FULL DAY	FULL DAY	HALF DAY

ITEMS REQUIRED AT REGISTRATION	ITEMS REQUIRED BY THE START OF SCHOOL	
• Registration Form (attached)	• Proof of Physical within the past 12 months	
• Child's birth certificate	• Current Immunizations including lead screening	
• Consent for Release of Information (attached)	• Dental Certificate (attached)	
• C.I.D.S. Screening Permission Form (attached)	School Information	
• Ethnicity Identification Form (attached)	George M Diven	Ph# 607-735-3700 Fax# 607-735-3709
• 3 proofs of address (utility bill, driver's license, etc.)	Fassett	Ph# 607-735-3900 Fax# 607-735-3901
• Health Form (attached)	Pine City	Ph# 607-735-3800 Fax# 607-735-3809
• Parent Picture Identification	Riverside	Ph# 607-735-3580 Fax# 607-735-3589

A screening will be scheduled for your child, which will take place sometime over the summer. This screening is mandated by NYS and will be conducted by CIDS. The Elmira City School District's Early Childhood Services Team (ECST) will follow up on the CIDS screenings with further evaluations consisting of speech, language, vision, hearing, gross motor skills, fine motor skills and social development when warranted. The team provides counseling for parents regarding developmental issues and refers children for appropriate remediation as necessary.

Should you have any additional questions, please feel free to contact your school at the number listed above. Thank you.

Sincerely,

Office of Student Services



Submitting Documents Electronically with the Secure Document Portal

The Secure Document Portal is available to allow you to submit registration documents electronically using the camera on your smartphone or tablet or a scanner attached to your computer.

1. Open your web browser on your phone or computer and go to www.elmiracityschools.com
2. Click on the menu icon and select Student Services (phone) or select Student Services from the main menu.
3. Click on Registration on the Side Navigation
4. Select Submit Registration Documents

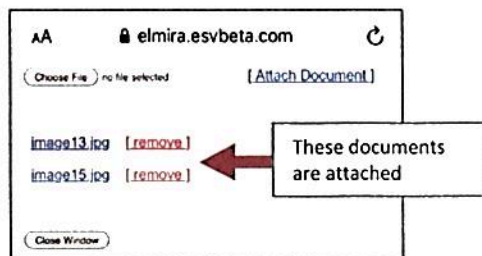
OR access the page directly at:

https://www.elmiracityschools.com/student_services/registration/submit_registration_documents

5. Click to Access the Secure Document Portal
6. Fill in your first name, last name, phone number and email address in the new window.
Please use a phone number where we can reach you if we have a question about your documents.
7. Select the type of document or documents you are uploading. You can upload multiple documents in multiple formats and file types (PDF, JPG, or PNG is preferred).

On your Smartphone:

- a. Click the Upload Documents button
- b. Click the Choose File button (you may need to pinch to zoom on this page on your smartphone)
- c. Select Take Photo or Video
- d. Point your camera phone at your document and take a picture. Make sure there is enough light to read the document but make sure there is not a glare.
- e. Select Use Photo
- f. Click on Attach Document on the left
- g. The document will appear in the list below the Choose File button.



- h. Repeat steps a-g to attach multiple documents
- i. Click on the Close Window button

(these instructions may vary based on the phone model but should be similar)

On your Computer:

- a. Scan your documents and save to a location such as My Documents
- b. Click the Upload Documents button
- c. Click the Choose File button
- d. Select one of the documents you scanned in step a
- e. Click on Attach Document on the left
- f. The document will appear in the list below the Choose File button.



- g. Repeat steps c-f to attach multiple documents
- h. Click on the Close Window button

8. Complete the simple math problem to validate (this prevents bots from auto-submitting junk)
9. Click submit. You will get a verification page that shows the date and time submitted. We will review your documents and email you to let you know they were received or call or email if we have questions.

PRE-KINDERGARTEN STUDENT REGISTRATION FORM

INSTRUCTIONS: Complete this form for each child in Pre-Kindergarten that needs to be registered. A copy of each student's Birth Certificate must be provided. **PLEASE PRINT CLEARLY.**

A. PRE-KINDERGARTEN STUDENT						
First Name			Hispanic	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Middle Name			Race	<input type="checkbox"/> White		
Last Name				<input type="checkbox"/> Black or African American		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Asian		
Date of Birth				<input type="checkbox"/> American Indian or Alaska Native		
School Request:	<input type="checkbox"/> Diven <input type="checkbox"/> Fassett <input type="checkbox"/> Pine City <input type="checkbox"/> Riverside <input type="checkbox"/> YWCA <input type="checkbox"/> Happy House <input type="checkbox"/> Adon Allen		Primary Language	<input type="checkbox"/> English <input type="checkbox"/> Other:		
OFFICE USE ONLY – DO NOT WRITE IN THE SHADED BOXES			Previous School	Diven Fassett Pine City Riverside		
B. HOUSEHOLD INFORMATION – LIST ALL CHILDREN IN THE HOUSEHOLD IN GRADES K-12						
Student Name (First, Last)	Grade	Date of Birth	Student Name (First, Last)	Grade	Date of Birth	
1.			4.			
2.			5.			
3.			6.			
C. RESIDENTIAL ADDRESS OF THE ABOVE CHILDREN						
Residence (physical address)	HOUSE #		STREET		UNIT #	
	CITY		STATE		ZIP	
Mailing Address (if different from physical address)	HOUSE #		STREET		UNIT #	
	CITY		STATE		ZIP	
D. ADULT CONTACTS FOR THE ABOVE CHILDREN						
Please provide the contact information for the primary and secondary guardian (if applicable) living with the children listed above. It is mandated, in case a parent of legal guardian cannot be reached during the school day, to give the names of two relatives, or reliable friends or neighbors who will come for and take care of your child should he/she become ill or injured during the school day.						
CONTACT 1 – PRIMARY GUARDIAN (as it appears on valid photo ID)						
First Name			Email Address			
Middle Name			Cell Phone #			
Last Name			Work Phone #			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Home Phone #			
Relationship to Children <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (Specify):						
CONTACT 2 – SECONDARY GUARDIAN (IF APPLICABLE)						
First Name			Email Address			
Middle Name			Cell Phone #			
Last Name			Work Phone #			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Home Phone #			
Relationship to Children <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other (Specify):						

PRE-KINDERGARTEN STUDENT REGISTRATION FORM

Address (if different from residence above)				
	STREET ADDRESS	CITY	STATE	ZIP

CONTACT 3 – EMERGENCY CONTACT – MUST BE DIFFERENT FROM PARENTS/GUARDIANS ABOVE

First Name		Relationship	
Middle Name		Cell Phone #	
Last Name		Work Phone #	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone #	
Address			
	STREET ADDRESS	CITY	STATE ZIP

CONTACT 4 – EMERGENCY CONTACT – MUST BE DIFFERENT FROM PARENTS/GUARDIANS ABOVE

First Name		Relationship	
Middle Name		Cell Phone #	
Last Name		Work Phone #	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Home Phone #	
Address			
	STREET ADDRESS	CITY	STATE ZIP

D. PARENT/GUARDIAN SIGNATURE

PROOF OF RESIDENCY

You must provide 3 proofs of residency within the Elmira City School District at the time of registration. This may include a lease, rent receipt, utility bill, DSS Statement, or other acceptable proof.

TRANSPORTATION

If your students require transportation, please contact the bus garage at (607) 735-3950 to determine if you qualify for transportation. Your child must be 4 years old on or before December 1st and it is highly recommended the student is toilet-trained.

MEDIA RELEASE OPT OUT

If you wish to deny permission for your student's inclusion in media coverage of our schools, please request and complete a Photo/Media Opt Out Form.

PLEASE NOTE:

In the event of a change in your home address or phone numbers or to provide updated Emergency Contact information after registration, please complete the Change of Address/Phone Form, **REGISTRATION FORM F101**, and return to any school.

I certify that the information provided for registration is accurate to the best of my knowledge and that I have legal custody of the student(s).

Parent or Guardian Signature: _____ Date: _____

Phone Number(s) that we can reach you if we have questions to register your student(s): _____

OFFICE USE ONLY – DO NOT WRITE IN THE SHADED BOX

Start Date at new school: _____	Sch Key: Diven = D, Fassett = F, Pine City = PC, Riverside = R, Happy House = HH, Adon Allen = AA, or YWCA																																
Received By: _____	<table border="1"> <tr> <td>Sch Assigned</td> <td>_____</td> <td>Date Received</td> <td>_____</td> </tr> <tr> <td>PK201</td> <td>_____</td> <td>Birth Cert (2 copies)</td> <td>_____</td> </tr> <tr> <td>3 Proof of Address</td> <td>_____</td> <td>Health Info F003</td> <td>_____</td> </tr> <tr> <td>Immunization</td> <td>_____</td> <td>Physical in last year</td> <td>_____</td> </tr> <tr> <td>Dental Form</td> <td>_____</td> <td>Release of Information</td> <td>_____</td> </tr> <tr> <td>Parent Portal</td> <td>_____</td> <td>Entered in ST</td> <td>_____</td> </tr> <tr> <td>Custody Papers</td> <td>_____</td> <td></td> <td></td> </tr> <tr> <td>Ethnicity</td> <td>H NH AI AS BL WH</td> <td></td> <td></td> </tr> </table>	Sch Assigned	_____	Date Received	_____	PK201	_____	Birth Cert (2 copies)	_____	3 Proof of Address	_____	Health Info F003	_____	Immunization	_____	Physical in last year	_____	Dental Form	_____	Release of Information	_____	Parent Portal	_____	Entered in ST	_____	Custody Papers	_____			Ethnicity	H NH AI AS BL WH		
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Notes:																																	

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ECSD Pre-K Program **Consent for Release of Information**

Student Name: _____

Student's Date of Birth: _____

I hereby give permission to the Elmira City School district Pre-K Staff to obtain information from or release information to:

- EOP – Head Start
- C.I.D.S.
- Student's Medical Provider

Student's Medical Provider Name, address, Phone Number:

The information requested is needed for education planning for the student named above.

I understand that information regarding the student above is CONFIDENTIAL and will not be released without my written consent. I also understand that I can revoke this consent at any time before the information is exchanged.

This consent for Release of Information is valid for one year from date of parent/legal guardian signature.

Signature of Parent/Legal Guardian

Relationship

Date

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Student Racial and Ethnic Identification

To the Parent/Guardian: The United States Department of Education has adopted a policy which requires the collection and recording of the ethnic identity of students in the District in accordance with the federal categories and definitions. The information will be used to:

- Report information to the state and federal education departments.
- Plan educational programs and make sure that they are readily available to all students.
- Study the movement of students in different ethnic groups as they move from school to school.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the racial and ethnic definitions on the next page. Put a check (✓) in the box for the category or categories which best describe your child. The Elmira City School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all state and federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

Confidential Procedures and Regulations

To School Staff: This form will be filed in the student's permanent record as confidential information.

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number

Please complete the form on the next page.

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STUDENT RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of School _____

Student Name _____

School District ID Number _____ Gender Male Female

Child's Birth Date _____ Grade Level _____

Directions to Parent/Guardian:

Please answer questions (1) and (2). Please read them before you respond.

1. **Is the student Hispanic, Latino or of Spanish origin?** Hispanic, Latino or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Check the box that best describes your child. Check only one box.

- Yes, Hispanic
- No, not Hispanic

2. Select one or more races from the following five racial groups.

Check all groups that apply to your child. You may check more than one. You must check at least one.

- American Indian or Alaska Native.** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.
- Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand and Vietnam.
- Native Hawaiian or other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islander.
- Black.** A person having origins in any of the black racial groups of Africa.
- White.** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Date _____ Signature of Parent/Guardian _____

Relationship to Student (check one): Mother Father Guardian Other (Specify) _____

PARENT PORTAL REGISTRATION FORM

PARENT INSTRUCTIONS: Complete this form for all students in your household. PLEASE PRINT CLEARLY.

A. PARENT PORTAL INFORMATION

The Elmira City School District's Parent Portal is a free service offered to all parents/legal guardians of students currently enrolled in grades K through 12. The intention of this access is to enhance communication and dialog between school and home.

- Access to the Parent Portal is a privilege. In submitting this request I understand that the District will provide me with a login password that will allow me to access information about my child's school performance, including classes, teacher names, attendance, grades, and discipline. I understand that this information will be accessible using the Schooltool Parent Portal, which is maintained by the District.
- I understand that the Schooltool Parent Portal may record and retain information about when and how I use the Schooltool Parent Portal, and that this information is the property of the District and subject to review by the District.
- I accept responsibility for all actions that are performed by anyone gaining access to the Schooltool Parent Portal using the login password assigned to me.
- I understand that the District makes no guarantee that the functions or the services provided via the Schooltool Parent Portal will be error-free or without defect. The District retains the discretion to suspend access to the Schooltool Parent Portal when there is reasonable suspicion to believe that the account has been compromised.
- I certify that I am a parent or legal guardian of the students I have listed below.

B. PARENT CONTACT INFORMATION

Name		Home Phone	
Address			
	HOUSE #	STREET	UNIT # CITY STATE ZIP
Email Address			
This email address is required to obtain an account and serves as your primary email address with the District.			

C. STUDENT INFORMATION

I hereby give the Elmira City School District permission to place information regarding the following student(s) in the Parent Portal program for me to access. **NOTE: You only need to submit one application to view all children registered in your care.**

STUDENT NAME	GRADE
1.	
2.	
3.	
4.	
5.	
6.	

If additional lines are needed, please attach a separate page

D. PARENT/GUARDIAN SIGNATURE

By signing below, I indicate that I have read the Schooltool Parent Portal user guidelines above for parents/legal guardians and agree to abide by and support these rules. I understand that if I violate any of the above terms, that I may lose my privilege to use the Parent Portal.

Parent or Guardian Signature _____ Date: _____

You will be notified at the email address above when the account is created. It may take up to two weeks for the account to be created.

STUDENT HEALTH INFORMATION AND HISTORY FORM

INSTRUCTIONS: Complete this form for each child to be registered. Parents are urged to provide for their child's complete physical, dental, ear, and eye exams before school entrance. Parents are required to provide proof of immunizations by State Law. **PLEASE PRINT CLEARLY.**

STUDENT INFORMATION			
Student's Name		Date of Birth	Grade

Place an X in the Yes or No column for each condition below. If Yes, enter the date of treatment and provide explanation below.

CONDITION	YES	NO	DATE	CONDITION	YES	NO	DATE	CONDITION	YES	NO	DATE
Chicken Pox				Bee Sting Allergy				High Lead Level			
German Measles				Severe Food Allergy				High Blood Pressure			
Measles				Dizziness w/Exercise				Heart Problems/Murmur			
Mumps				Allergies/Hay Fever				Concussion			
Anemia				Single Testicle				Headaches			
Diabetes				Physical Handicap				Ear Problems			
Seizure Disorder				Rheumatic Fever				Hearing Loss			
Heart Disease				Scarlet Fever				Ankle Injury			
Fainting Spells				Pneumonia				Fractures or Dislocation			
Nose Bleeds				Asthma				Knee Injury			
High Cholesterol				Serious Injuries				Eye Problems			
Spleen Injury				Problem Birth				Vision Loss			
Neck or Back Injury				Operations				Uncorrectable Vision Loss			
Bladder/Kidney Problems				Hospitalization				Glasses or Contact lenses			
Single Kidney											

Health History – Please explain any YES above. Use back of page if extra space is needed.

Family Doctor _____ Address _____
 City _____ State _____ Phone _____

- [] Yes [] No Has there ever been a sudden death of a family member under 50 years of age?
Cause: _____
- [] Yes [] No Has your child ever been evaluated at any clinic such as heart, speech, hearing, mental health, etc.?
Clinic Name and Address: _____
- [] Yes [] No Is your child taking any medications? Please List Medications: _____
- [] Yes [] No Will your child be taking any medications at school? **If Yes, please speak to school nurse.**
- [] Yes [] No Does your child have any medication allergies? If Yes, please name: _____
- [] Yes [] No Has your child ever attended another ECSD school before?
Which one(s): _____

Parent or Guardian Signature: _____ Date: _____



Comprehensive Interdisciplinary Developmental Services, Inc.
1580 Lake Street, Suite 1, Elmira, New York 14901-3331
(607) 733-6533 Fax: (607) 733-0939

David M. Andreine, MPS, CSA
Executive Director

Child's Name _____ Gender _____ Today's Date _____
last first middle

Date of Birth _____ Place of Birth _____
month day year county state

Parents /Guardians:

Name _____ DOB _____ Name _____ DOB _____

Relationship to child _____

Phone _____

Occupation _____

Place of Employment _____

Education Completed _____

Address _____

Same address? Yes ___ No ___

If different: _____

Child resides with _____

Parents: Married ___ Divorced ___ Separated ___ Other ___ Insurance: Private ___ Medicaid ___ None ___

Receiving services through ECSD CPSE? Yes ___ No ___ Doctor _____

Speech ___ OT ___ PT ___ Counseling ___ Eye or ear specialist _____

1) I give my permission to David Andreine, Director of C.I.D.S. to have my child,
_____ screened in speech, vision, hearing and development.
child's name

_____ date
parent signature

2) I give my permission to David Andreine, Director of C.I.D.S. to exchange information concerning
_____ with **ELMIRA CITY SCHOOL DISTRICT**
child's name

_____ date
parent signature

3) I give my permission to David Andreine, Director of C.I.D.S. to exchange information concerning,
_____ with _____
child's name physician's name

_____ date
parent signature

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Dear Parent or Guardian,

We'll be excited to welcome your child to PreK in the fall!

The school nurses are dedicated to keeping your child safe and well at school, to making sure any health needs are addressed at school, to caring for your child in the event of illness or injury, to checking for any health problems that may interfere with learning (vision, hearing, etc.) – in short, for making sure your child is healthy so he/she can be successful at school!

Here are some things we'll need from you:

- By the first day of school: a **complete immunization record** from your doctor's office – sorry, we can't accept "baby book" records – must show proof that your child has received:
 - 4 doses of DTaP vaccine (diphtheria, tetanus, pertussis)
 - 3 doses of Polio vaccine
 - 1 dose each of MMR (measles, mumps, rubella) & Varicella (chicken pox) vaccines
 - 3 doses of Hepatitis B vaccine
 - 4 doses each of HiB (hemophilus influenza) and Pneumococcal vaccines (in certain cases, fewer doses may be needed – check with your doctor to make sure your child is completely vaccinated)
 - If we don't have proof of all of these shots by the time school starts, your child may not be permitted to attend school – sorry, this one is a state law!
- By the first day of school: completed **health information form (enclosed)** – this will help you to tell us about any health issues your child may have, so that we can make any necessary plans with you for the fall
- By October 1st:
 - Copy of a **physical** done by your doctor, nurse practitioner (NP) or physician assistant (PA) dated **on or after Sept. 1, 2020**
 - Copy of a **dental certificate** from a dental exam done **on or after Sept. 1, 2020**
 - Documentation of a **blood lead test** done on your child at **any time in the past**

If your child will need to take ANY medicines at school (prescription medications including inhalers, or over-the-counter medicines), please contact your school nurse to ask what you will need to do, or check the district's website. Go to www.elmiracityschools.com, click on your child's school building > For Parents and Families > Health Information"

If your child ever has "potty accidents", we recommend that you send a clean set of clothes to school in a bag labeled with your child's name – it can be kept in the classroom, in case it's needed. It may save you an "emergency" trip to school some day!

We can't wait to get to know your child and you!

Sincerely,

Your School Nursing Staff

Elmira City School District



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Phone: (607) 735-3000
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Dear Parent or Guardian,

Dental Health is an important part of overall health. Dental problems can make it hard for children to concentrate in school, can lead to other health problems, and can cause embarrassment and self-esteem issues.

New York State requires a certificate of dental health for your son or daughter:

- When they first enter the school district – at Pre-K, Kindergarten or at any other grade level
- In grades 1, 3, 5, 7, 9 and 11

On the next page is a certificate for you to take to your child's dentist; once it is completed, please return it to the school nurse. Your dentist may document any examination done on or after September 1st. The certificate will be filed in your child's Cumulative Health Record at school. Please call the health office at your student's school if you have questions or concerns.

School Fax Number: 607-735-3001 Attention: Shauncey

Thank you for your help. We appreciate your willingness to ensure your child's overall good health. This can really help your student to be successful in school!

(Also, please keep an eye out in the fall for information about dental services provided at school. Most insurance plans are accepted.)

Sincerely,

Your School Nursing Staff



TO PARENTS/GUARDIANS OF STUDENTS ENTERING PREK IN SEPT. 2021:

New York State requires that all students who are new entrants have a physical examination and a dental examination certificate on file in the school health office. This will apply to your child in the fall.

If your own health care provider (doctor, nurse practitioner, or physician assistant) has seen your child for a physical and a dental examination since Sept. 1, 2020, please provide the school health office with documentation of those examinations by November 1st of the upcoming school year. We can accept physicals done by licensed physicians, physician assistants, and nurse practitioners.

If you want your child's physical to be done by your private health care provider, but have not had this done yet, please schedule an appointment as soon as possible, and notify the school health office of the appointment date. If we do not receive the required documentation of a private physical, or notification of an appointment by November 1st, the school nurse practitioner will perform the required physical examination on your child at school. If you wish to discuss this physical with the school nurse or be present during the school physical, please contact the school health office at 607-735-3001

During physical examinations performed at school, just as in a private medical office, boys will be checked for the presence of both testicles, and for inguinal hernia. Girls' breasts and genitalia may be visually examined, for the purpose of maturity screening/staging. You may want to discuss this with your son or daughter, so he or she will know what to expect. New York State allows parents to request an exemption from a school physical based on grounds of sincere and genuine religious beliefs only.

Sincerely,
The Health Office Staff
Diven Elementary Health Office 607-735-3710
Fassett Elementary Health Office 607-735-3910
Pine City Elementary Health Office 607-735-3810
Riverside Elementary Health Office 607-735-3860

1/2021

595.48

Lead Poisoning: Prevention and Screening



Of all the health problems caused by the environment, lead poisoning is the most preventable. Despite this, almost 1 million children in the United States have elevated levels of lead in their blood. Any child can be at risk for lead poisoning. This brochure has been developed by the American Academy of Pediatrics to inform parents about the risks of lead poisoning and how to prevent it. The brochure also discusses lead screening and treatment for lead poisoning.

How can lead hurt my child?

You may have heard that children can be harmed by the lead in pencils. This is not true. There is no actual lead in pencils and there is no lead in the paint on the outside of pencils.

Children *can* be harmed by lead by:

- Getting lead dust from old paint on their hands or toys and then putting their hands in their mouths
- Breathing in lead dust from old paint
- Eating chips of old paint or dirt that contain lead
- Drinking water from pipes lined or soldered with lead

Once lead enters the body, it travels through the bloodstream and is stored mainly in the bones where it can remain for a lifetime. Very high levels of lead in the body may cause many long-term problems, including:

- Kidney problems
- Anemia
- Hearing loss
- Developmental delays
- Growth problems
- Seizures and coma

Most children with high lead levels in their blood show no obvious symptoms until they reach school age. At that point, some may show learning and behavioral problems.

Where can lead be found?

Lead is most often found in the following places:

- Dust and paint chips from old paint
- Homes built before 1950, particularly those that are in need of repair or are in deteriorating condition
- Soil that has lead in it
- Hobby materials such as stained glass, paints, solders, fishing weights, and buckshot
- Folk remedies
- Workplace dust brought home on the clothing of people who have jobs that use lead, such as battery manufacturers or smelting companies

- Food stored in some ceramic dishes (especially if made in another country)
- Older painted toys and antique furniture such as cribs
- Tap water in homes that have lead pipes
- Mini-blinds manufactured outside the United States before July 1996

Prevention—what you can do

- If your home was built before 1950, ask your pediatrician to test your child for lead.
- If your home was built before 1978, talk to your pediatrician or health department about safe ways to remodel *before* any work is done.
- Know your state's laws regarding lead removal. Some states do not allow home owners to remove lead, only certified de-leadors.
- Clean and cover any chalking, flaking, or chipping paint with a new coat of paint, duct tape, or contact paper. It is important to check for paint dust or flaking paint at window areas where children often play.
- Repair areas where paint is dusting, chipping, or peeling before placing cribs, playpens, beds, or highchairs next to them.
- Encourage your children to wash their hands frequently, especially before eating.
- Check your home or apartment for possible lead contamination before moving in. Keep in mind that landlords are legally responsible for removing any lead found on their property.
- If you work around lead or have hobbies that involve lead, change clothes and shoes before entering your home. Keep clothes at work or wash work clothes as soon as possible.
- Check with your pediatrician or health department to see if your area has a problem with lead in the water.
- If you have lead pipes, run the first morning tap water for 2 minutes before using it for drinking or cooking. Do not use hot tap water for mixing formula, drinking, or cooking.

You can also reduce the risks of lead by making sure your child eats a well-balanced diet. Give your child nutritious, low-fat foods that are high in calcium and iron, like meat, beans, spinach, and low-fat dairy products. Calcium and iron in particular reduce the amount of lead absorbed by the body.

Lead screening

The only way to know for sure if your child has been exposed to lead is to have your pediatrician test your child's blood. Lead screening tests use either a small amount of blood from a finger prick or a larger sample of blood from a vein in the arm. These tests measure the amount of lead in the blood.

Treatment

For children with *low* levels of lead in their blood, identify and eliminate the sources of lead to avoid future health problems. Children with *high* levels of lead in their blood usually need to take a drug that binds the lead in the blood and helps the body get rid of it. This treatment is often done in the hospital and usually is given as a series of shots. Some children with lead poisoning need more than one type of treatment and several months of close follow-up. If the damage is severe, the child may need special schooling and therapy.

Most young children put things other than food into their mouths. They chew on toys, taste the sand at the park, and eat cat food if given the chance. This rarely causes any harm, as long as poisons and sharp objects are kept out of reach. Lead, however, can be very dangerous to children. Infants and toddlers can get sick by putting their fingers in their mouths after touching lead dust, eating lead paint chips, or breathing in lead dust. Lead poisoning can cause learning disabilities, behavioral problems, anemia, or damage to the brain and kidneys. Talk to your pediatrician about getting a blood test, especially if your child is under 3 years of age. Take the steps listed in this brochure to make sure your child does not come into contact with lead.

Should my child be screened for lead?

If you can answer "yes" to any of the following questions, especially numbers 1, 2, and 3, your child may need to be screened for lead. Talk to your pediatrician about lead screening for your child.

1. Does your child live in or regularly visit a house that was built before 1950? This includes a home child care center or the home of a relative.
2. Does your child live in or regularly visit a house built before 1978 that has been remodeled in the last 6 months? Are there any plans to remodel?
3. Does your child have a brother, sister, housemate, or playmate who is being treated for lead poisoning?
4. Have you ever been told that your child has high levels of lead in his or her blood or lead poisoning?
5. Does your child live with an adult whose job or hobby involves exposure to lead?
6. Does your child live near an active lead smelter, battery recycling plant, or other industry likely to release lead into the environment?
7. Does your child live within one block of a major highway or busy street?
8. Do you use hot tap water for cooking or drinking?
9. Has your child ever been given home remedies (azarcon, grela, pay looah)?
10. Has your child ever lived outside the United States?
11. Does your family use pottery or ceramics for cooking, eating, or drinking?
12. Have you seen your child eat paint chips?
13. Have you seen your child eat soil or dirt?
14. Have you been told your child has low iron?

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

The American Academy of Pediatrics is an organization of 57,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

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David M. Andreine, MPS, CSA
Executive Director

Dear Parent/Guardian:

C.I.D.S. is an agency that offers developmental services to all children in Chemung County, aged birth through school age. One of the services this agency provides is developmental screenings.

The screenings evaluate children in the areas of gross motor, fine motor, personal-social and language development, along with a standardized vision, hearing and speech evaluation. The screenings are not meant to provide a diagnosis, but will help to identify possible areas of development that may need further review. New York State requires screenings for all children entering Pre-Kindergarten. CIDS is pleased to partner with the Elmira City School District to provide these screenings.

Please bring the completed permission form with you when you register your child for Pre-Kindergarten. We will need the signed permission form in order to screen your child. Screenings will be scheduled at a later date and you will be notified if any follow up is necessary.

If you would like more information regarding the screening, please call our office any time Monday through Friday, 8:30am – 4:30pm, to speak with a Developmental Screening Associate. We will be very happy to answer any questions. Our phone number is 733-6533.

Sincerely,

Shannon Hatesaul & Annette Sterling