

**Berkeley County Schools Pre-K/Head Start
Physical Exam**

Child's Name _____

Date Exam Completed _____

Birthdate _____

HCT/HGB _____

TB Risk Assessment: TB Needed Yes No

Lead Blood test score _____

Height _____ Weight _____

Lead risk assessment: low ___ high ___

General Appearance _____

PHYSICAL EXAM/ASSESSMENT	NORMAL	ABNORMAL	REFER	NOT EVAL
Posture, Gait	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes External aspects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optic fundoscopic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Cover test-screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ears External Canal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nose, Mouth, Pharynx	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen (include hernia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genitalia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bones, Joint, Muscles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neurological/Social	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-help skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glands (Lymphatic/Thyroid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Muscular Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Allergic to _____ Reaction _____

Prescribed medications _____ For _____

Follow-up Needed: No Yes Reason _____

Signature: _____	Stamp: _____
Printed _____	
Address: _____	
Phone _____	

Pre-K Enrollment Form

Student ID Number _____

Students Last Name _____ First Name _____ Middle Name _____

Social Security Number _____ Birthdate ____/____/____ Sex M F

Birthplace (City) _____ State _____ Any Custody Papers? _____

(Primary Contact/Receives Correspondence)

Parent/Guardian Name _____ Relationship to Student _____

Home Address _____ Home Phone _____ Unlisted _____

City/State/Zip _____ Cell Phone _____

Mailing Address _____ Email _____

City/State/Zip _____

Employer _____ Work Phone _____ Ext _____

Parent/Guardian Name _____ Relationship to Student _____

Home Address _____ Home Phone _____ Unlisted _____

City/State/Zip _____ Cell Phone _____

Mailing Address _____ Email _____

City/State/Zip _____

Employer _____ Work Phone _____ Ext _____

Is your address a temporary living arrangement? _____ Is this temporary due to loss of housing or economic hardship? _____

Physician _____ Phone _____ Dentist _____ Phone _____

Allergies or Drug Allergies _____

Medical Conditions _____

Medication received on a regular or emergency basis _____

Language spoken at home _____ Of Hispanic Origin _____ (Please choose one or more)

_____ White _____ Black or African American _____ American Indian or Alaska Native

_____ Asian _____ Native Hawaiian of Other Pacific Islander

Is child's parent/guardian in the military? If yes, please describe: _____

Had previous children in Pre-K? _____ Where? _____ Do siblings attend elementary school? _____ Where? _____

Do you have concerns about your child's _____ Health _____ Development _____ Speech _____ Hearing _____ Vision

Diagnosed Disabilities/IEP _____ Other Concerns _____

Current Child Care Name _____ Address _____

Phone Number _____

Total number of children in family _____ Number of children in family under age of 4 _____

Approximate gross family income:

Yearly \$ _____ Monthly \$ _____ Weekly \$ _____

Foster Child? _____ Does child receive SSI? _____ Does child receive TANF? _____

Child's Health Insurance Medicaid # _____ CHIPS # _____ Private _____ None _____

Parent/Guardian Signature Required _____ Date _____

Office Use Only
Age Verified by _____ Age as of June 30 _____ Bus Needed Y _____ N _____

Eligibility Approved _____ Head Start _____ Pre-K _____ Placement _____ Date _____

Child's Name: _____

Date of Birth: _____
(Child must be 4 years old by June 30, 2020)



**Berkeley County Pre-K / Head Start Registration
Preferences 2020-2021**

Berkeley County Schools Universal Pre-K Programs are a non-discriminatory collaboration between Berkeley County Pre-K, Head Start, Child Care Centers and Office of Special Education.

Please mark the sites that you prefer. If your first-choice site is full you will be placed in the next site you selected. Place a number next to the sites you would accept. (1, 2, 3) All sites are full day.

_____ **I do have transportation**
(You may pick from either box)

- _____ Back Creek Valley Elementary School
- _____ Bedington Elementary School
- _____ Burke Street Elementary School
- _____ Gerrardstown Elementary School
- _____ Hedgesville Middle School
- _____ Hedgesville High School
- _____ Kid's World (before/after care available)
- _____ Mill Creek Intermediate School
- _____ Musselman Middle School
- _____ Pikeside Learning Center
- _____ Spring Mills High School
- _____ Tomahawk Intermediate School
- _____ Tuscarora Elementary School
- _____ Winchester Avenue Elementary School
- _____ ** Hedgesville Elementary School
- _____ ** Inwood Primary School
- _____ ** Marlowe Elementary School
- _____ ** Opequon Elementary School
- _____ ** Rosemont Elementary School
- _____ ** Valley View Elementary School

_____ **I do not have transportation**
(Sites below may have transportation available)

- _____ Berkeley Heights Center
- _____ Hedgesville Center
- _____ Inwood Center (IFWC)
- _____ James Rumsey Center
- _____ St Leo's
- _____ ** Marlowe Elementary School
- _____ ** Spring Mills Primary School
- _____ ** VA Center

**Before/After Care needed _____ Yes _____ No

If "Yes" contact Little Eagle Child Care 304-264-7752.

**Before/After Care may be available for the sites with ** in front of them.

All sites are Berkeley County School programs or partnership sites that are full day (before and after care available). Please contact the partnership sites to enroll.

- _____ Little Eagle Child Care/Pre-K (304-264-7132)
- _____ St. Joseph's Day Care/Pre-K (304-263-9476)
- _____ Norborne Preschool & Day Care/Pre-K (304-263-2298)
- _____ Step Ahead Preschool/Pre-K (304-263-6181)

Registration is by appointment only. Please contact the number below to schedule an appointment.

Pikeside Learning Center Phone: 304-267-3555
 3635 Winchester Avenue Fax: 304-267-3557
 Martinsburg WV 25405 Route 11 South – Winchester Ave next to the Pikeside Bowling Alley and Motel.

Make sure you have submitted the following with your packet:

- _____ Verification of Income. This can include one or more of the following:
 - _____ W-2 _____ Recent Pay Stub _____ Proof of Child Support _____ WV Works / TANF
 - _____ SSI _____ Foster Care _____ Letter to support no income
- _____ Preference Form _____ Immunization Record _____ Social Security Number
- _____ Enrollment Form _____ Physical Form (Appointment Date Accepted)
- _____ State Birth Certificate _____ Dental Form (Appointment Date Accepted)

**Berkeley County Schools Pre-K/Head Start
Dental Exam**

Child's Name _____

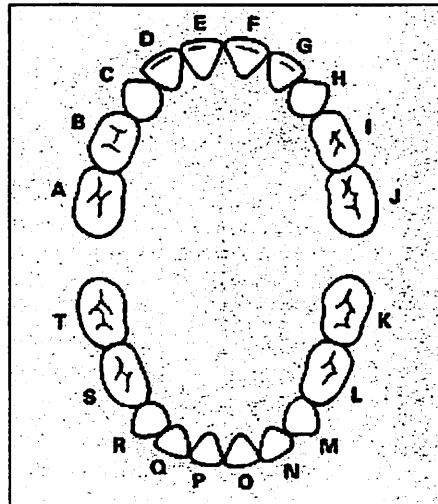
Date Exam Completed _____

Birthdate _____

ORAL CONDITION

Key	
X	Missing
⊖	Decayed
●	Filled

LEFT



RIGHT

LOWER

Number of times per day child brushed teeth _____

Gum Condition:

___ Normal ___ Swollen ___ Bleeds Easily ___ Infected

Dental Needs:

___ None ___ Treatment ___ Cleaning ___ Fluoride Supplement ___ Oral Hygiene Instruction

___ Other: _____

Follow-up Needed: No Yes Reason _____

Signature: _____	Stamp: _____
Printed _____	
Address: _____	
Phone _____	

Return to: Berkeley County Schools Pre-K / Head Start (Fax) 304-267-3557 (Phone) 304-267-3555