

BEAR CREEK ELEMENTARY SCHOOL

Phone – 410-887-7007

FAX – 410-887-7111

To register a child in Bear Creek Elementary School, the following documents are required.

- 1) If coming from another school, the transfer form along with items noted below or a copy of:
Birth Certificate
Shot Records
Report Card
- 2) Copy of recent mortgage payment, settlement sheet or tax bill. If home is leased, a copy of lease or a Verification of Residence Letter from the leasing office. If lease is a private residential lease, proof of ownership of property is required – that being a copy of recent water bill or current tax bill.

If the lease does not have the name of the registering parent, and the residence is shared, the leaseholder must verify sharing the residence by providing a copy of the lease or mortgage coupon statement and signing the Shared Domicile Form. The Shared Domicile Form must be signed by both the registering parent and the homeowner or leaseholder and both signatures must be notarized.

- 3) 3 pieces of mail (dated within the past 60 days) addressed to the registering parent, at current address.
- 4) Copy of photo ID with current address or with a change of address card from DMV or a passport or work photo ID.
- 5) For PreK students, proof of income must be submitted because PreK is a State Funded Program. Proof of income may be a recent pay stub or copy of tax return. Families eligible for Food Stamps, Temporary Cash Assistance or Independence Card benefits should provide a copy of the card and the benefits letter.
- 6) If a language other than English is spoken in the home, all children, over KG age, must be taken for testing to the ESOL Intake center (World Languages Office) which is in the CCBC Randallstown Liberty Extension Center, located at 3637 Offutt Road, Randallstown, Maryland - Call 443.809.6752 for an appointment for testing.
- 7) All registration documents must be completed

After securing all necessary documents, call either Mrs. Miloro or Ms. Hirsch at 410.887.7007 for an appointment.

**BALTIMORE COUNTY PUBLIC SCHOOLS
BEAR CREEK ELEMENTARY
SCHOOL REGISTRATION FORM
PS 515, F1**

APPLICATION INFORMATION			
Name of Person Completing Form:		Relationship:	
Do you have legal custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are your custody documents on file? <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____	
Child Lives With	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father		
	<input type="checkbox"/> Guardians <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other _____ Name: _____		
	Are you residing in temporary housing or do you lack housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, school will immediately contact pupil personnel worker to provide assistance. (Parent/Guardian is to complete HSE-1 Form)			

PARENT/GUARDIAN INFORMATION

Primary Guardian Name:	Phone Numbers	Home, Work, Cell	Receive Texts? (Y/N)
Guardian Relationship:			
Does the student reside with this contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, list Address or P.O. Box:			
City, State, Zip Code:	Email:		
Employer:	Full-Time Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Secondary Guardian Name:	Phone Numbers	Home, Work, Cell	Receive Texts? (Y/N)
Guardian Relationship:			
Does the student reside with this contact? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, list Address or P.O. Box:			
City, State, Zip Code:	Email:		
Employer:	Full-Time Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		

AUTOMATED PHONE CALLS

In addition to emergency notifications, the contact listed above may receive calls, emails, texts, and pre-recorded messages regarding non-emergent information. Non-emergent information is that which does not pertain to a school closing, medical or safety emergency. Non-emergent information includes, but it is not limited to: school calendar updates, student testing reminders, Superintendent's messages, school activities, and notifications pertaining to your student's daily activities, school responsibilities or events.

If you would like non-emergent notifications to be sent to a different number, please specify below:

Non-Emergent Number:	Ext:	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Cell	Receive Texts? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If you would like to opt out of non-emergent notifications, sign here:

Note: Your signature confirms that you will not receive calls regarding non-emergent information.

Parents/Guardians may submit opt-out preferences for students in BCPS One through September 30th by logging into BCPS One (<https://bcpsone.bcps.org>) and navigating to the Student Information tile. To change opt-out preferences after September 30th, contact your student's school.

EMERGENCY CONTACT LIST (Please list by order of contact)

In case of an incident or serious illness, school staff will contact a parent/guardian. In the event parents/guardians cannot be reached, please list people that may be contacted to pick up your student if necessary. If a parent/guardian or additional contact cannot be reached in a medical emergency, school staff will contact the child's physician/dentist listed on the health form. School staff may also make necessary arrangements, including an ambulance and transporting your student to the hospital.

NOTE: All early dismissals must be approved by a parent/guardian in writing.

**BALTIMORE COUNTY PUBLIC SCHOOLS
BEAR CREEK ELEMENTARY
SCHOOL REGISTRATION FORM
PS 515, F1**

Name	Relationship	Telephone
Elementary Only: In a school closing emergency who is responsible for the student? If not parent/guardian, list name and address:		In a school closing emergency, how will the elementary student be transported? <input type="checkbox"/> Walk <input type="checkbox"/> Ride Bus <input type="checkbox"/> Pick-Up
Upon notification by school staff, I agree to send my child home by taxicab if necessary. I also agree to be responsible for calling the cab and for payment of the cab. <input type="checkbox"/> Yes <input type="checkbox"/> No		

Secondary Only: **DO NOT** permit my child to participate in the Maryland Youth Tobacco & Risk Behavior Survey (MYTRBS).

Secondary students with cell phones may opt to receive text messages from the automated calling system in a school emergency. If you would like your student to receive emergency text notifications, please list the student's cell phone number below.
 Student Cell Phone Number: () _____

NOTE: All parties that provide telephone numbers may receive calls or text messages from the automated calling system in a school emergency. Message and data rates may apply.

BCPS One: (<https://bcpsone.bcps.org/>) is a digital ecosystem that supports teaching and learning by providing users the opportunity to engage in the educational process through access to online tools, resources, and student progress. View only access to BCPS One allows a user to view student information such as attendance and report cards, as well as access the Learning Management System. Granting BCPS One view only access does not authorize the person to make any decisions regarding the student's educational program or participate in school conferences. To grant view only access to people other than parents/legal guardians, list their information below and check by their name to **APPROVE**.

Name	Relationship	Email Address	Check here to APPROVE BCPS One View Only Access

Preferred Name/Gender Requests Only:

I understand that by requesting a preferred name or gender, I am agreeing to permit Baltimore County Public Schools to use the preferred name and/or gender for my child with the understanding that the student's legal name will remain on SR Cards, report cards, interim reports, transcripts, assessments, and diplomas.

Signature of adult responsible for the student: _____ Date: _____
 Signature of Student: _____ Date: _____

Please read carefully before signing this form:

I understand that if it is determined that I have provided false information regarding my place of residence, my child will be withdrawn from school and tuition will be assessed on a pro-rated basis for the period of time that he/she was fraudulently enrolled. (Tuition rates are currently over \$6,000 per year and are increased on an annual basis.)

To the best of my knowledge, all information entered on this enrollment form is accurate.

Signature of adult responsible for the student's enrollment Date

New Student Health History

Last Name: _____ First Name: _____ Grade: _____ Gender: Male / Female

Last school your child attended? _____ DOB: _____

Has your child traveled or resided outside of the U.S. in the past year? Yes No

If yes, list countries: _____

Where do you usually take your child for routine medical care?

Name: _____ Phone Number: _____

Does your child take any medication? Yes No If yes, list medications: _____

Does your child require any special health treatments or procedures (e.g. tube feeding or catheterization)? Yes No

If yes, describe: _____

Where do you usually take your child for routine dental care? _____

Name: _____ Phone Number: _____

To the best of your knowledge, has your child had any of the following?

	Yes	No	If yes, describe:
Prematurity			
Birth defect			
Immunity problems			
Bleeding problems			
Lead poisoning			
Sickle Cell Disease			
Diabetes			
Anaphylaxis			
Seasonal allergies			
Food allergies			
Medication/Drug allergies			
Mental health/emotional problems like depression			
ADHD/ADD			
Concussion or traumatic brain injury			
Migraines			
Learning problems/disabilities			
Seizures			
Speech problems			
Ear or hearing problems			
Eye or vision problems			
Dental problems			
Asthma or breathing problems			
Heart problems			
Stomach problems			
Bowel problems			
Bladder problems			
Musculoskeletal problem (including cerebral palsy)			
Limited physical activity			
Other:			
Is your child toilet trained?			

Hospitalization Date: _____ Reason: _____

Hospitalization Date: _____ Reason: _____

Surgery Date: _____ Reason: _____

Surgery Date: _____ Reason: _____

Parent Signature: _____ Telephone: _____ Date: _____

Parent Address: _____