

**BEECHWOOD SCHOOL  
KINDERGARTEN REGISTRATION  
MOUNTAINSIDE SCHOOL DISTRICT  
1497 WOODACRES DRIVE  
MOUNTAINSIDE, NJ 07092**



908-301-9104

**2025-2026 SCHOOL YEAR KINDERGARTEN REGISTRATION**

Please note student must be 5 years old by October 1

Welcome to the Mountainside School District! We are pleased that your family will be a part of our school community. Please be advised of the following before proceeding to the registration link below:

- ❖ Online registration (on the link below) must be completed in our Genesis Student Information System in one sitting. It will take approximately 10-15 minutes. You will be asked to enter basic demographic information about your child/family.
- ❖ You will also be required to set up an appointment to submit required documents. In-person appointments for Fall 2025 will be available from 9:00 am to 12:30 pm on the following dates:

Tuesday, March 4th (snow date - March 11th)

Thursday, March 6th (snow date - March 13th)

Monday, March 10th (snow date - March 18th)

Please proceed to the following Genesis registration link below and follow the instructions to begin registration:

<https://genesis.c1.genesisedu.net/msd/openReg>

Please bring **the original and a copy of each** of the following documents to your in-person appointment:

- ❖ Child's original Birth Certificate with raised seal and,
- ❖ Proof of Homeowner's/Rental status (**one of the following documents**):
  - ★ Original Deed
  - ★ Signed Lease
  - ★ Property tax bill

You will also need to complete the following attached documents and bring them to your appointment:

- ❖ Affidavit of Residency (Must be notarized)
- ❖ Health and Physical Exam Form (also include immunization records)

Children entering our district will require a recent physical examination within the past 365 days and official documentation from either a physician or public health department documenting immunization dates before beginning school. Please direct any health-related questions to the nurse, Lisa Bruno, who can be reached by phone at 908-301-9104, ext 202, or email her at [libruno@mountainsideschools.org](mailto:libruno@mountainsideschools.org).

**SAVE THE DATE!**

**Kindergarten Parent/Child Orientation - May 28, 2025**

Parents will have the opportunity to meet staff, hear all about the Kindergarten Program, ask questions, and tour the building while your child visits a kindergarten classroom for a classroom experience. You will have the opportunity to share your preference for the early (4 - 4:45 pm) or late (5:15 - 6 pm) Orientation Session.

For any questions regarding registration, please contact Beechwood secretary, Maryann Brown at:

[mbrown@mountainsideschools.org](mailto:mbrown@mountainsideschools.org)

MOUNTAINSIDE BOARD OF EDUCATION

**AFFIDAVIT OF RESIDENCY**

Date: \_\_\_\_\_

		Name of
Resident Parent	Legal Address	

hereby make affidavit for my son/daughter \_\_\_\_\_ to attend the Mountainside and /or Berkeley Heights Public Schools.

I, \_\_\_\_\_, make this Affidavit that I am a Legal resident of Mountainside, New Jersey, in accordance with N.J.S.A. 18A:38-1 and the Rules and Regulations of the Commissioner of Education.

I, reside at \_\_\_\_\_, in the Borough of Mountainside, County of Union. My home telephone number is \_\_\_\_\_.

I understand that I am responsible for the tuition in the amount which is determined annually by the Mountainside Board of Education should the conditions set forth in N.J.S.A. 18A:38-1 be determined to have been violated.

**I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I UNDERSTAND THAT IF ANY OF THE FOREGOING STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT AND/OR REPAYMENT OF TUITION.**

\_\_\_\_\_  
Signature of Resident Parent

Sworn and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

# NEW STUDENT HEALTH AND PHYSICAL EXAM FORM

<b>HEALTH HISTORY (to be filled out by PARENT/GUARDIAN)</b>
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Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex \_\_\_\_ M \_\_\_\_ F

Grade: \_\_\_\_\_ Languages Spoken at home: \_\_\_\_\_

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

## HEALTH HISTORY

**Does the student have or have had any of the following medical conditions:**

DISEASE HISTORY	Yes	NO	DISEASE HISTORY	Yes	No
Asthma			Diabetes		
Seasonal Allergies			ADHD/ ADD		
Chronic Otitis Media			Autism Spectrum Disorders		
Lyme Disease			Concussions		
Hepatitis			Neuromuscular Disease		
Rheumatic Fever			Convulsive Disorder		
Strep Infections			Auto Immune Disorders		
Chicken Pox			Juvenile Rheumatoid Arthritis		
Mononucleosis			Congenital Disorders		
Influenza (Flu)			Hematologic Disorders		
Heart Disease			Vision Disorder		
Fractures			Hearing Disorder		

**Please provide further details on any "yes" answers:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Operations or Serious Hospitalizations:**

\_\_\_\_\_

\_\_\_\_\_

**Current Medications (Name, Dose, Frequency and Reason used):**

\_\_\_\_\_

\_\_\_\_\_

**Allergies: (Name, reaction to exposure)**

Drug: \_\_\_\_\_

Food: \_\_\_\_\_

Environmental: \_\_\_\_\_

**Any Other Additional comments or information that you would like to provide:**

\_\_\_\_\_

\_\_\_\_\_

Student's Name: \_\_\_\_\_

Exam Date: \_\_\_\_\_

## PHYSICAL EXAM

Height:	Weight:	Pulse:	B/P:
Vision:	Uncorrected	Right:	Left:
Vision:	Corrected	Right:	Left:
Hearing Screen:		Right:	Left:
	<b>Normal Exam</b>	<b>Abnormal Findings:</b>	
Head			
Eyes			
Ears			
Nose			
Throat			
Lymph Glands			
Heart			
Lungs			
Abdomen			
Hernia			
Genitalia			
Skin			
Orthopedic			
Scoliosis			
Neurological			
Speech			
Nutrition			

Physical Exam Comments:

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Any Limitation of Activity or other Recommendations?    No    Yes (Please define):

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1. If the student will be required to have medications at school such as an Epi-Pen, Asthma inhalers, and other medications for chronic Please fill out the appropriate medication packets.
2. Please attach a copy of the student's immunization records, and include any recent TB screening results.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name and Address Stamp:



# LEARN GROW THRIVE

## School Age Complements in Mountainside Schools

BEFORE SCHOOL & AFTER SCHOOL PROGRAMS

Convenient, reliable, fun and safe experience for students in grades K-5

Flexible options: register for 2, 3, or 5 days. Programs available before school as early as 7:15AM and after school as late as 6:00PM

Caring and dedicated staff meet or exceed state licensing requirements to meet Y standards for certifications and professional development



Spaces are limited for the 2025–2026 school year due to licensing capacity.

Contact: Amanda McCaskill  
[amccaskill@westfieldynj.org](mailto:amccaskill@westfieldynj.org)

Registration opens online March 6th, 2025.

### WESTFIELD AREA Y

220 Clark Street · Westfield, New Jersey 07090 · 908-301-9622 · [www.westfieldynj.org](http://www.westfieldynj.org)

Strengthening the communities of Mountainside, Cranford, Garwood and Westfield since 1923. Financial assistance is available for those who qualify.