Haworth Public School

Ms. Jennifer L. Montesano
Chief School Administrator

Mr. Paul Wolford
Business Administrator

KINDERGARTEN REGISTRATION

January 2017

Haworth Public School will have its **Fall 2017 Kindergarten Registration** from Tuesday, March 28th, 2017 through Thursday, March 30th, 2017. Students are eligible for kindergarten if they are five years of age on or before October 1, 2017. Parents are asked to bring **all completed forms**, downloaded from the school website, **along with a recent picture of your child and the required documentation**, to the school office during the month of March. Students will not be officially registered until all required documentation is completed and submitted. Haworth Public School is open from 9:00 a.m. to 2:00 p.m. to register a child for Kindergarten. Please contact the school office @ (201) 384-5526 ext. 35100 if you have any questions.

Required documentation includes:

1) **Proof of Age:** Birth certificate (or passport) with a raised seal.
2) **Proof of Residency (4 required):** A signed deed or lease, a bank statement or property tax bill, a utility/telephone bill displaying the name and address, and/or a driver's license with Haworth address, etc.
3) **Proof of Immunization:** for DTP, Polio, Hepatitis B, Varicella, Measles, Mumps, and Rubella (MMR). An *official record* from a public health department or an immunization record *signed by the physician* will be accepted. Immunizations must be *current* and the record translated into English, if it is from another country.
4) **Health History and Physical Examination:** In New Jersey, the exam is required to be done within the 365 days prior to the first day of school attendance. Please bring a copy of your child's most recent physical to the registration, even if another will be required to meet the New Jersey State requirement. The updated physical should then be sent to the school *as soon as it is completed.*
   A physical form is available in the on-line kindergarten packet. If the pediatrician's office uses another form, it should include the student's name, date of exam, date of birth, height, weight, blood pressure, vision, hearing, review of systems, laboratory work done and complete physical examination information.

A parent/student orientation program is scheduled for Friday, May 19th, 2017 from 8:30am – 12pm. On orientation day your child will be assigned a session to attend. Time of sessions are to be determined.

We look forward to welcoming you and your child as part of the Haworth Public School family.

Haworth Public School

Ms. Jennifer L. Montesano
Chief School Administrator

Mr. Paul Wolford
Business Administrator

SCHOOL REGISTRATION FORM & PERMANENT RECORD INFORMATION

Date: _____ GRADE ENTERING: _____

Child's Name: _____ Sex: F M

Date of Birth: _____ City/Country of Birth: _____

Permanent Address/Address of Domicile:

_____

Home Number: _____ Mom Cell: _____ Dad Cell: _____

Mom Email: _____ Dad Email: _____

Guardian's Home & Cell Number: (H): _____ (C): _____

	NAME	HOME ADDRESS (if different from above)	OCCUPATION	CITIZENSHIP	BIRTHPLACE
FATHER					
MOTHER					
***GUARDIAN**					

(If legal guardian is someone other than the child's parents, please complete the appropriate Domicile Affidavit Document on file in the school's Main Office).

SIBLINGS' NAMES (if any)	DATE OF BIRTH	CURRENT GRADE

Former Residence: _____

Former School Name and Phone Number: _____

Former School Address and Grade: _____

To: Parents/Guardians

From: Mrs. Nancy Polifroni, RN, CSN, CPNP

Re: **Medical Requirements – K - 8**

In order for children to start school in Memorial School, the following are required:

PHYSICAL EXAMINATION and HEALTH HISTORY

Before entering school, each child must have a **complete medical examination**, which includes a vision and hearing screening conducted by your physician. This exam must be done **no more than 365 days before the child's first day of school**. ***No student is admitted without the physical form.*** The physical form in this packet should be completed with full results of the examination, blood pressure, height, weight, vision, hearing, recommendations and immunizations. The form must be **signed, dated and stamped** by the examining physician. If the doctors' office uses their own form, **all of the same information should be included** and it should be **signed and dated**.

Should there be any **absolutely unavoidable delay**, contact the school nurse (201-384-5526 ext. 35117) regarding possible provisional admission.

Parents/Guardians should complete the **Health History Questionnaire *prior to registration***.

We encourage a dental check-up before your child enters Kindergarten.

IMMUNIZATIONS

The State of New Jersey mandates that the following **immunizations** be required of all pupils starting public or private school in New Jersey.

- **DTP** - Every child less than seven years of age shall have received a minimum of four doses of diphtheria and tetanus toxoid and pertussis vaccine (DTP), or any vaccine combination containing DTP, such as DTP/Hib or DTaP, one dose of which shall have been given on or after the child's fourth birthday. A total of **five doses** are required for entrance to Kindergarten.
- **Polio** - Every child less than seven years of age shall have received at least three doses of live, trivalent, oral poliovirus vaccine (OPV), or inactivated poliovirus vaccine (IPV) either separately or in combination, one dose of which shall have been given on or after the child's fourth birthday. A total of **four doses** are required for entrance to Kindergarten
- **MMR (Measles, Mumps, Rubella)** - Every child is required to have received **two doses** of live virus vaccine administered on or after the first birthday and the 2nd dose at age 4-6 years prior to entrance to Kindergarten s
- **Hepatitis B** - **Three doses** of hepatitis B are required prior to Kindergarten entrance.
- **Varicella** – **One dose** of varicella vaccine, or any vaccine combination containing varicella virus, administered on or after the first birthday, prior to Kindergarten entrance.
    - **NOTE: Mantoux Test for TB** – May be required for students entering from other states or from countries outside the United States.

Immunization Requirements for New Jersey Schools – (simplified)

REQUIREMENTS FOR KINDERGARTEN

Diphtheria, Tetanus, Pertussis	**5 dose series** recommended to be administered at 2,4,6,15-20months of age, and at 4 to 6 years of age
Inactivated Poliovirus or Oral Poliovirus	**4 dose series** recommended to be administered at ages 2,4,6,to 18 months and 4 to 6 years
MMR (Measles, Mumps, Rubella)	**2 doses** with the first dose on or after 1st birthday, and the 2nd dose at age 4-6 years prior to entrance to Kindergarten
Hepatitis B	**3 doses OR** lab evidence of immunity >2 months after last dose, titer ≥ 10
Varicella	**One dose** on or after 1st birthday **OR** history of disease **OR** lab evidence of immunity

REQUIREMENTS FOR OTHER GRADE LEVELS

Tetanus diphtheria (Td)	Required for Sixth Grade (as of 9/01/2008) - **1 dose** required for children born on or after 1/1/97
Meningococcal	Required for Sixth Grade (as of 9/01/2008) – **1 dose** required for children born on or after 1/1/97 given no earlier than ten years of age
Hepatitis A	No Mandate yet

Note:** ***All students entering Grades K must meet the Kindergarten requirements.

Also, ALL STUDENTS REGISTERING MUST SUBMIT A CURRENT PHYSICAL EXAM
(Done within the 365 days prior to the first day of attendance).

APPROVED SCHOOL PHYSICAL EXAMINATION FORM
HAWORTH PUBLIC SCHOOLS
(K - 8)

UNIVERSAL CHILD HEALTH RECORD

Endorsed by:
American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services

SECTION I - TO BE COMPLETED BY PARENT(S)

Child's Name *(Last)*	*(First)*	Gender ☐ Male ☐ Female	Date of Birth / /
Does Child Have Health Insurance? ☐Yes ☐No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number	

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC. ☐Yes ☐No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? ☐Yes ☐No

Abnormalities Noted:		
	Weight *(must be taken within 30 days for WIC)*	
	Height *(must be taken within 30 days for WIC)*	
	Head Circumference *(if <2 Years)*	
	Blood Pressure *(if ≥3 Years)*	

IMMUNIZATIONS	☐Immunization Record Attached ☐Date Next Immunization Due:

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐None ☐Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐None ☐Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐None ☐Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐None ☐Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐None ☐Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐None ☐Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐None ☐Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐None ☐Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: ☐Capillary ☐Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

Haworth Public School

Ms. Jennifer L. Montesano
Chief School Administrator

Mr. Paul Wolford
Business Administrator

HPS – STUDENT PERSONAL INFORMATION FORM

Child's Name: _____ Date of Birth: _____

Address: _____ Age: _____ ☐ Male ☐ Female

Name of person completing this form: _____

Are mother/father living at same residence? ☐ Yes ☐ No
Indicate different address, if applicable: _____

Primary language spoken at home: _____ Secondary language: _____

Age, grade and sex of other siblings: _____

Mother's Occupation: _____ Father's Occupation: _____

Mother's Cell: _____ Father's Cell: _____

Mother's Email: _____ Father's Email: _____

1. CHILD'S HEALTH:

Allergies: _____

Vision problems: _____

Hearing loss: _____

Illnesses: _____

Special medication(s): _____

Any other medical problems: _____

Has your child ever been hospitalized? If yes, explain: _____

_____

2. FAMILY HISTORY:

Please discuss any family history of the following:

Speech/language difficulties: _____

Deafness/hearing loss: _____

Learning difficulties: _____

3. BIRTH AND PRENATAL HISTORY:

Please explain any complications during prenatal period, at birth or neonatal period of development:

_____

_____

4. DEVELOPMENTAL MILESTONES:

Age at which child walked independently: _____

Age at which child spoke first word: _____

Age at which child spoke in sentences: _____

Indicate any unusual development: _____

Have any medical, learning, psychological, etc., evaluations been performed due to school-based concerns? If yes, please indicate where, when, and the results of the recommendations: _____

5. DESCRIPTION OF YOUR CHILD:

How does your child react in new situations?

Is your child left-handed, right-handed, or is dominant side not yet established? _____

Does your child express any specific fears or concerns? _____

What do you perceive to be your child's strengths? _____

What do you perceive to be your child's weaknesses? _____

6. PRE-SCHOOL HISTORY:

Name, address, phone number and email address of pre-school, and current teacher's name: _____

Is your child's program half- or full-day? _____ How many days per week does he/she attend? _____

How long has your child been attending pre-school? _____

Name of previous pre-school, if different from current: _____

Describe your child's adjustment and participation in his/her pre-school experience: _____

Has your child ever received Early Intervention Services (Ages Birth -3 years old)? Please list those services and the frequency _____

Does your child currently have an IEP (Individual Education Plan)? Does your child require special education/related services? Please list these services and the frequency. _____

HAWORTH SCHOOL STUDENT INFORMATION CARD

In case of accident or sudden illness, it is imperative that we have the following information on file:

Name _____ Gender: M F Grade/Teacher _____
LAST FIRST MIDDLE

Address _____ Date of Birth (M/D/Y) _____

Home phone _____

ALLERGIES (LIST ALL) _____

ALLERGIC REACTION(S) _____

Name of Parent/Guardian 1: _____ Cell phone _____

Address _____

Email: _____ Work phone _____

Name of Parent/Guardian 2: _____ Cell phone _____

Address _____

Email: _____ Work phone _____

List 2 neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

Name _____ Relationship _____ | Name _____ Relationship _____

Home phone _____ Cell _____ | Home phone _____ Cell _____

☐ I give my permission to share necessary medical information with my child's teachers:

_____

Parent/Guardian Signature

Does your child have health insurance?

☐ Yes. If yes, name of insurance company _____

☐ No. NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. For more information, please call 800-701-0710 or visit www.njfamilycare.org to apply online.

Signature _____ Printed name _____ Date _____

Written consent required pursuant to 20 U.S.C. - 1232g (b)(1) and 34 C.F.R. 99.30 (b).

List any medical/surgical care your child has received during the past year _____

_____

Dental exam date _____ ☐ Braces Eye exam date _____ ☐ Contacts ☐ Glasses

MEDICATIONS (LIST ALL) _____

Immunizations/Tetanus (date & type) _____

Restrictions: _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Hospital _____ Address & Phone _____

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact the persons named on this card and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event that physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforementioned child. I will not hold the school district financially responsible for the emergency care and/or transportation to a care facility for said child.

Signature of Parent/Guardian & date _____

Haworth Public School

Ms. Jennifer L. Montesano
Chief School Administrator

Mr. Paul Wolford
Business Administrator

ALLERGY & MEDICATION SURVEY

Child's Name: _____ Grade: _____

1. Allergy Information: Does your child have any allergies?

	Please Specify	YES	NO
Medications (i.e. antibiotics)		☐	☐
Food (i.e. milk, eggs, wheat, yeast, peanuts)		☐	☐
Environmental (i.e. grass, dust, animal)		☐	☐
Insect Bites (i.e. bees, spiders, mosquito)		☐	☐
Food Dyes		☐	☐
Asthma		☐	☐
Others		☐	☐

If yes, what kind of reaction does your child experience?

_____

_____

Does your child take medication for an allergic reaction?

_____

_____

2. Medication Information: Please list below all medications, supplements, complementary therapies, etc., that your child is taking.

Medication/Therapy	Dosage	How Often	Reason

205 Valley Road
Ph: 201-384-5526

www.haworth.org

Haworth, New Jersey 07641
Fax: 201-384-8619

Haworth Public School

Ms. Jennifer L. Montesano
Chief School Administrator

Mr. Paul Wolford
Business Administrator

Dear Parents/Guardians:

Welcome to the Haworth Public School.

In order to enroll your child(ren), please provide the School Office with the following paperwork:

1) **Four (4) forms of proof of Haworth residence:**
   a. Deed/Lease papers
   b. PSE&G or Rockland Electric bill
   c. Drivers License **OR** one other utility bill
2) School Records from previous school
3) Health Records from child(ren)'s physician
4) Birth Certificate **OR** Passport

We appreciate your supplying the above information as soon as possible so that we may expedite the registration process. If you have any questions, please do not hesitate to contact the main office at 201-384-5526, ext. 35100 or 35101.

Sincerely,

Jennifer L. Montesano

Jennifer L. Montesano
Chief School Administrator

Haworth Public School

Ms. Jennifer L. Montesano
Chief School Administrator

Mr. Paul Wolford
Business Administrator

HOME LANGUAGE SURVEY

Date: _____

STUDENT'S NAME: _____

HOMEROOM/GRADE: _____

1. What language did your child first learn to speak? _____
2. What language does your child use most often when speaking to parents at home?

   _____
3. What language does your child use most often when speaking to brothers and sisters?

   _____
4. What language does your child use most often when speaking to relatives?

   _____
5. What language does your child use most often when speaking to friends?

   _____
6. How long have you lived in the United States? _____
7. What is the DATE your child entered the United States? _____

PARENTS'/GUARDIANS' LANGUAGE: Is there a parent/guardian in the home who is comfortable receiving school notices in English? ☐ ***Yes*** ☐ ***No***

205 Valley Road
Ph: 201-384-5526

www.haworth.org

Haworth, New Jersey 07641
Fax: 201-384-8619

Haworth Public School

Ms. Jennifer L. Montesano
Chief School Administrator

Mr. Paul Wolford
Business Administrator

TO BE COMPLETED BY YOUR CHILD'S PRESCHOOL TEACHER

CHILD'S NAME: _____ DATE: _____

NAME OF PRESCHOOL: _____

DATE OF BIRTH: _____ ☐ MALE ☐ FEMALE

PERSON COMPLETING FORM: _____

Please write a brief statement below regarding the student's functioning in the following areas:

SOCIAL INTERACTION:

PRE-ACADEMIC SKILLS:

Do you have any questions or concerns about this child's readiness for or participation in the Haworth Public School Kindergarten program? If so, please explain.

Please have your child's preschool submit this form via email to Auriemman@nvnet.org, or via regular mail to, Haworth Public School, 205 Valley Road, Haworth, NJ 07641. The information on this form is an integral part of helping your child have a successful transition to Haworth Public School. Your child will NOT be officially enrolled until ALL of your completed paperwork is submitted.