

HADDON TOWNSHIP



Preschool Registration

When: Thursday, February 4, 2021 9:00- 11:30 AM/ 12:30- 2:30 PM
Where: Edison School – 205 Melrose Avenue
Who: All 3 and 4 year olds in Haddon Township

- * Children are eligible for preschool if their 3rd birthday falls on or before **October 1, 2021**.
- * Registration forms are available online at www.htsd.us or call your neighborhood school or the BOE to get the forms necessary for registration. Enrollment packets must be completed and turned in by February 26th to ensure enrollment in the 2021-2022 school year.
- * You will need to provide the following documentation. **Please bring the original document PLUS 1 copy to registration:**
 - ✓ Official birth certificate with raised seal or passport.
 - ✓ Proof of residence (2) (eg. tax bill, utility bill, lease agreement, license)
 - ✓ Deposit of \$370 (check payable to Haddon Twp BOE). Deposit is **not** refundable after May 28th.
 - ✓ Immunization records and physical signed by a physician. State law requires that your child has the following immunizations before entering school:

• DPT (diphtheria, pertussis, tetanus)	4	
• Polio – oral or injection	3	
• Measles, Mumps & Rubella	1	(on or after 1 year of age)
• Hepatitis B series	3	
• Hib vaccination	1	(on or after 1 year of age)
• Varicella	1	(on or after 1 year of age)
• Pneumonia (PCV)	1	(on or after 1 year of age)
• Influenza	1	(between 8/1 and 12/31)
- * Students must be completely toilet trained before beginning school in September.
- * Preschool Program Overview
 - 5 days a week (half days)
 - AM session: 9:00 – 11:30 AM PM session: 12:30 – 3:00 PM
 - Tuition \$3700/year billed monthly (subject to passage of the 2021-2022 budget). Deposit will be credited toward last month's tuition.
 - Current locations (subject to change):
 - ◆ Edison ◆ Van Sciver (PM only) ◆ Stoy (PM only)

EDISON
869-7715

JENNINGS
869-7720

STOY
869-7725

STRAWBRIDGE
869-7735

VAN SCIVER
869-7730

BOE
869-7700

If you are unable to attend preschool registration day, completed packets will be accepted after 01/02/21 at the Board of Education Building, 500 Rhoads Avenue. Please call Alexis Gray at 856-869-7750, ext. 1108 to make a registration appointment. Enrollment must be complete by 2/28/21 in order to ensure placement for the 2021-2022 school year.

Haddon Township Schools Registration Form

Office Use Only: Student Number: _____
Student Registration Form 11/1/2017

School: _____

Student Information

Last Name _____ Phone _____

First Name _____ MI _____ Grade **Preschool** Male Female

Street Address _____ First Date of Entry _____
Haddonfield 08033 Westmont 08108 Oaklyn 08107 W. Collingswood Ext. 08107 W. Colls Hgts 08059 W. Colls 08104

Date of Birth _____ Place of Birth (City and State) _____

Proof of Residency: Tax Bill Deed/Lease Agreement Utility Bill Other (specify) _____
Driver's License Affidavit of Temp Residency

Ethnicity: Is the student Hispanic or Latino? Yes No

Race Category (check all that apply):

White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

Previous School and District Attended: _____

- Has the student ever been referred to the Child Study Team for evaluation? Yes No
- Is the student eligible to receive Special Education services? Yes No If Yes, what kind? _____
- Is the student eligible for 504 services? Yes No If yes, what kind? _____
- Will the student be eligible for Free or Reduced Lunch? Yes No N/A Unknown
- Is the student receiving any related services? Yes No Which? _____ (OT, PT, Speech, Counseling)
- Has the student attended Haddon Township Schools before? Yes No If Yes, which school(s)? _____ Dates: _____
- Is another language besides English spoken in the home? Yes No If yes, what language(s)? _____ Which dialect? _____
- Did the student receive ESL (English as a Second Language) services at their former school? Yes No
- Is student a dependent of a **full-time, active duty** member of the Armed Forces? Yes No
- Has student been homeschooled? Yes No If yes, what dates? _____

Head(s) of Household Information

Student Lives with: Both Parents Father Mother Foster Parent Guardian Relationship _____

Name _____ Employer _____
Last First MI

Email (if checked regularly): _____ Work Phone: _____ Cell Phone: _____

Name _____ Employer _____
Last First MI

Email (if checked regularly): _____ Work Phone: _____ Cell Phone: _____

Non - Resident Parent

Name _____ Address _____
Last First MI

Home Phone: _____ Email (if checked regularly): _____

Employer _____ Work Phone: _____ Cell Phone: _____

Emergency Contact (other than parent)

Name of Contact _____ Phone Number _____ Relationship to Student _____

Medical Conditions/Allergy ALERTS

Physician: _____ Phone #: _____ Hospital Preference: _____

LEGAL ALERTS:

Signature of Person Completing Form: _____ Date _____



HADDON TOWNSHIP BOARD OF EDUCATION

500 RHOADS AVENUE • WESTMONT, NEW JERSEY 08108
PHONE: 856-869-7750 ext. 1100 • FAX: 856-854-7792
WEBSITE: www.haddontwpschools.com

Dear Parent/Guardian:

As we prepare to welcome your child to the Haddon Township School District, please know that we need the following items in regard to your child's medical history:

- **Physical exam/health history** - The history must include date of exam, physician/nurse practitioner's signature, height, weight, blood pressure, medications, vision and hearing screening, allergies and pertinent medical history.
- **Immunization history** – This must be a complete record of all immunizations received to date.

Per NJAC 6A: 16-2.2, **each student entering the school district must have a physical examination no more than 365 days prior to entry.** Please have your child's physician or nurse practitioner complete the enclosed physical examination form and return it along with their current immunization record to your child's school as soon as possible.

Sincerely,

A handwritten signature in blue ink that reads "Alexis A. Gray".

Alexis Gray
Secretary to the Assistant Superintendent

/ag

Haddon Township Public Schools
Haddon Township, NJ

NAME: _____ DOB: _____ Male [] Female [] EXAM DATE: _____

ADDRESS: _____ SCHOOL: _____ GRADE: _____

PHYSICAL EXAMINATION: Height: _____ Weight: _____ Blood Pressure: _____

Vision Screening: Right _____ Left _____ with correction: glasses _____ contact lens _____

Hearing Screening: Right _____ Left _____ hearing aid: left _____ right _____ both _____

Eyes _____ Chest _____ Genito-Urinary _____ Skin _____

Ears _____ Heart _____ Musculoskeletal _____ Speech _____

Nose _____ Lungs _____ Scoliosis _____ Nutrition _____

Mouth/teeth _____ Abdomen _____ Feet _____

Neck _____ Hernia _____ Nervous system _____ Other _____

General Health: _____

Abnormal/significant findings: _____

MEDICAL HISTORY: Gestational age & birth weight _____

Cardiac (heart murmur, etc.) _____

Operations (procedure & date) _____

Fractures (site & date) _____

Allergies (foods; drugs; environmental) _____

Chronic Illness (asthma, diabetes, ADD, OCD) _____

Medications for Illness/Allergy: _____

Check all that apply & indicate date of illness/diagnosis:

Chicken Pox _____ Measles _____ German Measles _____ Mumps _____ Strep _____

Otitis Media _____ Pertussis _____ Meningitis _____ Rheumatic Fever _____

Hepatitis _____ Mononucleosis _____ Tuberculosis _____ Arthritis _____ Seizures _____

Other _____

IMMUNIZATION RECORD: Please attach copy of clinic/doctor's office record or complete below with month/day/yr

DTP, DTaP (Indicate Type) (1) _____ (2) _____ (3) _____

Td, Tdap Boosters (4) _____ (5) _____ (6) _____

OPV or IPV (Indicate Type) (1) _____ (2) _____ (3) _____

Boosters (4) _____ (5) _____

MMR (1) _____ (2) _____ Measles _____ Mumps _____ Rubella _____

Hib (1) _____ (2) _____ (3) _____ (4) _____

HepB (1) _____ (2) _____ (3) _____ HepA (1) _____ (2) _____

Varicella (1) _____ (2) _____ Meningococcal (1) _____ (2) _____

Pneumococcal (1) _____ (2) _____ (3) _____ (4) _____ (5) _____

Influenza (1) _____ (2) _____ (3) _____ (4) _____ (5) _____

Other (specify): _____

Mantoux Test (date/result): _____

SUMMARY/RECOMMENDATIONS: _____

PHYSICIAN'S SIGNATURE
(Stamp or Office Staff Initials Not Acceptable)

PLEASE PRINT PHYSICIAN'S NAME DATE

Address and Phone Number

PARENT: Are there special concerns we should be aware? _____

**Haddon Township Public Schools
Annual Health History Update**

Dear Parent/Guardian:

This form lists medical conditions that your son/daughter may have experienced in the past or currently experiences. The updated information enables the Health Office to respond in case of an emergency. Please complete and return this form to the School Nurse as soon as possible.

Thank you.

1. Has the student been advised not to participate in any activity or sports? Yes No
If yes, please explain: _____

2. Has the student had any major illness since his/her last medical exam? Yes No
If yes, please explain: _____

3. Has the student been hospitalized since his/her last medical exam? Yes No
If yes, please explain: _____

4. Has the student had any injury or surgery since his/her last medical exam? Yes No
If yes, please explain: _____

5. Has the student had any special test such as x-rays, bone scan, EKG, CT, MRI, etc? Yes No
If yes, please explain: _____

6. Has the student been under the care of a physician for any other medical conditions? Yes No
If yes, please explain: _____

7. Is the student currently taking any medications on a regular basis? Yes No
If yes, please explain: _____

8. History of asthma and/or allergies (including medications, food, bee stings, etc.): Yes No
If yes, please explain: (Use of inhaler, Epi-pen, Benadryl, etc.) _____

____ Yes, you have my permission to share this information with appropriate faculty/staff members.

____ No, please do not share this information.

Student Name: _____ Grade: _____

Parent/Guardian Signature: _____ Date: _____

Does child have Health Insurance?

Yes _____ If Yes, name of insurance company _____

No _____ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents.'

For more information call 800-701-0710 or visit www.njfamilycare.org to apply online.

You may release my name & address to NJ FamilyCare Program to contact me about health insurance.

Signature _____ Printed Name _____ Date _____

Written consent required pursuant to 20 U.S.C. §1232 g (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 _____

Allergy _____ kind _____ medications _____

Allergic Reactions _____ date _____ medications _____

Immunizations/Tetanus _____ date _____ type _____

Restrictions _____ type _____

Doctor _____ Telephone _____

Dentist _____ Telephone _____

Hospital _____ Telephone _____

Address _____

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly 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 aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation of said child.

Signature of Parent(s) / Guardian(s) _____ Date _____

Haddon Township Public Schools Responsibility Slip

If a child needs to be sent home from school because of illness or an accident, a parent is contacted by telephone to ensure someone will be home for the child. The following information is requested.

Grade: Pre-school

	Current Data	Changes/Corrections
Last Name		
First Name		
Middle Name/Initial		
Nick Name		
Home Phone	() - -	
Mailing Address		
City & State of Birth		
Birth Date		
Gender		
Racial Designation(s)	White: Black: Asian: Pacific Islander: American Indian:	
Is student Hispanic/Latino		
Primary Language:		

<u>Medical Conditions / Allergy ALERTS</u>
Medical Alerts: _____
Family Physician: _____ Phone #: _____
Hospital Preference: _____

<u>LEGAL ALERTS (please list if any)</u>

Parent / Guardian Information	Primary	Emergency	Allowed	Resides	Send Mail
Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship: _____					
Home: _____					
Work: _____					
Mobile: _____					
Email: _____					
Address: _____					

Other Emergency Contact Information	
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home: _____	Home: _____
Work: _____	Work: _____
Mobile: _____	Mobile: _____

Parent / Guardian Signature: _____ Date: _____
Parent/Guardian signature permits the district to share this information with the staff.

My child has permission to:

1. Participate in walking trips throughout the year. ___ Yes ___ No
2. Participate in bus trips throughout the year that only travel between HTSD schools. ___ Yes ___ No
3. Be photographed/filmed or included in a publication (i.e. websites, newspaper or television broadcast) ___ Yes ___ No

School Dismissal: Choose one of the options below.

My child will walk home _____

My child will be picked up by: _____

My child will be attending the After School Program on: M T W TH F

In the event you are 15 minutes late your child will be sent to the After School Program at your expense.

Technology:

For students in grades PreK-5:

I/We have read and agree to the stipulations set forth in the Acceptable Use Policy.

Parent/Guardian Signature _____ Date _____

For students in grades 3-5:

I/We have read and agree to the stipulations set forth in the HADDON TOWNSHIP PUBLIC SCHOOLS ONE TO ONE IPAD POLICY, PROCEDURE AND INFORMATION packet.

Parent/Guardian Signature _____ Date _____

For Students in Grades K-5:

I have read the Family Life Education Curriculum Letter and Outline.

Parent/Guardian signature Date

Parent/Student Handbook

I have read the student handbook and understand the conditions set forth in the handbook

Parent/Guardian signature Date



Important INFORMATION

Child's Name: _____

Home School: _____

Mark #1 and #2 preference for Preschool Program...

- **Session Preference:** A.M. []
P.M. []

Reason:

- **School Preference*:** Edison []
Van Sciver []
Stoy []

**These are the current locations of the programs, but we cannot guarantee classes will be held at these schools next year.*

Reason:

RELEASE FORM FOR PRESCHOOL DISMISSAL

My child may be released to the following persons:

Child's Name _____

❖ I give my permission to release my telephone number and address to other parents in my child's class.

❖ ___YES ___No

Parent/Guardian Signature

Date



HADDON TOWNSHIP BOARD OF EDUCATION

500 RHOADS AVENUE • WESTMONT, NEW JERSEY 08108
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ALL APPLICANTS MUST CHECK ONE BOX WHEN REGISTERING FOR HADDON TOWNSHIP SCHOOL DISTRICT PRESCHOOL:

- I am NOT applying for Tuition Free Preschool Program
- I am applying for Tuition Free Preschool Program (*Temporary Eligibility*)
(Please complete attached application form)

Please note: Proof of income must be resubmitted for final approval. You will be contacted by the Board of Education prior to the start of the school year.

Parent Name:	
Child's Name:	
Street Address:	
City, State, Zip:	
Phone:	

2021 - 2022
APPLICATION
HADDON TOWNSHIP SCHOOL DISTRICT
TUITION FREE PRESCHOOL
TEMPORARY ELIGIBILITY

CHILDREN IN SCHOOL			
Names of all children in school (First, Middle Initial, Last)	School Name	Grade or ID Number	Food Stamp or TANF case # (if any).

Total Household Gross Income – You must tell us how much and how often for each person; check if no income					
1. Name (list everyone in household – include students listed above)	2. List gross income and how often it was received <i>Example: \$100/month \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	How Often?	How Often?			
1.	\$ _____ / _____	\$ _____ / _____			<input type="checkbox"/>
2.	\$ _____ / _____	\$ _____ / _____			<input type="checkbox"/>
3.	\$ _____ / _____	\$ _____ / _____			<input type="checkbox"/>
4.	\$ _____ / _____	\$ _____ / _____			<input type="checkbox"/>
5.	\$ _____ / _____	\$ _____ / _____			<input type="checkbox"/>
6.	\$ _____ / _____	\$ _____ / _____			<input type="checkbox"/>
7.	\$ _____ / _____	\$ _____ / _____			<input type="checkbox"/>
8.	\$ _____ / _____	\$ _____ / _____			<input type="checkbox"/>
9.	\$ _____ / _____	\$ _____ / _____			<input type="checkbox"/>

PLEASE SUPPLY PROOF OF INCOME (i.e. pay stub, W2, unemployment - COPIES ONLY – ORIGINALS WILL NOT BE RETURNED)

Signature and Social Security Number (Adult must sign)	
<i>I understand that school officials may verify (check) the information. Proof of income must be resubmitted for final approval in September.</i>	
Sign Here: X _____	Print Name: _____ Date: _____
Street Address: _____	City: _____ Zip: _____
Social Security Number: _____ - _____ - _____	<input type="checkbox"/> I do not have a Social Security Number

9. What language does the child speak to his/her friends most of the time?

English _____ Other [specify] _____

10. In which language do you wish to receive school communication?

English _____ Other [specify] _____

Signature: _____ Date: _____
[person completing the survey]