Pittsgrove Township Preschool Registration Checklist

In order that the requirements of various state and federal laws be met, the following information is necessary for the registration of students in the Pittsgrove Township School District.

Student’s name: ___________________________ Grade ___________________________

I. Proof of identity or Parent/Guardian with photo – One (1) must be provided
   ______ Driver’s license/State Issued ID _______ Passport

II. Proof of grade placement – One (1) must be provided
    ______ transfer card _______ report card _______ transcript

III. Proof of immunizations – Must be provided ______

IV. Proof of Physical (if applicable) – Must be provided within 30 days of school entry date ______

V. Proof of residence – Two (2) must be provided, One (1) from List A and One (1) from List B (parent/guardian must be named on document)

List A (1 must be provided)
   ______ Lease agreement (apartment or home)
   ______ Tax bill
   ______ Property deed
   ______ Mortgage or settlement papers
   ______ Acceptance letter from Park Manager
   at Harding Woods, Holly Tree Acres,
   Picnic Grove/Tullertown or The Villages I

List B (1 must be provided)
   ______ Utility bill
   ______ Change of Address Form from Post Office
   ______ Bank Statements
   ______ Auto Insurance or registration card
   ______ Medicaid or Welfare Card
   ______ Food Stamp ID

VI. Proof of Student’s Date of Birth and Relationship to Parent/Guardian - One (1) must be provided
    ______ Birth or baptismal certificate of student
    ______ Legal guardian (court documentation)
    ______ Foster parent (state agency documentation)

VII. Proof of custody or restricted contact (if student does not reside with both natural parents)

VIII. Completed registration packet (obtained from the Board of Education Office)

   Note: New Jersey State Law – 18A:38-A
   Any person who fraudulently allows a child of another person to use his residence and is not the primary financial supporter of that child and any person who fraudulently claims to have given up custody of his child to a person in another district commits a disorderly person offense.

_________________________                        ___________________________
Parent/Guardian Signature                                    Date
Pittsgrove Township Preschool Program  
(856) 358-3094

Student Registration Form

Name ____________________________

Sex _______ Grade __________________

Street Address ____________________________

Mailing Address (if different than street address) ____________________________

Home Phone Number ____________________________ Email Address: ____________________________

Date of Birth ____________________________ City and State of Birth ____________________________

Previously School Attended ____________________________

Pittsgrove Township School District uses an automated telephone calling system in the event of snow closings, student absences, emergencies, and occasional school announcements. Please indicate the phone number you would like utilized for student absences. ____________________________

Is there a second number (in addition to the primary/attendance phone numbers) which must be contacted for all automated calls from the school? ____________________________

Children in family/household under 18 (include last name if different from this student) and age/date of birth

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Date of Birth</th>
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Father/Guardian Name ____________________________ Relationship ____________________________

Address ____________________________

Employer Name/Telephone Number ____________________________

Father/Guardian Home Phone ____________________________

Father/Guardian Cell Phone ____________________________

Mother/Guardian Name ____________________________ Relationship ____________________________

Address ____________________________

Employer Name/Telephone Number ____________________________

Mother/Guardian Home Phone ____________________________

Mother/Guardian Cell Phone ____________________________
Pittsgrove Township Preschool Program  
(856) 358-3094  

(reg. cont’d)

Is student currently receiving services for:  

_______Child Study Team  _______Basic Skills  _______504  _______Speech Services

Language spoken in home, if other than English  

Are there any medical or physical problems that the school system should be aware of? (_______) Yes (_______) No

If yes, please explain  

Doctor’s Name ___________________________________  Doctor’s Phone ____________________________

If student is in high school, has the student ever participated in high school sports? (_______) Yes (_______) No

Child Resides with? ________________________________________________

(Must provide documentation, if applicable)

Please provide a brief explanation of parental visitation or restricted contact if any:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Second mailing needed for Non-custodial Parent? (_______) Yes (_______) No

Name__________________________________  Relationship__________________________

Address ________________________________________________________________

Phone Number __________________________________________________________

Ethnicity (may check more than one)

_______ White  _________ American Indian/Alaskan Native

_______ Black  _________ Asian

_______ Hispanic  _________ Pacific Islander

This information will be shared only with appropriate school personnel in accordance with Federal FERPA regulations.

_________________________________  ____________________________
Parent/Guardian Signature  Date
Child’s Name: _____________________ Birthdate: _____________
Parent’s Name: _____________________
Address: ____________________________________________
Phone Number: ________________________________________

The following providers are available for both three and four-year old preschool. Please select which you would prefer your child to attend.

- Building Blocks Learning Center
  219 Harding Hwy
  Pittsgrove, NJ 08318
  School Hours: 9:00 AM – 3:00 PM
  SACC Hours: 6:30 AM – 6:00 PM

- Norma School
  873 Gershal Ave
  Pittsgrove, NJ 08318
  School Hours: 9:00 AM – 3:00 PM
  SACC Hours: 6:30 AM – 6:00 PM

- Firm Foundations
  431 Front Street
  Eimer, NJ 08318
  School Hours: 9:00 AM – 3:00 PM
  SACC Hours: 6:30 AM – 6:00 PM

Please return this form with your selections and comments and all other registration information to me at the Child Family Center.

No child can be assigned a slot in a center until all registration requirement (birth certificate, proof of residency and health records) have been submitted.
I hereby grant permission for

(Previous School)

(Address)

(City, State, Zip Code)

(Phone Number)

to release all records pursuant to NJSA 18A:36-19a including:

☐ Academic
☐ Attendance
☐ Discipline/School violence report
☐ Immunization/Health
☐ SAC / 1&RS / 504 plans
☐ CST Records

to Pittsgrove Township Preschool Program at the above checked address.

(Previous School)

(Student Name)

(Parent Signature)

(Student Signature, over 18 yrs.)

(Date)

(Witness)
**Health History Form**

**CHILD'S NAME** ___________________________  **DOB** ___________________________

**Has your child had any of the following:**

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES</th>
<th>NO</th>
<th>YEAR</th>
<th>Condition</th>
<th>YES</th>
<th>NO</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASTHMA</td>
<td></td>
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<td></td>
<td>RHEUMATIC FEVER</td>
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<tr>
<td>DIABETES</td>
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<td></td>
<td></td>
<td>MONONUCLEOSIS (MONO)</td>
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<tr>
<td>HEPATITIS</td>
<td></td>
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<td>STREP INFECTION</td>
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<tr>
<td>CHICKEN POX</td>
<td></td>
<td></td>
<td></td>
<td>NEUROMUSCULAR DISEASE</td>
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<tr>
<td>PNEUMONIA</td>
<td></td>
<td></td>
<td></td>
<td>OTITIS MEDIA (EAR INFECTION)</td>
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<tr>
<td>HEART DISEASE</td>
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<td>SEIZURES / CONVULSIONS</td>
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<td>LYMEE'S DISEASE</td>
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<td>OTHER -</td>
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**Past & Current History:**

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<tr>
<th>Condition</th>
<th>YES</th>
<th>NO</th>
<th>YEAR</th>
<th>Condition</th>
<th>YES</th>
<th>NO</th>
<th>YEAR</th>
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<tbody>
<tr>
<td>BRONCHITIS OR CHRONIC COUGH</td>
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<td>ORTHOPEDIC PROBLEMS</td>
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<tr>
<td>FREQUENT: Colds/Sore Throat</td>
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<td></td>
<td>BEHAVIORAL/EMOTIONAL PROBLEMS</td>
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<td></td>
</tr>
<tr>
<td>SPEECH DIFFICULTIES</td>
<td></td>
<td></td>
<td></td>
<td>NOSE BLEEDS</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>EAR PROBLEMS, HEARING AID/TUBES</td>
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<td></td>
<td></td>
<td>TONSILS REMOVED</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VISION PROBLEMS/GLASSES/CONTACTS</td>
<td></td>
<td></td>
<td></td>
<td>HEAD INJURY</td>
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<tr>
<td>DENTAL PROBLEMS</td>
<td></td>
<td></td>
<td></td>
<td>LEARNING DIFFICULTIES</td>
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</table>

**Prenatal History:**

- Birth weight ______
- Birth length ______
- Check one: Full term Pregnancy ______ Premature ______
- Delivery: ______ vaginal ______ c-section
- Problems during delivery: __________________
- Congenital defects: __________________

**Other Medical Information:**

- Allergies to foods, medicines, hayfever: Please list __________________
- Allergy to bee sting __________________
- Medication or treatment for allergies __________________
- Has your child ever had a serious illness? If yes, please explain __________________
- Has your child been hospitalized for any reason? If yes, please explain __________________
- Has your child ever had any type of surgery? If yes, please explain __________________
- Has your child had any broken bones? If yes, which bones? (i.e. right forearm) __________________
- Does your child take any medication on a regular basis? (i.e. allergy, inhaler, Ritalin, etc.) Name of medication __________________
- Is there a family history of any medical problems? If yes, please explain __________________
- Is there any other health information that we have not asked for, but that would be helpful to us? __________________

This information shall be disseminated to appropriate school personnel.

**DATE: ___________________**

**PARENT SIGNATURE: ___________________**
As a user of Pittsgrove Township preschool program's computing facilities, I agree to the following rules and provisions:

1. A student will be expected to use the program's computer technology equipment in a safe and proper manner.

2. A student will be asked to follow directions and only use the computers and software as instructed by school personnel.

3. A student will not be allowed to bring software or CD's from home to use on the school's computers. Students will not copy or remove any software from the school's computers.

4. A student will be expected to behave properly in the computer lab.

________________________________________  ____________________________
Student Signature/Date                     Parent Signature/Date

________________________________________
Print Student Name/Grade
Student Transportation Form

PowerSchool ID# ____________________  Grade: ______  Date of Birth: _______

NJ SID # ____________________________________________

Last Name ___________________________  First Name ___________________________ M.I. ______

School Code ___________________________  Female / Male (circle one)

Home telephone ___________________________  Other telephone ___________________________

Street Address ____________________________________________

Mailing Address (if different from street address) ____________________________________________

Parent/Guardian Name ____________________________________________

Alternate pick up/babysitting arrangements (please explain): ____________________________________________

________________________________________

________________________________________

________________________________________

________________________________________
Residency Questionnaire

Student Name: ___________________________ DOB: ___________________ Grade: ____________

In accordance with New Jersey State Law (N.J.S.A. 18A:38-1 and 18A:7B-12), it is necessary to determine the residence of students entering the school district.

Please select one of the following:

☐ The student is my legal responsibility and resides with me at the address listed at bottom of the page.

As appropriate, please indicate if the student resides in any of the following:

☐ Residing with family or friend. (Parent/Guardian not listed on lease, deed or mortgage documents)

  Residing out of necessity?  Yes ________  No ________

  (If yes you will need to complete the Families in Transition Form and have it notarized)

  ☐ Hotel/motel
  ☐ Shelter
  ☐ Transitional housing facility
  ☐ Domestic violence shelter
  ☐ Runaway youth shelter
  ☐ Home for adolescent school-age mothers
  ☐ Migrant family dwelling
  ☐ None of the above situations apply – please explain: __________________________________________


Parent/Guardian signature: __________________________________________ Date: __________________

Please print name: ______________________________________________________

Address: ______________________________________________________________

Telephone: ___________________________________________________________
**Pittsgrove Township Preschool Program**  
(856) 358-3094  

**Physical Examination (completed by Physician)**

Dear Parent:

Upon entrance to our school, your child is required to have a report of a physical examination completed on this form. If your child has had a physical exam within the last 365 days your physician can simply have this form completed. If your child has not had a physical exam within this time period they will need to have one completed within 30-days of registration. Should this not be done, your child will be excluded from school until the proper documentation is received. If you have any questions please call the school nurse. Thank you for your cooperation.

**Documentation to nurse by**

**Date of Exam**

**Name**  
**Birth Date**

**Report of Physical Examination:**

<table>
<thead>
<tr>
<th>Physical Examination</th>
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<tbody>
<tr>
<td>Height</td>
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<tr>
<td>Vision OD</td>
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<tr>
<td>Hearing Rt.</td>
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**General Appearance:**

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<thead>
<tr>
<th>Appearance</th>
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<tbody>
<tr>
<td>Posture</td>
</tr>
<tr>
<td>Eyes</td>
</tr>
<tr>
<td>Mouth &amp; Throat</td>
</tr>
<tr>
<td>Neck</td>
</tr>
<tr>
<td>Spine</td>
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<tr>
<td>Lungs</td>
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<tr>
<td>Genito-Urinary</td>
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<tr>
<td>Speech</td>
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</table>

**Neurological:**

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<tr>
<th>Neurological</th>
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<tbody>
<tr>
<td>Gait</td>
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<tr>
<td>Pupils</td>
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</tbody>
</table>

If you feel this child needs further evaluation by an ophthalmologist, audiologist, otologist, neurologist or other medical specialist, please state your recommendation.

**DATE**

**PHYSICIAN SIGNATURE**

**PRINT PHYSICIAN NAME**

**ADDRESS**

**TELEPHONE**

**PLEASE ATTACH COPY OF IMMUNIZATION RECORD**
Dear Parent/Guardian

This letter is to inform you that the New Jersey Department of Health and Senior Services has recently revised the requirement of vaccines for preschool attendance. As of September 2008, there are two new requirements.

Every child enrolling in preschool shall have received at least one dose of pneumococcal conjugate vaccine (PCV) on or after their first birthday. This vaccine protects your child from invasive disease caused by S. pneumoniae. In addition, children attending preschool must receive one dose of influenza vaccine between September 1 and December 31 of each year. This vaccine protects children against influenza.

These vaccines are required for school attendance.

Sincerely,

Susan Hunkele RN
School Nurse
Pittsgrove Township Preschool Program  
(856) 358-3094

Name: ___________________________ Grade: __________________ Date of Birth: __________________

Does this child have any health insurance including NJ FamilyCare/Medicaid, Medicare, private or other?

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 and address to the NJ FamilyCare Program to contact me about health insurance.

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 received during the past year: ____________________________

Dental Exam _______________________ Date ________________________________ Braces ______________________

Eye Exam __________________________ Date ________________________________ Contacts __________________

Allergy ___________________________ Kind ________________________________ Glasses __________________

Allergic Reaction ____________________ Date ________________________________ Medications __________________

Immunizations/Tetanus __________________ Date ________________________________ Medications __________________

Restrictions _________________________ Type ________________________________

Doctor ____________________________ Telephone __________________________

Dentist ____________________________ Telephone __________________________

Hospital __________________________ 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 even 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 for said child.

Signature of Parent(s) / Guardian(s) ___________________________ Date ___________