PRESCHOOL

MUST BE 4 YEARS OLD BY OCTOBER 1ST

NAME: _____

___ REGISTRATION FORM

___ ORIGINAL BIRTH CERTIFICATE OR PASSPORT

___ CERTIFICATE OF RESIDENCY FORM

___ HOME VISIT FORM

___ FOUR (4) PROOFS OF RESIDENCY—**COPIES ONLY**

___ EMERGENCY CONTACT FORM

___ CHILD INFORMATION SHEET

___ DISMISSAL FORM

___ DIVORCE/CUSTODY PAPERS/COURT DOCUMENT

___ HOME LANGUAGE SURVEY

___ CONTRACT

___ FREE & REDUCED LUNCH FORM (IF NEEDED)

Somerville Public Schools

ADMINISTRATIVE OFFICES * 51 WEST CLIFF STREET * SOMERVILLE, NJ 08876

Student Registration Form

Date: _____ School: _____

Name of Parent(s)/Guardian Registering: _____ Relationship to Student: _____

Student Information: **FORMER DISTRICT:**_____ **FORMER SCHOOL NAME:**_____

Student Name – Last	First Name	MI	Date of Birth	□ Male □ Female Grade:

Current Address	City	Zip Code

Home Phone	Mailing Address if Different	City	Zip Code

City of Birth (If born outside of the United States; declare Country)	State	What date did your child first enter a U.S. school?

Native Language:

Ethnic Classification of student. Please check groups best describes your student (Optional)
□ White □ Black/African American □ Hispanic/Latino □ American Indian/Alaskan Native
□ Asian □ Pacific Islander □ Multiracial

Family Information

Parent/Guardian Relationship to student (ex. Mother/ Father/Stepparent/Aunt/Uncle)		Parent/Guardian Relationship to student (ex. Mother/Father/Stepparent/Aunt/Uncle	
Name:		Name:	
Address (if different)		Address (if different)	
City	Zip Code	City	Zip Code
Cell Phone:		Cell Phone:	
Business Phone:		Business Phone:	
Other Phone:		Other Phone:	
Email:		Email:	

Please check all that apply. Student lives with: □ Both Parents □ Father □ Mother

Somerville Public Schools
ADMINISTRATIVE OFFICES * 51 WEST CLIFF STREET * SOMERVILLE, NJ 08876

PARENT/GUARDIAN STATEMENT OF RESIDENCY

I am_____ the _____of
(Parent/Guardian name) (Parent or Guardian)

_____.
(Child/Children name)

I currently live and reside with my child/children at:

_____

_____

I do/do not maintain any other residence.

If so, where are they and when do you live there?

_____

_____

In the event an investigation should disclose that my child is not entitled to a free education in the district, I understand the student will be dis-enrolled, and that I will be held responsible for the cost of tuition to the district for any periods of unlawful attendance.

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THEM ARE WILLFULLY FALSE, I WILL BE SUBJECT TO LEGAL ACTION.

Date:_____ Signature:_____

Somerville Public Schools
ADMINISTRATIVE OFFICES * 51 WEST CLIFF STREET * SOMERVILLE, NJ 08876

HOME VISITS TO NEW STUDENTS

Date of Enrollment:_____

School:_____

Grade:_____

Student Name:_____

Parent(s) / Guardian(s):_____

Address:_____

Phone Number:_____

_____
Signature of Parent / Guardian

TO BE COMPLETED BY ATTENDANCE OFFICER

DATE OF VISIT:_____

PERSON INTERVIEWED:_____

PUPIL RESIDES WITH:_____

TYPE OF RESIDENCE: APARTMENT:_____ HOUSE:_____

ARE YOU SATISFIED THAT PUPIL LEGALLY RESIDES HERE: Yes_____ No_____

_____
Signature of Attendance Officer

Somerville Public Schools
ADMINISTRATIVE OFFICES * 51 WEST CLIFF STREET * SOMERVILLE, NJ 08876

PROOF OF RESIDENCY DOCUMENTS

Proof of domicile/residency at address where you claim to live. Acceptable documentation may include, but is not necessarily limited to, the following:

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed notarized letters from landlords (affidavit) and other evidence of property ownership, tenancy or residency
- Voter registrations, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location
- Court orders, State agency agreement and other evidence of court or agency placements or directives.
- Receipt bills, cancelled checks and other evidence of expenditures demonstration personal attachment to a particular location, or where applicable, to support of the student
- Medical reports, counselor or social worker assessments, employment documents, benefit statements, and other evidence of circumstances demonstrating, where applicable, family or economic hardship, or temporary residency
- Documents pertaining to military status and assignment

Somerville Public Schools

ADMINISTRATIVE OFFICES * 51 WEST CLIFF STREET * SOMERVILLE, NJ 08876

SECTION A- DOMICILE
(Student Registering with Parent/Guardian in the District)

Complete this section if the student is living with a parent or guardian whose permanent home is located in the Somerville Public School District. If you are the student's guardian or will be the guardian of a student from out of state following expiration of the required 6-month waiting period, you will be asked to provide official papers providing guardianship. You will not be asked to produce "affidavit student" proofs of the type requested in Section B.

How long have you lived in this home?_____

Do you have any present intention of moving from this home? If so, when and to where?

_____

Do you have residence(s) elsewhere, and, if so, where are they and when do you live there?

_____

Please list four forms of proof (see attached list) you will provide to demonstrate that the address given on this application is your permanent home.

1._____

2._____

3._____

4._____

If the student's parents are domiciled in different school districts, regardless of which parent has legal custody, please answer the following questions:

Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will need to provide a copy of this document.)

_____

_____

Does the student reside with one parent for the entire year? If so, with which parent and at what address?

_____

If not, for what portion of time does the student reside with each parent and at what addresses

_____

If you are claiming to be an emancipated student, are you living independently in your own permanent home in the district? If yes, please provide the proofs you will provide, in addition to those demonstrating domicile, to demonstrate that you are not in the care and custody of a parent or legal guardian.

_____

SOMERVILLE PUBLIC SCHOOLS
Emergency Contact Form

Dear Parent/Guardian:

Each year we ask you to update information to help us serve you should an emergency arise. Please complete the information requested. **(Please print)**

Student Name: _____ Grade: _____ DOB: ____/____/_____ Gender: M / F
Address: _____

Mother/Guardian Name: _____ Home: _____ Cell: _____
Work:_____
Address (if different from student): _____
Email Address_____

Father/Guardian Name: _____ Home: _____ Cell: _____
Work:_____
Address (if different from student): _____
Email Address_____

Name of two persons **(not parents)** willing to arrange for transportation and care of your child if you cannot be reached. **Please inform the persons below of this responsibility. Nurses are not permitted to transport children.**

Emergency Contact 1. _____ Relationship: _____
Home: _____ Cell: _____ Work: _____

Emergency Contact 2. _____ Relationship: _____
Home: _____ Cell: _____ Work: _____

Doctor to notify in case of emergency: _____ Phone: _____

Brothers and/or sisters, **in school**, listed in order of age:
1. _____ School: _____ DOB:_____ Gender: □ Male / □ Female
2. _____ School: _____ DOB:_____ Gender: □ Male / □ Female
3. _____ School: _____ DOB:_____ Gender: □ Male / □ Female

☐ **As Parent/Guardian of the above named student, I hereby authorize the release of pertinent medical information (medical conditions, allergies, and/or medication regimes) to be exchanged among appropriate professional staff (teachers, counselors, coaches, athletic trainer) involved in the care of the student.**

☐ **I authorize the release of information with the exception of** _____

☐ **I do not authorize release of medical information.**

Signature Parent/Guardian_____ 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 and address to NJ FamilyCare Program to contact me about Health insurance

Signature: _____ **Date:** _____

Printed Name: _____

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

SOMERVILLE PUBLIC SCHOOLS
Preschool Program for Four-Year-Olds
Telephone: (908) 218-4106

CHILD INFORMATION FORM

Name of Student: _____ Date of Birth: _____

Name of Parent or Guardian: _____ _____
Father or Male Guardian Mother or Female Guardian

Please complete the information below so that your child may receive the most benefit from his or her preschool experience.

1. Does your child have a nickname?_____ If so, what is it? _____

2. Can your child:

• Feed himself or herself using a spoon and/or a fork?	❑Yes	❑ No
• Wash and dry his or her own hands?	❑Yes	❑ No
• Help with dressing or dress with little assistance?	❑Yes	❑ No
• Stay with a babysitter?	❑Yes	❑ No
• Speak so that he or she can be understood by others?	❑Yes	❑ No
• Express his or her thoughts and needs easily?	❑Yes	❑ No

3. Is your child:

• Highly active?	❑Yes	❑ No
• Very quiet?	❑Yes	❑ No
• Getting a good night's rest?	❑Yes	❑ No
• Toilet trained during the day?	❑Yes	❑ No
• Willing to try new foods?	❑Yes	❑ No

4. Does your child:

• Play with blocks, boxes, cups, or other construction toys without help?	❑Yes	❑ No
• Use crayons and/or markers to scribble or draw?	❑Yes	❑ No
• Listen to stories read aloud?	❑Yes	❑ No
• Turn the pages of a book and look at pictures?	❑Yes	❑ No
• Recall stories or events?	❑Yes	❑ No
• Enjoy playing alone or with imaginary friends?	❑Yes	❑ No
• Talk with friends or relatives who come to visit?	❑Yes	❑ No
• Follow simple, age-appropriate directions?	❑Yes	❑ No
• Have opportunities to play with other children?	❑Yes	❑ No

5. Identify your child's favorite activities and play materials: _____

_____

_____

SOMERVILLE PUBLIC SCHOOLS
Preschool Program for Four-Year-Olds
Telephone: (908) 218-4106

6. How many hours a day does your child spend watching television? _____

- Does he or she sit very close to the television? ❑Yes ❑ No
- Does he or she turn up the volume very high? ❑Yes ❑ No

7. Identify an activity at which your child is particularly successful.

_____

8. Identify an activity that is frustrating for your child to complete.

_____

9. What is your child's favorite story?_____

10. Is your child right-handed or left-handed?_____

11. Does your child wear eyeglasses? ❑Yes ❑ No

12. Does your child wear a hearing aid? ❑Yes ❑ No

13. Is English the first language your child learned at home? ❑Yes ❑ No

If no, what is the primary language spoken at home?_____

14. What are your goals for your child?_____

_____

_____

15. Please list any other information you would like to share about your child.

_____

_____

_____

_____ _____
Parent or Guardian Signature Relationship to child

_____
Date

SOMERVILLE PUBLIC SCHOOLS

Preschool

Student Dismissal Procedure Form

Parent/Guardian: Please complete this form and return it immediately to ensure the proper dismissal of your child.

***Unless prior written notification is received by the school, your child will be dismissed according to this form. A dismissal Change Form is available from the Preschool office or the website.**

All authorized adults must provide photo ID to pick up child.

Child's Name: _____ Teacher: _____

Parent/Guardian Name: _____ Mother/Father/Guardian

Contact Phone Numbers: _____

Parent/Guardian Name: _____ Mother/Father/Guardian

Contact Phone Numbers: _____

Preschool students:

☐ My child will be picked up parent(s)/guardian or the following authorized adults:

_____

_____

_____

_____

_____ _____

PARENT/GUARDIAN SIGNATURE **DATE**

Home Language Survey*
Parent/Guardian Language Questionnaire

Child's Name:_____ Age: _____

Month/Year of School Entrance_____

Person completing the survey: [ ] Mother [ ] Father [ ] Grandparent
[ ] Guardian [ ] Other _____

Directions: Check or write in the correct response for each of the following questions about your child.

1. What language did the child learn when he/she first began to talk?

   English_____ Other [specify]_____

2. What language does the family speak at home most of the time?

   English_____ Other [specify]_____

3. What language does the parent [guardian] speak to the child most of the time?

   English_____ Other [specify]_____

4. What language does the child speak to his/her parent [guardian] most of the time?

   English_____ Other [specify]_____

5. What language does the child speak to her/her brothers and sisters most of the time?

   English_____ Other [specify]_____

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

   English_____ Other [specify]_____

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

   English_____ Other [specify]_____

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

*Adapted from the sample survey in A Manual for Community Representatives of the Title VI Steering Committee, published 9/76 by the Institute for Cultural Pluralism, Lau General Assistance Center, San Diego University, San Diego, CA 92182

Preschool Contract

I understand that I am enrolling my child into a full day preschool program which follows the Somerville District calendar.

I understand that my child needs to attend school on a regular and consistent basis.

I will follow the District policy on illness and keep my child home when they are ill.

I agree to make getting my child to school on time every day a top priority and know that arrival time is 8:15 a.m. and dismissal time is 2:15 p.m.

I agree to communicate absences with the school by phoning 908-218-4106 or emailing my child's teacher.

I understand that chronic tardiness/absences can have an adverse consequence for my child's achievement.

I understand that if my family takes an extended vacation beyond the days the school is closed, my child will be unenrolled from the Somerville Preschool Program at 10 continuous days of absence, and the next child on the wait list will take their place.

I understand my child cannot benefit from high quality instruction and the engaging, rigorous curriculum unless he/she is in the classroom.

I understand the importance of partnering with the school community for the benefit of my child. I will update the school to new phone numbers, a change in the family and anything that may affect my child's learning.

I understand that the Somerville Preschool Staff will support and encourage my child in their educational journey to the best of their ability.

Parent Name: _____

Parent Signature: _____

Student Name: _____ Date: _____

PRESCHOOL
HEALTH PACKAGE

NAME:

_____

PHYSICIAN / DENTIST FORMS:

____ IMMUNIZATION RECORDS

____ PHYSICAL **dated less than 1 year**

____ DENTAL **dated less than 6 months**

PARENT FORM:

____ HEALTH HISTORY

SOMERVILLE PUBLIC SCHOOLS
SOMERVILLE, NEW JERSEY 08876
Van Derveer School Health Office
908.243.1506

PHYSICAL EXAMINATION FORM

Child's Name: _____
Last First Middle

Date of Birth: _____ Sex _____

Parent's Name: _____ _____
Father Mother

Address: _____
Street/City/State/Zip

Telephone Number: _____

PHYSICAL EXAMINATION RECORD – TO BE COMPLETED BY PHYSICIAN

Please state defects – (N – Normal or None)

1. Height _____ Weight _____ B.P. _____

2. Posture _____

3. Scoliosis _____

4. Extremities _____

5. Skin _____

6. Eyes _____ Right 20/_____ Left 20/_____

7. Ears _____ Right _____ Left _____

8. Nose _____

9. Teeth and Gums _____ Date last dental visit: _____

10. Tonsils _____ 11. Adenoids _____

12. Other Glands (specify) _____

13. Heart _____

14. Reflexes _____

15. Lungs _____

16. Abdomen _____

17. Hernia _____ 18. Genitals _____

19. General Health: Good _____ Fair _____ Poor _____

Allergies_____ Asthma _____

(OVER)

Form 105-D-4

20. Immunizations (MUST give month/day/year):

DTP Series 1_____ 2_____ 3_____ 4 _____5_____ DTP Boosters _____

Polio Series 1_____2_____3_____4_____ Polio Boosters _____

Measles, Mumps, Rubella 1_____2_____

HIB Series 1_____2_____3_____4_____

Hepatitis B 1_____2_____3_____ HPV 1 _____ 2_____ 3 _____

Hepatitis A 1 _____ 2 _____

Pneumo 1_____ 2_____ 3_____ 4 _____ Meningococcal _____

Varicella 1 _____ 2 _____ History of Disease (when) _____

Influenza 1_____ 2_____ 3_____ 4 _____

Mantoux Tuberculin Test Given _____ Read _____ Results _____ MM _____

Have there been many serious illnesses or accidents?

_____

RECOMMENDATIONS

Referrals made _____

Weight counseling given _____

Student may participate in physical education Yes_____ No_____

Medications currently in use (Orders must be separate) _____

_____

_____ _____**MD/ DO / NP**

Date of Exam **Examining Physician**
(Please print)

_____
Address

_____

_____
Telephone Number

***This form will not be accepted without the Office stamp.**

Form 105-D-4

SOMERVILLE PUBLIC SCHOOLS
Preschool Program for Four-Year-Olds
Telephone: (908) 243-1506

DENTAL RECORD FORM

Parent or Guardian to complete this section.

Name of Student:_____

Date of Birth: _____ Gender: _____

Name of Parent or Guardian: _____ _____

Address:_____
Street City State Zip Code

Telephone Number:_____ _____
Cell Cell

DENTAL EXAMINATION

Teeth: Good _____ Number of cavities _____ Number of fillings _____

Gums: Normal _____ Inflamed _____

Clinical evidences of abscess _____

RECOMMENDATIONS

_____

_____

_____ _____
Examining Dentist Signature Date

This form will not be accepted without an office stamp.

SOMERVILLE PUBLIC SCHOOLS

Medication Administration at School

In order to protect the health of _____, it is necessary for him/her to have the following medication during school hours:

Medication: _____

Dosage: _____

Time to be administered: _____

Purposed of Medication: _____

Diagnosis: _____

Ill effects that might occur if medication is not given or an overdose is given:

_____

_____

_____
Date(s) effective
(Duration of time)

_____
Signature of Physician/Dentist

_____
Print Name

_____
Physician/Dentist Telephone Number

_____
Physician/Dentist Address

_____
Signature of Parent/Guardian

_____
Date

RECOMMENDATIONS ARE EFFECTIVE FOR ONE SCHOOL YEAR ONLY AND MUST BE RENEWED ANNUALLY

SOMERVILLE PUBLIC SCHOOLS
SOMERVILLE, NEW JERSEY 08876
Van Derveer School (908) 218-4105

HEALTH HISTORY FORM – TO BE FILLED OUT BY PARENT

Child's Name: _____ Birth Date: _____

Address: _____ Telephone: _____

Physician: _____ Telephone: _____

Dentist: _____ Telephone: _____

PERINATAL

Complications of Pregnancy or Delivery _____

Gestation/Pre-maturity _____

DEVELOPMENTAL

Age of talking _____ Walking _____ Toilet trained _____

Bowel habits _____

Description of General Behavior/Temperament _____

_____

Nursery school experience: Y / N How long _____

MEDICATIONS: (Must have a Medication Form from Doctor/Dentist office on file to be administered by school nurse)

Does your child take medicine on a daily basis?

No Yes, for _____

Does your child take medicine on an as-needed basis?

No Yes, for _____

ALLERGIES

Does your child have current allergies or food restrictions?

No Yes

Please be specific:

_____

_____

_____

_____

MEDICAL HISTORY - DISEASES/CONDITIONS

Diseases/Conditions (please specify year)

_____ Asthma
_____ Arthritis
_____ Chicken Pox
_____ Convulsive Disorder
_____ Diabetes
_____ Eczema
_____ Eye Problems
_____ Food Sensitivities
_____ Headaches/Migraines
_____ Hearing Problem
_____ Hernia (Rupture)
_____ Kidney disease / Urinary Problem

_____ Glasses
_____ Orthopedic Condition
_____ Lactose Intolerant
_____ ADD/ADHD
_____ Nosebleeds
_____ Pneumonia
_____ Rheumatic Fever
_____ Stomach Disorders
_____ Tonsillitis
_____ Other

Accidents _____
Surgery and Other Illness _____
Speech Defecit _____
Physical Handicap(s) _____
Any restrictions on physical activity? _____
Tuberculosis contacts: State who and when
_____

FAMILY

Student lives with: Both Parents _____ Father _____ Mother _____

Court Designated Custodial Person(s) _____

Recent changes in family life _____

_____

_____ _____
Parent/Guardian Signature Date

I would like information on the State Health Insurance program?

Yes No