

Haddon Township



2020 – 2021 Registration

When: THURSDAY, February 20, 2020 9:00-10:30 am
Where: Jennings School – 100 E. Cedar Avenue
Who: All new 5 year olds in Haddon Township

- * Your child and other children in your neighborhood are eligible for Kindergarten if their fifth birthday falls on or before October 1st.
- * If your child is presently in our Preschool program, you do not have to attend the registration. Your child will automatically be added to your local school's list. **You will, however, have to register for wrap-around care (K-Club) if needed.** Deadline for guaranteed placement is 3 PM on 2/21/20.
- * If your child is not presently enrolled in our Preschool program and will be attending Kindergarten in September, please contact your local school or the Board of Education to receive information and paperwork. Registration forms are available online as well: www.haddontwpschools.com
- * If you are unable to attend Kindergarten registration day, completed packets will be accepted at the Board of Education Building, 500 Rhoads Avenue. Please call Alexis Gray at 856-869-7750, ext. 1108 to make a registration appointment
- * You will need to provide the following documentation. Please bring the original document PLUS 1 copy to registration:
 - Official birth certificate with raised seal.
 - Two proofs of residence (eg. tax bill, utility bill, lease agreement, license). If you rent, a copy of your lease is required.
 - Immunization records and physical signed by a physician.
- * The following immunizations are required:
 - DPT (diphtheria, pertussis, tetanus) 4 (1 dose given on or after 4th birthday)
 - Polio – oral or injection 3 (1 dose given on or after 4th birthday)
 - MMR (measles, mumps, rubella) 2 (1st dose given on or after 1st birthday)
 - Hepatitis B series 3
 - Varicella 1 (given on or after 1st birthday)
- * Wrap-around care (K-Club) is available for our Kindergarten students. Forms are available online at www.haddontwpschools.com or you may contact Dawn Piscopio, SACC Director at sacc@htsd.us. Those registered by 3 pm on 2/21/20 will be guaranteed a placement. Those registered after the 21st may be placed on a waiting list.

* If you have any questions regarding registration, please do not hesitate to call any one of our schools. Numbers are listed below:

EDISON	JENNINGS	STOY	STRAWBRIDGE	VAN SCIVER	BOE
869-7715	869-7720	869-7725	869-7735	869-7730	869-7700

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 **KINDERGARTEN** Male Female

Street Address _____
Haddonfield 08033 Westmont 08108 Oaklyn 08107 W Collingswood Ext 08107 First Date of Entry _____
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 _____ Last _____ First _____ MI _____ Employer _____
Email (if checked regularly) _____ Work Phone: _____ Cell Phone: _____

Name _____ Last _____ First _____ MI _____ Employer _____
Email (if checked regularly) _____ Work Phone: _____ Cell Phone: _____

Non - Resident Parent

Name _____ Last _____ First _____ MI _____ Address _____
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 Gray".

Alexis Gray
Registrar/Secretary to the Assistant Superintendent of Curriculum & Instruction

/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: **K**

	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:		

Medical Conditions / Allergy ALERTS

Medical Alerts: _____

Family Physician: _____ Phone #: _____

Hospital Preference: _____

LEGAL ALERTS (please list if any)

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: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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

RELEASE FORM
FOR KINDERGARTEN
DISMISSAL

2020-2021

My child may be released to the following persons:

Child's Name _____

(Please let the teacher and the office know if the above information changes at any time during the school year.)



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Home Language Survey Parent/Guardian Language Questionnaire

Name: _____ DOB: _____
 [first] [middle] [last]

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Date 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 was the first language used by the student?
2. What language did the child learn when he/she first began to talk?
English _____ Other [specify] _____
3. What language does the family speak at home most of the time?
English _____ Other [specify] _____
4. What language does the parent [guardian] speak to the child most of the time?
English _____ Other [specify] _____
5. At home does the student hear or use a language other than English more than half of the time?
Other [specify] _____
6. What language does the child speak to his/her parent [guardian] most of the time?
English _____ Other [specify] _____
7. What language does the child speak to her/her brothers and sisters most of the time?
English _____ Other [specify] _____
8. When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?

Yes No

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]