

HADDON TOWNSHIP



Preschool Registration

When:	Thursday, February 6, 2020 9:00 – 10:30 AM
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, 2020**.
- * 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 28th to ensure enrollment in the 2020-2021 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 \$275 (check payable to Haddon Twp BOE). Deposit is **not** refundable after May 29th.
 - ✓ 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 \$3000/year billed monthly (tuition may change subject to passage of the 2020-2021 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 01/02/20 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 2/28/20 in order to ensure placement for the 2020-2021 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,

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: **PRESCHOOL**

	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: _____	<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



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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?
English _____ Other [specify] _____
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]



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



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Bonnie J. Edwards
Superintendent of Schools
856-869-7750 Ext. 1100
bedwards@haddontwpschools.com

Jennifer Gauld
School Business Administrator/
Board Secretary
856-869-7750 Ext. 1105
jgauld@haddontwpschools.com

Elizabeth Mennig
Assistant Superintendent for
Curriculum & Instruction
856-869-7750 Ext. 1108
lmennig@haddontwpschools.com

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:	

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	
1.	\$ _____ / <small>How Often?</small>	\$ _____ / <small>How Often?</small>			<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



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2424. PRESCHOOL PROGRAM

The Board of Education supports a Preschool Program for all children who have attained the minimum age of three years on or before October 1st of the year in which entrance is sought and have not yet attained the age at which admission to Kindergarten is permitted. In February, the district will schedule a Preschool Round-up in order to register students who will meet the admission criteria the following school year. Based on the number of pupils enrolled at the Preschool Round-up, the Superintendent will recommend the number of classes for the following school year to be included in the District's budget.

The Board of Education will annually set a tuition rate for students to attend the district's Preschool Program. Tuition paying resident families with more than one child in preschool living in the same household will pay one-half of the established tuition rate for the second child. Additional children in the same household will attend at no cost. Separate rates will be established for resident and non-resident students.

Preschool class size should not exceed 20 pupils, pursuant to Policy 5120, Assignment of Pupils.

To ensure enrollment preschool parents or guardians must complete all registration requirements prior to March 1st. A schedule of tuition payments will be disseminated to parents and guardians prior to July 30th. The first of ten equal tuition payments must be submitted upon application to the program to ensure a place in the program. Withdrawal from the program that is initiated by the family or the BOE, prior to June 1st will result in total reimbursement to the family. Subsequent tuition payments are due the 1st of each month from September through May. Enrollments received on or after March 1st will be accepted based on the availability of space. Should enrollment exceed the number of classes included in the budget, a wait list will be established in order of registration date and time.

Preschool age children of nonresident District employees will pay the established in-district tuition rate.

Upon recommendation of the Superintendent, the Board will admit nonresident pupils on a tuition basis in accordance with Policy 6150, Tuition Income, to fill available seats after July 15th.

Township residents who meet the established standard for free or reduced lunch may enroll their children tuition free. This entitlement will not be extended to non-resident pupils.

Pupils of Township residents unable to meet district academic or behavioral standards may, upon recommendation of the building principal, repeat preschool. In the event of such a recommendation, parents will not be liable for a second year's tuition.

N.J.S.A.	18A:38-3; 18A:38-19; 18A:46-21
N.J.A.C.	6A:23-3.1 et seq. through 3.4 et seq.
N.J.A.C.	6A:14-7.8
Policy 6150	Tuition Income
Policy 5120	Assignment of Pupils

Adopted: May 21, 2009

Revised: March 17, 2011

Revised: August 21, 2014

Revised: February 18, 2016



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6150. TUITION INCOME

The Board of Education will charge and assess tuition for attendance in the schools of this district by pupils not entitled to receive a free public education in this district and whose enrollment has been recommended by the Superintendent and approved by the Board.

Tuition rates will be determined, charged and paid in accordance with N.J.A.C. 6A:23-3.1 et seq.

The Board Secretary shall be responsible for the assessment and collection of tuition. Tuition rates shall be made known to the sender prior to the start of the school year. Tuition billings will be made monthly immediately following the billing period. When a pupil attends more than one day, the sender will be charged for a full month's tuition.

Annually at its reorganization meeting the Board of Education will set a tuition rate for students not residing in the district who have been accepted to attend the district's Preschool program in accordance with Policy 2424, Preschool Program.

N.J.S.A.	18A:38-3; 18A:38-19; 18A:46-21
N.J.A.C.	6A:23-3.1 et seq. through 3.4 et seq.
N.J.A.C.	6A:14-7.8
Policy 2424	Preschool Program

Adopted: May 21, 2009
Revised: April 21, 2016