

DEMAREST PUBLIC SCHOOLS REGISTRATION FORM

PRESCHOOL REGISTRATION FORM

Grade PK3 PK4

Date _____

Student Name _____

Home Address _____ **Home Phone** _____

Mother's E-Mail _____ **Father's E-Mail** _____

Age _____ **Date of Birth** _____ **Gender** M F _____

Place of Birth _____ **Birth Certificate Presented** _____
(City) _____ (State) _____ (Country[^]) _____

^If student was NOT born in the USA please provide the DATE ENTERED INTO US SCHOOL SYSTEM:

Parent Name _____ **Relationship** _____

Phone _____
Home _____ Business _____ Cell _____

Address (If different from above) _____

Parent Name _____ **Relationship** _____

Phone _____
Home _____ Business _____ Cell _____

Address (If different from above) _____

Home Language _____ **Native Language of Parent/Guardian** _____
(Check here if English is spoken and understood by the parent/Guardian/person enrolling student)

****Racial Origin** _____ ****Ethnicity** _____
(See back of form for explanation of racial origin and ethnicity)

Emergency Contact Name/
Relationship _____ **Phone** _____
Home _____ Cell _____

Last School

Attended _____

Name _____ Address _____ Date Left _____

Grade Completed _____ **or Current Grade Level** _____ **Proof of residence submitted** _____

*****List all children in family - in age order including student*****

NAME _____ **BIRTH DATE** _____ **CURRENT GRADE LEVEL** _____

****Racial Origin:**

American Indian or Alaska Native - a person having origins in any of the original people of North and South America (including Central America) and who maintains a tribal affiliation or community attachment)

Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American – a person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander – a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White – a person having origins of the original peoples of Europe, the Middle East or North Africa.

*Acceptable to identify with more than one racial origin.

****Ethnicity:**

H - Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin regardless of race.

N - Non-Hispanic or Latino

****The above information will not be used to determine student's eligibility for enrollment. This information is needed to meet the requirements of the following State reports: NJ Smart and NJ Report Card.**

Demarest Public Schools Emergency Information Card

Please Print All Information

Student's Name _____
Last _____ First _____

Grade _____

Birth Date _____
Month/Day/Year _____

Address _____

Home Phone # _____

Parent/Guardian: To serve your child in case of accident/ sudden illness, it is necessary that you give the following information for emergency calls:

Parent 1 Contact Name _____ Relationship to Student _____

Work # _____ Cell # _____ Email Address _____

Parent 2 Contact Name _____ Relationship to Student _____

Work # _____ Cell # _____ Email Address _____

Address of Non-custodial Parent if pertinent. Address _____

List 2 neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.

Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physicians named below and follow their instructions. In the event that it is impossible to contact the physician, school officials are hereby authorized to take whatever action is deemed necessary for the health of the aforesaid child. I will not hold the school district responsible for the emergency care and/or transportation for said child.

Local Physician's Name _____ Office # _____

Local Dentist's Name _____ Office # _____

(2020)

DEMAREST PUBLIC SCHOOL DISTRICT

County Road School
130 County Road
Demarest, NJ 07627
(201)768-6060 x51600

Luther Lee Emerson School
15 Columbus Road
Demarest, NJ 07627
(201)768-6060x52600

Demarest Middle School
568 Piermont Road
Demarest, NJ 07627
(201)768-6060x53600

INFORMATION FORM FOR NEW STUDENTS

The following information is provided to assist teachers in integrating the student into our school as quickly as possible.

NAME _____
First _____ Middle _____ Last _____

DATE OF BIRTH _____

LANGUAGE SPOKEN AT HOME _____

ENROLLING IN GRADE _____

LAST SCHOOL ATTENDED _____
(Including Pre-School if applicable)

ADDRESS OF
SCHOOL _____

WEARS GLASSES: YES _____ NO _____

USES HEARING AID: YES _____ NO _____

ALLERGIES: YES _____ NO _____

IF YES, DESCRIPTION:

DEMAREST PUBLIC SCHOOL DISTRICT		
County Road School 130 County Road Demarest, NJ 07627 (201)768-6060 x51600	Luther Lee Emerson School 15 Columbus Road Demarest, NJ 0762 (201)768-6060x52600	Demarest Middle School 568 Piermont Road Demarest, NJ 07627 (201)768-6060x53600

Home Language Survey Form

The home language survey is used solely to offer appropriated education services (U.S. ED EL). This survey is the first of three steps to identify whether a student is eligible to be identified as and English language learner (ELL).

Student Information

Student name: _____ Student birth date: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone number: _____

Survey Questions

Question 1: List all languages used in the student's home:

Question 2: Was the first language used by the student a language other than English?

- No
- Yes

Question 3: Does the student speak or understand a language other than English?

- No
- Yes

Question 4: When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English *most of the time*?

- No
- Yes

Question 5: When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English *most of the time*?

- No
- Yes

**Demarest Public School District
Demarest, New Jersey 07627**

Dear Parent/Guardian:

Welcome to the Demarest Public School System. Registering your son/daughter for *preschool* requires that the following information be included and submitted to the Health Services Department before the first day of class.

1. Record of **physical examination** within 1 year of the date of school entry.
2. **Immunization record** consisting of Primary Series and booster doses as listed below.
(N.J.S.S.C. Chapter 14 requires immunizations must be complete and up-to-date or student may be excluded from school.)

DTaP - (Diphtheria, Tetanus, Pertussis) must have 4 doses.

IPV - (Polio) - must have 3 doses.

MMR - (Measles- Mumps – Rubella) - must have 1 dose given after the 1st birthday.

HIB – (Haemophilus B) – must have 1 dose given after the 1st birthday.

Pneumococcal Conjugate – must have 1 dose after the 1st birthday.

Varicella – must have 1 dose of the varicella (chicken pox) vaccine after the 1st birthday. (A physician or parent's statement of previous varicella infection or documented laboratory evidence of immunity will also be acceptable.)

Influenza – must have yearly dose of influenza vaccine administered between August and November 30th of current school year.

3. **Mantoux Tuberculin Test**- Documentation of an IGRA or Mantoux tuberculin skin test is required for students entering school for the first time that were born in a high TB incidence country as outlined in the 2016-17 NJDHSS regulations.

If records are not received within the stated time, the students will be excluded from school. **Your cooperation is essential!** If you have any questions, please contact the school health office at (201) 768-6060 extension 51534.

Sincerely,
Kelly Tiscornia, RN
tiscorniak@nvnet.org
County Road School Nurse

I have read and understand the rules of registration concerning preschool health and immunization requirements and will provide the above documentation at least one week prior to first day of school.

Student's Name _____
Parent/Guardian
Signature _____ Date _____

**DEMAREST PUBLIC SCHOOLS , DEMAREST, NEW JERSEY
PRESCHOOL PHYSICAL AND IMMUNIZATION RECORD**

Name (Last) (First) Address

Birthdate Parent's Name Phone #

PHYSICAL REPORT: Ht: _____ Wt: _____ BP: _____ Hearing: R _____ L _____

Vision: R20/_____ L20/_____ with/without glasses (Circle) Laboratory: Urinalysis _____ HGB/HCT _____ Other _____

Respiratory _____

Cardiovascular _____

Abdomen _____ Genitalia _____ Skin _____

Musculoskeletal _____ Neurological _____

RECOMMENDATIONS		NO	YES	Comments
1. Any defect of vision, hearing or speech that the school could compensate for by proper seating, etc.?				
2. Any condition limiting classroom activity? Any condition limiting physical education?				
3. Any significant allergies or asthma?				
4. Any condition which may result in classroom emergency?				
5. Any emotional, mental or physical condition requiring periodic medical observation?				
6. Any medication taken on a daily basis?				

VACCINE TYPE	DISEASE DATE	1 ST DOSE Mo/Day/Yr	2 ND Dose Mo/Day/Yr	3 RD Dose Mo/Day/Yr	4 TH Dose Mo/Day/Yr	5 TH Dose Mo/Day/Yr	Mo/Day/Yr
DIPHTHERIA, TETANUS, PERTUSSIS- DTP							
POLIO - IPV							
MEASLES, MUMPS,RUBELLA - MMR							
HAEMOPHILUS B - HIB							
PNEUMOCOCCAL CONJUGATE							
VARICELLA							
INFLUENZA							
HEPATITIS B							

Mantoux	Date Tested	Date Read	Result(mm)	CXR (date)	Normal	Abnormal	Meds. Prescribed	(Date)

Date of examination: _____ Physician's Signature _____

Physician's Address _____

Phone Number _____

COUNTY ROAD SCHOOL

DEMAREST PUBLIC SCHOOL DISTRICT

**130 COUNTY ROAD
DEMAREST, NJ 07627
201-768-6060**

**MR. FRANK J. MAZZINI
PRINCIPAL**

We are so happy to welcome your child into our educational community.

Our Preschool Team will be working diligently to help transition our preschoolers into their new learning environments. All of the classes will have scheduled visits to the bathroom where the students are taken to the bathroom multiple times during the mornings and afternoons.

Below you will find the Demarest Early Learners toileting expectations which were presented during the Preschool Open House. Please review these procedures below.

TOILETING EXPECTATIONS

Please make certain that your child can complete the following bathroom tasks:

- No pull-ups are permitted
- Verbally express the need to use the bathroom to the teacher or aide.
- Turn the bathroom lights on and off.
- Pull garments (pants, underwear, etc.) up and down independently.
- Get on and off the toilet.
- Wipe themselves after both urination and bowel movement.
- Turn on the water, use soap, rinse hands and dry with paper towels.
- If students have a toileting accident, they need to be able to change their clothes independently.
- If your child has 1 accident, Nurse Kelly will assist your child and you will be notified via email.
- Upon your child's second accident and beyond, a phone call home will be made for each accident and you or your emergency contact will be expected to come to County Road School to change your child. Someone is expected to arrive to help your child within no more than 20-30 minutes as this is a sanitary issue.
- Please be sure that your emergency contact always has a change of clothes available in case you cannot come
- If your child has 6 accidents within 15 consecutive school days then a meeting will occur with Mr. Mazzini, the teacher and the nurse. A toileting plan will be implemented which will last for 10 consecutive school days and include 4 accidents as the threshold. If the child cannot meet the goal then the child will be removed from the program.

By signing on the portion below, you are signing off that you have read and received the toileting procedures and protocols for the Demarest Early Learner's Preschool Program. Please sign and return to Mrs. Raci, County Road School Secretary, at your registration appointment.

I have read and understood the toileting expectations of the Demarest Early Learner's Preschool Program. I will adhere to these protocols and guidelines.

Student Name _____ Grade: _____

Parent/Guardian Name (Print) _____ Date: _____

Parent/Guardian Signature _____ Date: _____