

## 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)**

**List B (1 must be provided)**

\_\_\_\_\_ Lease agreement (apartment or home)

\_\_\_\_\_ Utility bill

\_\_\_\_\_ Tax bill

\_\_\_\_\_ Change of Address Form from Post Office

\_\_\_\_\_ Property deed

\_\_\_\_\_ Bank Statement

\_\_\_\_\_ Mortgage or settlement papers

\_\_\_\_\_ Auto Insurance or registration card

\_\_\_\_\_ Acceptance letter from Park Manager

\_\_\_\_\_ Medicaid or Welfare Card

at Harding Woods, Holly Tree Acres,

\_\_\_\_\_ Food Stamp ID

Picnic Grove/Tullertown or The Villages I

**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

| <u>Name</u> | <u>Age</u> | <u>Date of Birth</u> |
|-------------|------------|----------------------|
|             |            |                      |
|             |            |                      |
|             |            |                      |
|             |            |                      |

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

**Pittsgrove Township Preschool Program**  
**(856) 358-3094**

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

\* The SACC program at Norma School will be dependent on enrollment.

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.

**Pittsgrove Township Preschool Program**  
**(856) 358-3094**

***Norma Elementary***

873 Gershal Ave  
Pittsgrove, NJ 08318  
856-358-6904  
Fax 856-691-2885

***Building Blocks Learning Center, LLC***

219 Harding Hwy  
Pittsgrove, NJ 08318  
856-358-2044

**Records Release Form**

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 / I&RS / 504 plans
- CST Records

\_\_\_\_\_ to Pittsgrove Township Preschool Program at the above checked address.

(Student Name)

\_\_\_\_\_ (Parent Signature)

\_\_\_\_\_ (Student Signature, over 18 yrs.)

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Witness)

**Pittsgrove Township Preschool Program**  
**(856) 358-3094**

**Health History Form**

CHILD'S NAME \_\_\_\_\_

DOB \_\_\_\_\_

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

|                | YES | NO | YEAR |                              | YES | NO | YEAR |
|----------------|-----|----|------|------------------------------|-----|----|------|
| ASTHMA         |     |    |      | RHEUMATIC FEVER              |     |    |      |
| DIABETES       |     |    |      | MONONUCLEOSIS (MONO)         |     |    |      |
| HEPATITIS      |     |    |      | STREP INFECTION              |     |    |      |
| CHICKEN POX    |     |    |      | NEUROMUSCULAR DISEASE        |     |    |      |
| PNEUMONIA      |     |    |      | OTITIS MEDIA (EAR INFECTION) |     |    |      |
| HEART DISEASE  |     |    |      | SEIZURES / CONVULSIONS       |     |    |      |
| LYME'S DISEASE |     |    |      | OTHER -                      |     |    |      |

**Past & Current History:**

|                                  | YES | NO |                               | YES | NO |
|----------------------------------|-----|----|-------------------------------|-----|----|
| BRONCHITIS OR CHRONIC COUGH      |     |    | ORTHOPEDIC PROBLEMS           |     |    |
| FREQUENT: COLDS/SORE THROAT      |     |    | BEHAVIORAL/EMOTIONAL PROBLEMS |     |    |
| SPEECH DIFFICULTIES              |     |    | NOSE BLEEDS                   |     |    |
| EAR PROBLEMS/HEARING AID/TUBES   |     |    | TONSILS REMOVED               |     |    |
| VISION PROBLEMS/GLASSES/CONTACTS |     |    | HEAD INJURY                   |     |    |
| DENTAL PROBLEMS                  |     |    | LEARNING DIFFICULTIES         |     |    |

**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, inhalers, 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 \_\_\_\_\_

*Pittsgrove Township Preschool Program*  
*(856) 358-3094*

**Norma Elementary School**  
873 Gershal Avenue  
Pittsgrove, NJ 08318

**Building Block Learning Center LLC**  
219 Harding Highway  
Pittsgrove, NJ 08318

**CODE OF TECHNOLOGY ETHICS**  
**ACCEPTABLE USE AGREEMENT**

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.

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Student Signature/Date

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Parent Signature/Date

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Print Student Name/Grade

*Pittsgrove Township Preschool Program*  
*(856) 358-3094*

**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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Pittsgrove Township Preschool Program**  
**(856) 358-3094**

**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:**

Height \_\_\_\_\_  
Vision OD \_\_\_\_\_  
Hearing Rt. \_\_\_\_\_

Weight \_\_\_\_\_  
OS \_\_\_\_\_  
Lt. \_\_\_\_\_

Blood Pressure \_\_\_\_\_  
Glasses \_\_\_\_\_ Contacts \_\_\_\_\_  
Hearing Aid \_\_\_\_\_

**General Appearance:**

Posture \_\_\_\_\_  
Eyes \_\_\_\_\_  
Mouth & Throat \_\_\_\_\_  
Neck \_\_\_\_\_  
Spine \_\_\_\_\_  
Lungs \_\_\_\_\_  
Genito-Urinary \_\_\_\_\_  
Speech \_\_\_\_\_

Skin \_\_\_\_\_  
Ears \_\_\_\_\_  
Teeth \_\_\_\_\_  
Thyroid \_\_\_\_\_  
Thorax \_\_\_\_\_  
Abdomen \_\_\_\_\_  
Feet \_\_\_\_\_

Head \_\_\_\_\_  
Nose \_\_\_\_\_  
Gums \_\_\_\_\_  
Glands \_\_\_\_\_  
Heart \_\_\_\_\_  
Hernia \_\_\_\_\_  
Extremities \_\_\_\_\_

**Neurological:**

Gait \_\_\_\_\_  
Pupils \_\_\_\_\_

Coordination \_\_\_\_\_  
Reaction to Light \_\_\_\_\_

Reflexes \_\_\_\_\_  
Head Circumference \_\_\_\_\_

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**

*Pittsgrove Township Preschool Program*  
*(856) 358-3094*

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](http://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  |       | Medications |
| Allergic Reaction     | _____ | _____ | _____       |
|                       | Date  |       | Medications |
| Immunizations/Tetanus | _____ | _____ | _____       |
|                       | Date  |       | Type        |
| Restrictions          | _____ | _____ | _____       |
|                       | Type  |       |             |

Doctor: \_\_\_\_\_ Telephone \_\_\_\_\_

Dentist \_\_\_\_\_ Telephone \_\_\_\_\_

Hospital \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

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 for said child.

Signature of Parent(s) / Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_