

Haddon Township

2017

2018



Kindergarten Registration

When:	THURSDAY, February 16, 2017	1:00-2:30pm
Where:	Jennings School – 100 E. Cedar Avenue	
Who:	All new 5 year olds in Haddon Township	

- * 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.
- * 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 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
- * 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 signed by a physician.
- * The following immunizations are required:

▪ DPT (diphtheria, pertussis, tetanus)	4	(1 dose given on or after 4 th birthday)
▪ Polio – oral or injection	3	(1 dose given on or after 4 th birthday)
▪ MMR (measles, mumps, rubella)	2	(1 st dose given on or after 1 st birthday)
▪ Hepatitis B series	3	
▪ Varicella	1	(given on or after 1 st birthday)
- * If you have any questions regarding registration, please do not hesitate to call any one of our schools. Numbers are listed below.
- * Wrap-around care (K-Club) is available for our Kindergarten students on a first come-first served basis. Forms are available online at www.haddontwpschools.com or you may contact Dawn Piscopio, SACC Director at sacc@haddontwpschools.com .

EDISON
869-7715

JENNINGS
869-7720

STOY
869-7725

STRAWBRIDGE
869-7735

VAN SCIVER
869-7730

BOE
869-7700

Haddon Township Schools Registration Form

Office Use Only: Student Number: _____
Student Registration Form 11/1/2016

School: _____

Student Information

Last Name _____ Phone _____

First Name _____ MI _____ Grade Kindergarten 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

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,

Becky Barbieri
Secretary to the Director of Curriculum and Instruction/Registrar

/bb

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: _____

(over)

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: Kindergarten

	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: _____					
Home: _____					
Work: _____					
Mobile: _____					
Email: _____					
Address: _____					

Other Emergency Contact Information

Name: _____
 Relationship: _____
 Home: _____
 Work: _____
 Mobile: _____

Name: _____
 Relationship: _____
 Home: _____
 Work: _____
 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**

2017-2018

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.)

KINDERGARTEN

2017-2018

STUDENT INFORMATION FORM

Student's name _____
Last First Middle

Nickname (name your child wishes to be called) _____

Date of Birth: _____

Parent Names and Occupations: _____

Preschool (if any) child has attended _____

Medications taken regularly _____

Any allergies? _____

Is your child independent in using bathroom facilities? _____

Is your child independent with fastening skills? (i.e. buttoning, tying, zipping)

My child will need help with _____

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

Is there any difficulty in understanding your child's speech articulation?

Please list all those living in your household and what your child call them.
Please include the ages of any siblings next to their name.

Are there any special circumstances about your child or home that you wish to
share with us?

Parent Signature _____

Edison Elementary School

205 Melrose Avenue
Westmont, NJ 08108

Phone: 856-869-7715

Secretary: Karan Kredatus
kkredatus@haddontwpschools.com
FAX: 856-869-7715

Jennings Elementary School

100 East Cedar Avenue
Oaklyn, NJ 08107

Phone: 856-869-7720

Secretary: Carol Burrows
cburrows@haddontwpschools.com
FAX: 856-869-7722

Stoy Elementary School

206 Briarwood Avenue
Haddonfield, NJ 08033

Phone: 856-869-7725

Secretary: Brenda Schuck
bschuck@haddontwpschools.com
FAX: 856-869-7728

Strawbridge Elementary School

307 Strawbridge Avenue
Westmont, NJ 08108

Phone: 856-869-7735

Secretary: Ellen Corleto
ecorleto@haddontwpschools.com
FAX: 856-869-7739

Van Sciver Elementary School

625 Rhoads Avenue
Haddonfield, NJ 08033

Phone: 856-869-7730

Secretary: Karen Reeves
kreeves@haddontwpschools.com
FAX: 856-869-7733

Rohrer Middle School

101 MacArthur Boulevard
Westmont, NJ 08108

Phone: 856-869-7770

Secretary: Amy Jacobson
ajacobson@haddontwpschools.com
FAX: 856-869-7772

**Haddon Township High School
Guidance Office**

406 Memorial Avenue
Westmont, NJ 08108

Phone: 856-869-7750, ext 7307

Secretary: Sara LiVecchi
slivecchi@haddontwpschools.com
FAX: 856-869-7764

Child Study Team

Haddon Township High School
406 Memorial Avenue
Westmont, NJ 08108

Phone 856-869-7750, ext 7313

Secretary: Denise Weachter
dweachter@haddontwpschools.com
FAX: 856-854-4072

Bus Transportation

Haddon Township BOE
500 Rhoads Avenue
Westmont, NJ 08108

Phone 856-869-7703

Supervisor: Nancy Bobb
nbobb@haddontwpschools.com
FAX: 856-854-7792

SACC/K-Club

Edison School
205 Melrose Avenue
Westmont, NJ 08108

Phone: 856-869-7750, ext 3012

Director: Dawn Piscopio
sacc@haddontwpschools.com
FAX: 856-869-7717

School District Registrar

Haddon Township BOE
500 Rhoads Avenue
Westmont, NJ 08108

Phone 856-869-7750, ext 1108

Registrar: Becky Barbieri
bbarbieri@haddontwpschools.com
FAX: 856-854-7792