

CALDWELL-WEST CALDWELL PUBLIC SCHOOLS

GRAY STREET, WEST CALDWELL, NEW JERSEY 07006

DR. JAMES G. HEINEGG
SUPERINTENDENT

973-228-6979

January 21, 2014

Dear Parents:

During the week of February 10, the Caldwell-West Caldwell Public Schools will conduct its annual kindergarten registration. We ask that all children eligible for kindergarten for the 2014-2015 school year be registered so that we may efficiently plan for our September classes. To be eligible for kindergarten in September, 2014, a child must be five years old on or before October 1, 2014.

If you plan to register a child for kindergarten, please stop by an elementary school office, **prior to the week of February 10**, and request the necessary registration materials. These consist of enrollment procedures, registration schedule, medical forms, pupil admission form, School Communications and Alerts, and Home Language Survey, if a child's first language is other than English. You may also access registration materials on the district's website at www.cwceboe.org/kindergarten

All registration materials must be brought to your child's elementary school the day of kindergarten registration. **No mail-in or e-mail registrations will be accepted during anytime of the year.** To determine which elementary school your child will attend click on the link "Elementary School Boundaries" on the district's website.

The district has contracted with the West Essex YMCA of Livingston which offers a *Kindergarten Enrichment Program* for families who require extended care before or after their child's Kindergarten school day.

We ask you to share this information with friends and neighbors who do not have other children in school so that they may obtain the necessary forms from an elementary school or the district's website. Please feel free to contact us, at 973-228-6979, or any elementary school office, if you have questions concerning the kindergarten registration procedures.

Sincerely,



James G. Heinegg
Superintendent

CALDWELL-WEST CALDWELL PUBLIC SCHOOLS

JEFFERSON SCHOOL	MR. TIMOTHY AYERS, PRINCIPAL	973-228-5994
LINCOLN SCHOOL	MR. ADAM GEHER, PRINCIPAL	973-228-3987
WASHINGTON SCHOOL	MRS. BARBARA ADAMS, PRINCIPAL	973-228-8941
WILSON SCHOOL	MR. SCOTT KEENA, PRINCIPAL	973-228-7173

SCHEDULE FOR KINDERGARTEN REGISTRATION 2014

www.cwcboe.org/kindergarten

LINCOLN SCHOOL, CRANE STREET, CALDWELL

Monday, February 10
9:00 – 11:00 a.m.

WASHINGTON SCHOOL, CENTRAL AVENUE, WEST CALDWELL

Tuesday, February 11
9:00 – 11:00 a.m.
Last Names Beginning with Letters A – L

Thursday, February 13
9:00 – 11:00 a.m.
Last Names Beginning with Letters M – Z

WILSON SCHOOL, ORTON ROAD, WEST CALDWELL

Tuesday, February 11
9:00 – 11:00 a.m.

JEFFERSON SCHOOL, PROSPECT STREET, WEST CALDWELL

Thursday, February 13
9:00 – 11:00 a.m.

CALDWELL-WEST CALDWELL PUBLIC SCHOOLS

TO THE PARENTS OF CHILDREN WHO WILL ENTER KINDERGARTEN IN SEPTEMBER, 2014

Kindergarten registration is planned for the week of February 10, 2014. We ask your cooperation in complying with the Board of Education enrollment policies. On the day of registration, please present the following required information:

A. Medical Requirements

In order to meet the registration requirements for entrance to kindergarten, all students must fulfill specific immunization and physical examination requirements mandated by law.

The following medical documentation must be presented to the school nurse at the **time of registration**:

1. Official Copy of the Child's Immunizations

The dates of your child's immunizations must include the month, day, and year your child received the vaccines. This information **must be provided by the doctor** and should be **entered directly on the Immunization Form** provided in the district's 2014 Kindergarten Registration Packet.

A **copy of the child's Official Immunization Record** from the permanent chart at the doctor's office also will be accepted. The **doctor's name and address must appear** on the Official Immunization Record.

2. Copy of the Child's Most Recent Physical Examination

B. Residency/Age Requirements

1. Completed **Pupil Admission Form**.
2. **Original and one photocopy**, for our records, of the **birth certificate** or passport as evidence that your child is currently or will be five years of age on or before October 1, 2014.
3. Provide **two proofs of residency**. The following documents are acceptable: deed to a house, mortgage agreement, lease (with name of landlord and telephone number for reference), tax bill, or driver's license.

Your child's registration is not complete until all of the above Medical and Residency/Age requirements are met.

CALDWELL-WEST CALDWELL PUBLIC SCHOOLS PUPIL ADMISSION FORM
(PLEASE PRINT CLEARLY)

STUDENT INFORMATION				
Student's Last Name:	First Name:	Middle Initial:	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Date of Birth: __ / __ / ____
Street Address:	Caldwell or West Caldwell (circle one)	State: NJ	Zip: 07006	Home Phone:
Place of Birth (City, Town, State, and County):	Country of Birth:	Ethnicity: Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	Form of Authorization of Birth: (circle one)	
Immigrant? Homeless?	Date entered US: __ / __ / ____	Race: (circle one) White Asian Black/African American Pacific Islander/Native Hawaiian American Indian/Alaskan Native	Birth Certificate OR Passport	
Publicity Permission: (Check all that apply)				
<input type="checkbox"/> School or H.S.A. Newspapers or Newsletters <input type="checkbox"/> Local Print Newspapers (i.e., The Progress, Star Ledger) <input type="checkbox"/> Teacher, School or District Web Pages <input type="checkbox"/> Online Newspapers (i.e., The Caldwell's Patch, The NJ Tomato Press, etc.)				

PARENT INFORMATION				
Father's Last Name:	Father's First Name:	Custody? (circle one) Yes No	E-Mail Address:	
Home Phone:	Cell Phone:	Own <input type="checkbox"/> Rent <input type="checkbox"/> (*see page 2)	Expiration Date of Lease (if renting): __ / __ / ____	
Street Address:	Caldwell or West Caldwell (circle one)	State: NJ	Zip: 07006	
Occupation:	Business Name:	Business Phone:		
Mother's Last Name:	Mother's First Name:	Custody? (circle one) Yes No	E-Mail Address:	
Home Phone:	Cell Phone:	Own <input type="checkbox"/> Rent <input type="checkbox"/> (*see page 2)	Expiration Date of Lease (if renting): __ / __ / ____	
Street Address:	Caldwell or West Caldwell (circle one)	State: NJ	Zip: 07006	
Occupation:	Business Name:	Business Phone:		
Parents are: (circle one)				
Married Separated Divorced Deceased (please specify parent(s)):				
Pupil lives with: (circle one) Both Parents Mother Only Father Only Mother and Step-parent Father and Step-parent Other Guardian	Language spoken at home (if not English): Dialect:	Secondary Language: Dialect:		

Preferred email address for school communications (Custodial parent): (please print clearly)
Preferred telephone number for school communications (Custodial parent):
Preferred email address for school communications (non-Custodial parent, if applicable): (please print clearly)
Preferred telephone number for school communications (non-Custodial parent, if applicable):

CALDWELL-WEST CALDWELL PUBLIC SCHOOLS PUPIL ADMISSION FORM
(PLEASE PRINT CLEARLY)

PROOF OF RESIDENCY

*Two items (from one parent/guardian) stating proof of residency are required in order to register for admission to the Caldwell-West Caldwell School system. The following items are acceptable: Deed to a house, mortgage agreement, lease (with name of landlord and telephone number for reference), tax bill or driver's license. Please list in the spaces below the two forms you will use to verify residency.

1.	2.
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OTHER GUARDIAN INFORMATION (Complete only if different from parent information.)

Guardian's Last Name:		Guardian's First Name:		Custody? (circle one) Yes No	E-Mail Address:
Home Phone:	Cell Phone:	Own <input type="checkbox"/> Rent <input type="checkbox"/> (*see above)		Expiration Date of Lease (if renting): ___/___/_____	
Street Address:		Caldwell or West Caldwell (circle one)	State: NJ	Zip: 07006	
Occupation:	Business Name:			Business Phone:	

EDUCATION HISTORY

List, in chronological order, names and birth dates of other children in family:

1.	2.	3.	4.
Birth Date: ___/___/_____	Birth Date: ___/___/_____	Birth Date: ___/___/_____	Birth Date: ___/___/_____
Did pupil attend Nursery School/Day Care/Pre-School? (For Kindergarten and PSD students only) Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, Name and Address of Nursery School/Day Care/Pre-School:	
Name of previous school attended (all students):		School Address:	
Can pupil participate in all physical education activities? Yes <input type="checkbox"/> No <input type="checkbox"/>		If not, explain:	

STATE OF NEW JERSEY REQUESTED HEALTH INFORMATION

Does the Student have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, who is the Health Insurance Provider? (Optional)
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Parent/Guardian Signature:	Date:
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FOR SCHOOL USE:

District Entry Date: ___/___/_____	District Grade Entry:	Kindergarten Session: (For Kindergarten registrants only)		
School Entry Date: ___/___/_____	School Grade Entry:	Assigned to Grade:	Room Number:	Teacher:
Graduation Year:	School:	Principal:		
Date Registered: ___/___/_____	Date Entered: ___/___/_____	PowerSchool#:	NJ Smart #:	

**CALDWELL-WEST CALDWELL PUBLIC SCHOOLS
HEALTH AND MEDICAL HISTORY FORM**

TO BE COMPLETED BY PARENT:

NAME: _____	<input type="checkbox"/> BOY <input type="checkbox"/> GIRL	DATE OF BIRTH: _____
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HEALTH INSURANCE: <input type="checkbox"/> NO <input type="checkbox"/> YES	INSURANCE CARRIER: _____
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HEALTH HISTORY (COMPLETED BY PARENT): If YES, please explain:			
Chronic or recurring illness/condition	No	Yes	_____
Asthma	No	Yes	_____
Diabetes	No	Yes	_____
Epilepsy/Seizures/Blackouts	No	Yes	_____
Cardiac/Heart Disease	No	Yes	_____
Hypertension	No	Yes	_____
Bleeding Disorder	No	Yes	_____
Frequent Headaches	No	Yes	_____
Skin Disorder	No	Yes	_____
Gastrointestinal Disorders	No	Yes	_____
Neuromuscular Disorder	No	Yes	_____
Orthopedic Condition	No	Yes	_____
Respiratory Illness	No	Yes	_____
Mental/Emotional Issues	No	Yes	_____
Dental/Orthodontic Appliances	No	Yes	_____
Hearing Problems	No	Yes	_____
Vision Problems (glasses or contacts)	No	Yes	_____
Hospitalizations/Surgeries	No	Yes	_____
Recent injury, illness, infectious disease	No	Yes	_____
Other _____			_____
_____			_____

OTHER SIGNIFICANT MEDICAL INFORMATION THE SCHOOL SHOULD KNOW ABOUT:

Signature of Parent: _____ Date: _____

**CALDWELL-WEST CALDWELL PUBLIC SCHOOLS
PHYSICAL EXAMINATION AND IMMUNIZATION FORM**

PHYSICAL EXAMINATION TO BE COMPLETED BY PHYSICIAN.

NAME:		<input type="checkbox"/> BOY <input type="checkbox"/> GIRL	DATE OF BIRTH:
HEALTH HISTORY:			
ALLERGIES: List all known allergies: Describe reaction and management of reaction.			
Medication Allergies:	Yes No	_____	_____
Food Allergies:	Yes No	_____	_____
Insects/Animals:	Yes No	_____	_____
Environmental/ Pollens:	Yes No	_____	_____
MEDICATIONS: List <u>all</u> medications (prescription, over-the-counter, non-prescription) taken routinely.			
Medication	Dosage/Frequency	Reason for medication	
_____	_____	_____	
_____	_____	_____	
HEIGHT:	WEIGHT:	B/P:	HEART RATE:
		NORMAL	COMMENTS: (EXPLAIN ALL ABNORMAL FINDINGS)
APPEARANCE			
SKIN			
EYES/EARS/NOSE/THROAT			
LYMPH NODES			
HEART			
LUNGS			
ABDOMEN			
GENITOURINARY			
CNS			
NEUROMUSCULAR			
MUSCULO-SKELETAL			
EXTREMITIES			
SPINE			
SEIZURE DISORDER: <input type="checkbox"/> NO <input type="checkbox"/> YES TYPE:		SCOLIOSIS: <input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE TREATMENT:	
VISION: O.D. 20/ O.S. 20/ O.U. 20/		HEARING: RIGHT LEFT	
KNOWN VISION OR HEARING PROBLEM:			
DEVELOPMENT:		SPEECH:	
STUDENT MAY PARTICIPATE IN ALL PHYSICAL EDUCATION ACTIVITIES: <input type="checkbox"/> Yes <input type="checkbox"/> No			
STUDENT MAY NOT PARTICIPATE IN THE FOLLOWING PHYSICAL ACTIVITY(IES):			
PHYSICIAN'S NAME AND ADDRESS (PLEASE PRINT):		PHYSICIAN'S SIGNATURE:	
TELEPHONE NUMBER:		DATE OF EXAMINATION:	

Physical exam form must be completed in full.

**CALDWELL-WEST CALDWELL PUBLIC SCHOOLS
PHYSICAL EXAMINATION AND IMMUNIZATION FORM**

NAME: _____		<input type="checkbox"/> BOY <input type="checkbox"/> GIRL	DATE OF BIRTH: _____
IMMUNIZATIONS: _____		A COPY OF THE IMMUNIZATION RECORD IS ATTACHED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DPT/DT/DTAP: _____ _____ _____ _____ _____ TDAP: _____	OPV or IPV (circle): _____ _____ _____ _____	MMR: _____ _____	HIB: _____ _____ _____ _____
HEPATITIS B: _____ _____ _____	VARIVAX: _____ _____ DISEASE DATE: _____	PNEUMOCOCCAL: _____ _____ _____ _____	MENINGITIS VACCINE: _____
HEPATITIS A: _____ _____	INFLUENZA VACCINE: _____ _____ PLEASE LIST MOST RECENT.	OTHER: _____ _____ _____	OTHER: _____ _____ _____
MANTOUX: DATE GIVEN: _____ DATE READ: _____	RESULTS: _____ TREATMENT: _____	LEAD LEVEL: RESULTS: _____ DATE TESTED: _____	
PHYSICIAN'S NAME AND ADDRESS (PLEASE PRINT): TELEPHONE NUMBER: _____		PHYSICIAN'S SIGNATURE: _____ 	

SCHOOL COMMUNICATIONS AND ALERTS 2014

The Caldwell-West Caldwell School District uses electronic mail and the Honeywell Alert System for emergency notifications related to school closings and other important announcements for district-wide or school-specific news and information. After initial setup, you will receive instructions from the school on how to customize your information to include various telephone numbers and/or e-mail addresses, specify the types of announcements you wish to receive and the hours during which you wish to receive them. Please direct any specific questions to your school principal(s). Thank you for helping us to help you.

Parent/Guardian 1

LAST NAME: _____ FIRST NAME: _____

Home Telephone Number (area code + 7 digits): _____

E-Mail Address: _____

Parent/Guardian 2

LAST NAME: _____ FIRST NAME: _____

Home Telephone Number (area code + 7 digits): _____

E-Mail Address: _____

Student Name

LAST NAME: _____ FIRST NAME: _____

Date of Birth: __ __ / __ __ / __ __ __ __

Student School: James Caldwell H.S. Grover Cleveland M.S. Harrison School (PDS and Pre-K Only)

Jefferson Elementary Lincoln Elementary Washington Elementary Wilson Elementary

Grade (circle one): K 1 2 3 4 5 6 7 8 9 10 11 12
PSD Pre-K

My child has siblings at this or another CWC School: YES NO

Sibling 1

LAST NAME:

FIRST NAME:

SCHOOL:

GRADE:

Sibling 2

LAST NAME:

FIRST NAME:

SCHOOL:

GRADE:

Sibling 3

LAST NAME:

FIRST NAME:

SCHOOL:

GRADE:

Sibling 4

LAST NAME:

FIRST NAME:

SCHOOL:

GRADE:

Sibling 5

LAST NAME:

FIRST NAME:

SCHOOL:

GRADE:

CALDWELL-WEST CALDWELL PUBLIC SCHOOLS

HOME LANGUAGE SURVEY

Please complete this form if a language other than English is spoken at home.

Student's Name:	Date:
School:	Grade:
Language(s) spoken at home (other than English)	Dialect:
1. _____	1. _____
2. _____	2. _____

Please place an in the box that corresponds to your answer.

	English	Native Language
1. Which language did your child first learn to speak?		
2. Which language do you use most often when speaking to your child at home?		
3. Which language does the child use most often when speaking to his or her parents at home?		
4. Which language does your child use most often when speaking to his or her brothers and sisters?		
5. Which language does your child use most often when speaking to other relatives?		
6. Which language does your child use most often when speaking to friends?		
Signature of Parent:	Date:	

(This survey should be sent to and filed with the Supervisor of English as a Second Language.)



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dear Caldwell/West Caldwell Parents,

The West Essex YMCA offers a **Kindergarten Enrichment Program** for families who require extended care before or after their child's Kindergarten school day. We provide a safe and caring environment, where your child can learn and have fun. Our Kindergarten Enrichment Program reinforces skills that the children are currently learning in the Caldwell/West Caldwell district Kindergarten Program and offers opportunities to grow in spirit, mind and body through a variety of learning and enrichment activities.

The Kindergarten Enrichment Programs is located at the Harrison Building on Gray Street in West Caldwell. We offer an AM Kindergarten Enrichment Program from 8:30am until 11:30am, a PM Kindergarten Enrichment Program from 11:30am until 3:00pm; and After Care runs from 3:00pm until 6:00pm. Before Care programs are available at Washington and Jefferson schools (*Wilson and Lincoln Before Care will only run if minimum enrollment is met*). We provide supervised bus transportation from your child's Kindergarten home school to the program.

Please remember that this is an interest sheet only. Your child is not registered in any program, nor are you under any obligation at this time, until the completed enrollment forms and initial payment received. We will be contacting all parents by email with registration information by April. Spaces are limited. **Registrations will be accepted after May 15, once you have received your child's Kindergarten designation from your home school.** Registrations are on a first come, first serve basis and fill up quickly.

If you have any questions regarding these programs, please feel free to contact **Ava at (973) 992-7500 ext 103** or email acollazo@metroymcas.org.

Sincerely,

Joanne Browne

Senior Director of School Age Child Care

Please print clearly to receive your registration link
Caldwell/West Caldwell Kindergarten Enrichment Program Interest Sheet

Child's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____ Phone: _____

Email _____

Program Interest (please circle)

Before Care (Wash & Jeff)	AM Kindergarten	PM Kindergarten	After Care
7:30 – 8:45am	8:30 - 11:30am	11:30am - 3:00pm	3:00 - 6:00pm

Send Form to: West Essex YMCA 321 S. Livingston Ave Livingston NJ 07039