

CALDWELL-WEST CALDWELL PUBLIC SCHOOLS

TO THE PARENTS OF CHILDREN WHO WILL ENTER KINDERGARTEN IN SEPTEMBER, 2017

Kindergarten registration is planned for the week of February 6, 2017. 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 2017 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, 2017.
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 School: _ / _ / _ _	Race: (circle one) White Asian Black/African American Pacific Islander/Native Hawaiian American Indian/Alaskan Native	Birth Certificate OR Passport	
Publicity Permission: (Additional information and instructions is contained on the Media Consent Form.) <input type="checkbox"/> YES <input type="checkbox"/> NO - I understand that by checking this box my child's name and/or photo will not appear in any of the school, local or state newspapers, or in any other news outlet, for any reason, including honor roll, school events and accomplishments, or other school-related news.				

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:		
Middle School Students Only: Is Student Interested in taking music lessons? (circle one) Yes No				

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.

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: Zip: NJ 07006	
Occupation:	Business Name:	Business Phone:	

EDUCATION HISTORY			
List, in chronological order, names and birth dates of other children in family:			
1. Birth Date: ___/___/___	2. Birth Date: ___/___/___	3. Birth Date: ___/___/___	4. 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)

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
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: _____ 		

**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:
HEALTH INSURANCE: <input type="checkbox"/> NO <input type="checkbox"/> YES	INSURANCE CARRIER:	
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

HOME LANGUAGE SURVEY

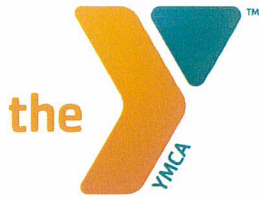
Please complete this form if a language other than English is spoken at home.

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?	<input type="checkbox"/>	<input type="checkbox"/>
2. Which language do you use most often when speaking to your child at home?	<input type="checkbox"/>	<input type="checkbox"/>
3. Which language does the child use most often when speaking to his or her parents at home?	<input type="checkbox"/>	<input type="checkbox"/>
4. Which language does your child use most often when speaking to his or her brothers and sisters?	<input type="checkbox"/>	<input type="checkbox"/>
5. Which language does your child use most often when speaking to other relatives?	<input type="checkbox"/>	<input type="checkbox"/>
6. Which language does your child use most often when speaking to friends?	<input type="checkbox"/>	<input type="checkbox"/>
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

January 2017

Dear Caldwell/West Caldwell Parents,

The West Essex YMCA offers peace of mind to working parents by providing School Age Child Care (SACC) programs on site at your child's elementary school and the Harrison Building in Caldwell/West Caldwell. We provide a safe and caring environment before and after school, where your child can grow in spirit, mind and body.

- **Convenient times** - Before School Care begins at 7:15am in the Caldwell and West Caldwell Schools. After School Care begins at school dismissal (including scheduled half-days) until 6:00pm.
- **Flexible Scheduling and Affordable Care** - Choose a schedule between 2-5 days a week based on your needs. Tuition is paid monthly and is based on your weekly schedule. **Discounts** are also available for multiple siblings.
- **Great staff** - Staff are specially selected for their ability to work with children and fully screened, background checked and fingerprinted. All staff complete comprehensive training for their position. Staff model and teach the YMCA core values: Caring, Respect, Responsibility and Honesty, and incorporate them into all activities.
- **It's fun!** Children participate in arts and crafts, gym activities, special events and games. They also enjoy daily Healthy U physical activity games as part of our curriculum and a healthy snack.
- **Homework time and help is provided** so there is one less thing to worry about when you get home from work.
- **It's safe** - All of our School Age Child Care sites are licensed by the State of New Jersey's Department of Children and Families, meeting and exceeding their standards. Our staff all receive on-going training throughout the year and each site two staff members certified in CPR and First Aid.
- **Options for the days that school is closed** – the West Essex YMCA offers Vacation Camp, Snow Day and Summer Camp programs when school is out.

Registration for the Before and After School programs opens April 15th for the coming school year. **Registrations are on a first come, first serve basis.** 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 is received.

To be added to the email list for the Registration Forms, please contact SACC Registrar, Ava Collazo at acollazo@metroymcas.org. If you have any questions regarding these programs, please feel free to contact **Ava at (973) 992-7500 ext 103.**

Sincerely,

Joanne Browne
Associate Executive Director of Child Care and Camp

West Essex YMCA
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