

DEMAREST PUBLIC SCHOOLS REGISTRATION FORM

Grade _____
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 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

This survey is the first of three steps to identify whether or not a student is eligible to be an English language learner (ELL). Start with "Question 1" and continue until the HLS is complete. Select the answer for each question and follow the directions.

Student Information

Student name: _____

Student birth date: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone number: _____

Survey Questions

Question 1

What was the first language used by the student?

A language other than English – Proceed to question 2a.

English – Proceed to question 2b

Question 2a

At home, does the student hear or use a language other than English more than half of the time?

Yes. Proceed to 7.

No. Proceed to question 4.

Question 2b

At home, does the student hear or use a language other than English more than half of the time?

Yes. Proceed to question 4.

No. Proceed to question 3.

Question 3

Does the student understand a language other than English?

Yes. Proceed to question 4.

No.

Question 4

When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?

Yes. Proceed to 7.

No. Proceed to question 5.

Question 5

When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?

Yes

No

Question 6

Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?

Yes

No

7. List home languages spoken: _____

**Demarest Early Learners
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 December 31 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 by NJ Department of Health. Valid only if administered within the previous six months.

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.

Very truly yours,
Health Services

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

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 _____

DEMAREST BOARD OF EDUCATION
568 PIERMONT ROAD
DEMAREST, NJ 07627
201-768-6060

2022/2023 PRESCHOOL TUITION AGREEMENT

The Board of Education of the Borough of Demarest (hereinafter referred to as the "Board") operates an integrated tuition-based preschool class, referred to as Demarest Early Learners (DEL), for 3 and 4-year-old students. Class hours are 8:20 AM through 2:30 PM. Enrollment is for a 10-month school year following the calendar of the Demarest School District.

WHEREAS, _____ and _____ is desirous of
(Parent/Guardian) (Parent/Guardian)

enrolling their child _____ in the Demarest Early
(Child's first and last name)

Learners Age 3 ____ Age 4 ____ program for the 2022/2023 school year; and

WHEREAS, the Board is willing to enroll said student in the Demarest Early Learners, provided the parents pay the tuition set forth in the Agreement and complies with all of the rules and regulations of the school in which the child is enrolled, the Demarest Board of Education and the State Board of Education, and the laws of the State of New Jersey.

IT IS, THEREFORE, agreed by the parties that the following paragraphs shall constitute the terms and conditions of this Tuition Agreement.

1. The Board hereby agrees to enroll _____ in the
(Child's first and last name)

Demarest Early Learners, Full Day, for the 2022/2023 school year and allow the student to attend classes associated with his/her level in all activities of the school.

2. The parent(s)/guardian(s) of _____ hereby agree
(Child's first and last name)

to pay the sum of \$ 11,000.00 as tuition for the privilege of allowing their child to attend classes in the Demarest Early Learners for the 2022/2023 school year.

3. A non-refundable deposit of \$2,200.00 is due with submission of this agreement at registration. This deposit will be applied to the September 2022 and the June 2023 tuition. The deposit can be made on the Payschools payment platform. **When your child is fully registered in the districts system you will be advised via email that the deposit can and should be made.**

Payments are to be made by the first of each month on the Payschools payment platform. 8 monthly payments of \$1,100.00 each, to be made on the 1st of each month. Failure to make timely payments pursuant thereto shall result in the immediate exclusion of the student from the Demarest Early Learners Program.

4. The student hereby agrees and the parent(s)/guardian(s) hereby agree to ensure that their child complies with the rules and regulations of the Demarest School Board of Education and the State Board of Education, and the laws of the State of New Jersey. Failure to comply with the foregoing laws, rules and regulations shall result in the imposition of disciplinary action, which may include the exclusion of the student from the Demarest Early Learners program.

5. The parties hereto recognize that the student does not have the right to enroll in the Demarest Early Learners. Enrollment is a privilege that may be revoked by the board at any time.
6. If the parent(s)/guardian(s) of registrant do not pay the tuition due under paragraph 3 when it is due, registrant shall be excluded. If excluded for nonpayment of tuition, the parent(s)/guardian(s) of registrant must also pay the all costs, including reasonable attorney fees, related to the collection of any moneys owed.
7. Nothing contained in the Agreement shall be constructed to obligate the Demarest Early Learners to renew the Tuition Agreement in any subsequent school year.
8. Withdrawal requires one month notice. Once the month is paid for, tuition is not refundable.

PARENT/GUARDIAN

_____ Signature	_____ Print Name	_____ Date
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_____ Signature	_____ Print Name	_____ Date
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_____ Antoinette Kelly/CPA Business Administrator/Board Secretary Demarest Board of Education	_____ Date
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▶ Welcome to PaySchools Central!

Our district has selected the PaySchools Central payment portal for parents.

Now you can pay for your children's school lunches, fees, field trips, registrations, and more online, securely and quickly. No more lost cash or checks!

1. Create your account using your computer or tablet at:
www.payschoolscentral.com
2. If you want to use your phone, download the PaySchools Central app on the Apple App Store or Google Play.
3. Complete account registration by selecting register, entering your profile details, setting up your password via the email link we'll send you, then logging in.
4. Add your children to your account using their student ID numbers.
5. If you'd like, enter credit card and/or banking information as forms of payment to use with your PaySchools account, or simply plan to use guest checkout when the time comes.
6. Manage school payments with ease!

NOW YOU CAN:

- **Manage** all your children's accounts and fees in one place!
- Set up **auto-replenish** to automatically refill lunch accounts when they're running low.
- Set up **reminders and alerts**.
- **Review** your children's purchases.
- **Handle payments 24/7**, at your convenience, on any device.

Rest assured that PaySchools is PCI-compliant and maintains industry-standard SSL certificates, ensuring all your family's data is **safe and secure**.



To avoid higher processing fees, we recommend using your bank account or debit card to make payments.

Need help with your PaySchools Central account?

Email psc_help@payschools.com or call **877-393-6628**.

Support center hours:
8:30 a.m. - 7:30 p.m. ET (M-F)



PaySchools
Central