

**DEMAREST PUBLIC SCHOOLS  
REGISTRATION FORM**

Grade \_\_\_\_\_  
Date \_\_\_\_\_

Student Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Family E-Mail \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M \_\_\_\_\_ F \_\_\_\_\_

Place of Birth\*\* \_\_\_\_\_ Birth Certificate Presented \_\_\_\_\_  
(City) (State) (Country) (required within 30 days of enrollment)

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Home Business Cell

Address (If different from above) \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Home Business Cell

Address (if different from above) \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Home Business Cell

Address \_\_\_\_\_

Person Enrolling Student \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(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

## Demarest Public Schools Emergency Information Card – 2018-2019

Please Print All Information

Student's Name \_\_\_\_\_ Grade/Class \_\_\_\_\_  
Last First Birth Date \_\_\_\_\_  
Month/Day/Year  
Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

**Parent/Guardian: To serve your child in case of accident/ sudden illness, it is necessary that you give the following information for emergency calls:**

Contact Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

Address of Non-custodial Parent if pertinent. Address \_\_\_\_\_

**List 2 neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physicians named below and follow their instructions. In the event that it is impossible to contact the physician, school officials are hereby authorized to take whatever action is deemed necessary for the health of the aforesaid child. I will not hold the school district responsible for the emergency care and/or transportation for said child.

Local Physician's Name \_\_\_\_\_ Office # \_\_\_\_\_

Local Dentist's Name \_\_\_\_\_ Office # \_\_\_\_\_

## Parent Portal Questions – 2019/2020

Circle Y/N

1. Permission is granted for a photo/image that includes this student without any personal identifiers to be published in the media or district publication, including the district's website.	Yes No
2. Nurse has permission to share student's medical information with appropriate staff.	Yes No
3. Permission is given to provide the PTO with my child's name, address, and telephone number for class lists for social purposes and/or informational mailings.	Yes No
4. Demarest School District can provide address information to the Northern Valley Regional High School District for information and mailing purposes.	Yes No
5. I have read and discussed the HIB information located on the school's homepage with my child.	Yes No
6. I agree to permit my child to ride their bicycle to school in accordance with the Bicycle Agreement as posted on the school website.	Yes No
<b>7. I agree to the Activity Agreement as posted on the school website.</b> <i>(This question must be answered yes in order for the student to travel within district)</i>	Yes No
<b>8. My child has permission to leave school at normal daily dismissal time "UNESCORTED" which means my child will be released without any parental signature required. I acknowledge that the district shall incur no liability as a result of allowing my child to leave school unescorted.</b> <i>(This question must be answered YES unless the parent comes in to the main office to sign their child out each and every day at dismissal time)</i>	Yes No
9. I have read and understand the contents of the Student Handbook.	Yes No
10. My child has permission to be dismissed unescorted in the event of an emergency school closing. If you choose "NO" then you must add an emergency dismissal contact under the "CONTACTS" tab. When doing so please be sure to choose "EMERGENCY DISMISSAL CONTACT" under the drop down menu.	Yes No
11. My child and I have read the Technology Use Policy and understand and abide by those terms and conditions for access to the Demarest School District's electronic network account. We further understand that any violations of the regulations are unethical and may constitute a criminal offense. We understand that any violation of the noted guidelines and regulations could result in the revocation of the students' access rights, the imposition of school discipline, criminal prosecution and other legal action.	Yes No
<b>12. Does your child have health insurance?</b> If yes, name of insurance company? (Optional)  If no, NJ Family Care provides free or low cost health insurance for uninsured children and certain low-income parents. For more information call 800-701-0710 or visit <a href="http://www.njfamilycare.org">www.njfamilycare.org</a> to apply online. You may release my name and address to the NJ Family Care Program to contact me about health insurance.	Yes No  Yes release my name & address

## DEMAREST EARLY LEARNERS (DEL)



LIVE~LOVE~LEARN

### INFORMATION FORM FOR NEW STUDENTS

The following information is provided to assist the staff in welcoming the student into our school.

If you need to give additional information, please contact Mrs. Daly, school secretary, Mrs. Williams, school nurse, or Mr. Mazzini, school principal.

Student Name: \_\_\_\_\_

First

Last

Date of Birth: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

Does your child wear glasses: YES: \_\_\_\_\_ NO: \_\_\_\_\_

Does your child wear hearing aids: YES: \_\_\_\_\_ NO: \_\_\_\_\_

Is your child toilet trained: YES: \_\_\_\_\_ NO: \_\_\_\_\_

Is your child able to feed him/her self? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Does your child have any ALLERGIES: YES: \_\_\_\_\_ NO: \_\_\_\_\_

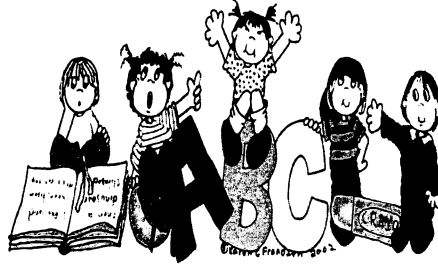
IF YES, DESCRIPTION: \_\_\_\_\_

\_\_\_\_\_

Physician Name and Number: \_\_\_\_\_

\_\_\_\_\_

# Demarest Early Learners (DEL) Integrated Preschool



LIVE~LOVE~LEARN

## TOILETING EXPECTATIONS

Please make certain that your child can complete the following bathroom tasks:

- Verbally express the need to use the bathroom to the teacher or aide.
- Turn the bathroom lights on and off.
- Pull garments (pants, underwear, etc.) up and down independently.
- Get on and off the toilet.
- Wipe themselves after both urination and bowel movement.
- Turn on the water, use soap, rinse hands and dry with paper towels.

If students have a toileting accident, they need to be able to change their clothes independently. A parent may be called to school if the student is unable to change independently into clean clothing. The DEL program does not facilitate bathroom visits every 30 minutes. Your child should be able to verbalize the need to use the bathroom. We recommend elastic waist pants which are easier to pull down and pull up.

Children **MUST** be toilet trained in order to attend the DEL Program. Please work with your child on these toileting tasks.

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I have read and understand the toileting expectations. I will have my child toilet trained by the first day of school.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_



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

**2019/2020 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 2019/2020 school year; and  
(circle one)

**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  
Demarest (Child's first and last name)

Early Learners, Full Day, for the 2019/2020 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 \$ 10,000.00 as tuition for the privilege of allowing their child to attend classes in the Demarest Early Learners for the 2019/2020 school year.

3. A non-refundable deposit of \$2,000.00 is due with submission of this agreement at registration. This deposit will be applied to the September 2019 and the June 2020 tuition.

**Please make checks payable to the Demarest Board of Education**

Payment options (check one)

One time full payment of \$8,000.00 (inclusive of October through May)

Two payments of \$4,000.00 each, to be made in October and February.

Failure to make timely payments pursuant thereto shall result in the immediate exclusion of the student from the Demarest Early Learners Program.

8 monthly payments of \$1,000.00 each, to be made on the 1<sup>st</sup> 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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Business Administrator/Board Secretary  
Demarest Board of Education



**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 1<sup>st</sup> birthday.**

**HIB – (Haemophilus B) – must have 1 dose given after the 1<sup>st</sup> birthday.**

**Pneumococcal Conjugate – must have 1 dose after the 1<sup>st</sup> birthday.**

**Varicella – must have 1 dose of the varicella (chicken pox) vaccine after the 1<sup>st</sup> 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.

Sincerely,  
Meaghan M. Williams, RN, BSN  
williamsm@nvnet.org  
Nurse, County Road School

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 EARLY LEARNERS  
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
. Any defect of vision, hearing or speech that the school could compensate for by proper seating, etc.?			
. Any condition limiting classroom activity? Any condition limiting physical education?			
. Any significant allergies or asthma?			
. Any condition which may result in classroom emergency?			
. Any emotional, mental or physical condition requiring periodic medical observation?			
. Any medication taken on a daily basis?			

VACCINE TYPE	DISEASE DATE	1 <sup>ST</sup> DOSE Mo/Day/Yr	2 <sup>ND</sup> Dose Mo/Day/Yr	3 <sup>RD</sup> Dose Mo./Day/Yr	4 <sup>TH</sup> Dose Mo/Day/Yr	5 <sup>TH</sup> 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 \_\_\_\_\_