

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 _____

Father's Name _____ Phone _____
Home Business Cell

Address (If different from above) _____

Mother'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

****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 Schools Emergency Information Card

Please Print All Information

Grade/Class _____

Student's Name _____
Last First

Birth Date _____
Month/Day/Year

Address _____

Home Phone # _____

Mother's Email Address _____ Father's Email Address: _____

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

Mother's Name _____ Work # _____ Cell # _____

Father's Name _____ Work # _____ Cell # _____

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 Signature _____ Date _____

Does your child have health insurance? _____ Yes If Yes, Name of insurance company? _____

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 www.njfamilycare.org to apply online.

You may release my name and address to the NJ Family Care Program to contact me about health insurance.

Signature _____ Print Name: _____ Date: _____

Written consent required pursuant to 20 U.S.C. 1232g (b)(1) and 34 C.F.R. 99.30 (b)

CRS Parent Portal Questions – 2018-2019 Student: _____

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
7. I agree to the Activity Agreement as posted on the school website. <i>(This question must be answered yes in order for the student to travel within district)</i>	Yes No
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. <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 - <i>Please provide name/phone #:</i> _____	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
12. Does your child have health insurance ? 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 www.njfamilycare.org 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
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.

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
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 EARLY LEARNERS
PRESCHOOL TUITION AGREEMENT**

The Board of Education of the Borough of Demarest (hereinafter, "Board") offers residents the opportunity to enroll their children in Demarest Early Learners ("DEL"), an integrated tuition-based preschool class exclusively for 3-year-old and 4-year-old students. DEL classes begin at 8:20 AM and concludes at 2:30 PM, five days-a-week corresponding with the Demarest School District 10-month academic calendar.

WHEREAS, _____ and _____ is/are the legal guardian/parent(s) of an appropriately-aged child and wish to enroll their child _____ ("Student") in DEL preschool classes offered by the Board for the 2018-2019 school year;

WHEREAS, the above-named guardian/parent(s) recognize that DEL is an optional program that requires separate tuition for participation, and such participation may be terminated for lack of payment;

WHEREAS, the above-named guardian/parent(s) accept this Agreement in its entirety and specifically agree to comply with all of the rules, regulations, and policies of DEL, the Board, and the State of New Jersey; and

WHEREAS, the Board, upon receipt of the initial deposit, shall enroll the above-named student in DEL.

IT IS, THEREFORE, the Parties agree as follows:

1. The Board hereby agrees to enroll Student in DEL for the 2018-2019 school year;
2. Guardian/parent(s) affirm that the enrolling student is or will be the appropriate age as of September 1, 2018;
3. The guardian/parent(s) named above agree to pay the total sum of \$9,000.00 as tuition for the privilege of allowing their child to attend DEL for the 2018-2019 school year. Guardian/parent(s) shall be jointly and severally liable for the tuition payments;
4. A non-refundable deposit of \$1,800.00 is due with submission of this signed Agreement. This deposit will be applied to September 2018 and June 2019 tuitions.
5. Payments thereafter shall be made in accordance with the payment plan selected below:
 - a. One (1) full payment of \$7,200.00, inclusive of October 2018 through May 2019, due on October 1, 2018; or

- b. Two (2) payments of \$3,600.00 each, to be made on October 1, 2018 and on February 1, 2019; or
 - c. Eight (8) monthly payments of \$900.00 each, to be made on the first (1st) of each month beginning October 1, 2017 through May 1, 2019.
6. Tuition is non-refundable.
 7. If the guardian/parent(s) of the student do not pay tuition pursuant to this Agreement when it is due according to the payment plan selected in Paragraph 5, the student shall be excluded from DEL. If excluded for nonpayment of tuition, the guardian/parent(s) shall pay all costs, including reasonable attorney fees, related to the collection of any and all monies owed.
 8. Withdrawal requires one (1) month written notice to be signed by the guardian/parent(s) and provided to the DEL director.
 9. The guardian/parent(s) hereby agree to ensure that their child complies with the rules and regulations of DEL, the Board, and State of New Jersey. Failure to comply with the foregoing laws, rules, policies, and regulations shall result in the imposition of disciplinary action, which may include the exclusion of the student from DEL and prevention of subsequent DEL enrollment.
 10. The Parties hereto recognize that the student does not have the right to enroll in DEL, and that enrollment is a privilege that may be revoked by the Board at any time.
 11. Nothing contained in this Agreement shall be constructed to obligate DEL to renew this Agreement in any subsequent school year. Further, the Board may terminate this Agreement at any time. In the event of any such termination, the Board shall return a pro rata portion of the tuition payment made at that time.

Signatures located on next page.

STUDENT INFORMATION:

Name: _____

Address: _____

Date of Birth: _____

Class: ____ 3 Year Old ____ 4 Year Old

GUARDIAN/PARENT(S) INFORMATION:

I/We hereby expressly and voluntarily agree to the above Agreement to enroll my/our child into DEL. Attached herewith is my/our initial non-refundable deposit for \$1,800.00.

Address: _____

Phone: _____

Email: _____

Payment Plan: a b c (circle one)

Print Name

Print Name

Signature

Signature

Dated: _____

Dated: _____

Business Administrator/Board Secretary
Demarest Board of Education

Please make checks payable to the Demarest Board of Education