

# EDGEWATER SCHOOL DISTRICT

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251 Undercliff Avenue  
Edgewater, New Jersey 07020  
(201) 945-4106

## KINDERGARTEN REGISTRATION at the George Washington School Main Office 801 Undercliff Avenue, Edgewater

Please be advised you must bring the following information in order to register your child for Kindergarten in the Edgewater School District. Only a parent or legal guardian may enroll the child. Your child does not need to be present for registration.

1. Proof of child's date of birth:  
Original birth certificate *or*  
A passport is acceptable if born outside the United States
2. Proof of Edgewater residency:  
If homeowner: mortgage statement, property tax bill, or a copy of your deed  
If renting: your original current lease, signed and dated **AND** notarized landlord affidavit
3. One utility bill, e.g., PSE&G, water bill, cable/phone bill
4. Kindergarten Registration form
5. Health records:
  - a. Current immunization record (up-to-date immunization records must be submitted before a child can attend school)
  - b. Physical examination completed by a physician
  - c. Medical authorization form (if your child is required to take prescription or non-prescription medication during school hours)

Please note that your child **MUST** be 5 years old by October 1, 2016 in order to attend Kindergarten.

Thank you,

Kerry L. Postma  
Chief School Administrator

# Edgewater Board of Education Registration Form (PreK and Kindergarten)

**PLEASE PRINT**

**Directions to Parent/Guardian:** The questions on this form must be completed at the time of enrollment. Some responses are optional to protect the privacy of student or family, however, the parent or guardian should understand that his/her responses to these questions will be of great help to the district and the state in planning a program that meets the unique needs of his/her child. If the parent or guardian declines to respond to a question, leave the item blank.

<b>STUDENT INFORMATION</b>
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Date of Enrollment \_\_\_\_\_ Gender of Child  Male  Female

First Name of Child \_\_\_\_\_ Last Name of Child \_\_\_\_\_

Middle Name of Child \_\_\_\_\_ Generation Code/Suffix (Jr., Sr., III) \_\_\_\_\_

Birth Date (MM-DD-YYYY) \_\_\_\_\_ Nickname: \_\_\_\_\_

Authenticity of Birth (office use only) \_\_\_\_\_

Child's City of Birth \_\_\_\_\_ Child's State of Birth \_\_\_\_\_ Child's Country of Birth \_\_\_\_\_

Date of entry in U.S. \_\_\_\_\_ Date student started school in U.S. \_\_\_\_\_

Number of siblings: Older sisters \_\_\_\_\_ Younger Sisters \_\_\_\_\_ Older Brothers \_\_\_\_\_ Younger Brothers \_\_\_\_\_

**Race/Ethnicity of Child.** Check one or more boxes to indicate the race/ethnicity that you consider your child consider to be:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American                 | <input type="checkbox"/> Spanish/Hispanic/Latino |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> White                   |

**Native Language of Child.** The language or dialect first learned by an individual or first used by the Parent/Guardian with child. The term is often referred to as the first language spoken. A representative sample of languages in New Jersey is listed below. Select the box to indicate the native language of the child.

<input type="checkbox"/> Albanian	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Polish
<input type="checkbox"/> Arabic	<input type="checkbox"/> Hebrew	<input type="checkbox"/> Russian
<input type="checkbox"/> Armenian (Hayeren)	<input type="checkbox"/> Hindi	<input type="checkbox"/> Sindhi
<input type="checkbox"/> Bengali (Bengabhasa, Bangala, Bangla)	<input type="checkbox"/> Italian	<input type="checkbox"/> Spanish
<input type="checkbox"/> Cantonese (Yue, Toishan, Taishan)	<input type="checkbox"/> Japanese	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Dari (Afghan, Persian)	<input type="checkbox"/> Korean	<input type="checkbox"/> Telugu
<input type="checkbox"/> English	<input type="checkbox"/> Malayam	<input type="checkbox"/> Turkish
<input type="checkbox"/> Farsi	<input type="checkbox"/> Mandarin (Chin, Kuoyu, Pekingese, N. Chinese, Putongua)	<input type="checkbox"/> Urdu
<input type="checkbox"/> Greek	<input type="checkbox"/> Panjabi (Punjabi)	<input type="checkbox"/> Other (please specify):

**NOTE: Please read the following definitions pertaining to resident status carefully before answering the questions.**

**Is the student eligible for migrant education services?** A "migratory child" means a child who is, or whose parent or spouse is, a migratory agricultural worker, including a dairy worker or a migratory fisher, and who in the preceding 36 months, in order to obtain, or accompany such parent or spouse, in order to obtain temporary or seasonal employment in agricultural or fishing work -- has moved from one school district to another or resides in a school district of more than 15,000 square miles, and migrates a distance of 20 miles or more to a temporary residence to engage in a fishing activity.

Yes     No

**Is the student homeless?** A student shall be considered homeless if any of the following conditions apply:

1. Resides in a supervised publicly or privately operated shelter designed to provide temporary living accommodations.
2. Resides in an institution that provides a temporary residence of individuals intended to be institutionalized.
3. Resides in a public or private placed not designed for or ordinarily used as a regular sleeping accommodation for human beings.
4. Lives with a parent in a domestic violence shelter.
5. A runaway living in a shelter.
6. A school-aged mother residing in a home for adolescent mothers.
7. A sick or abandoned child residing in a hospital and would otherwise be released if he or she had a permanent residence.
8. The child of a homeless family, which is out of necessity living with relatives or friends.
9. The child of a migrant family, which lacks adequate housing.
10. Finally, a child or youth shall be considered homeless when a dispute occurs regarding the determination of homelessness, the involved districts shall immediately notify the county superintendent of schools (regional assistant commissioner), who shall decide the status of the child within 48 hours.

Yes     No

**Is the student qualified to receive federal support as an immigrant?** An immigrant is a student who is age 3 to 21 and was NOT born in the US, and has not been attending one or more schools in one or more states for more than three full academic years.

Yes     No

Is the student a dependent of a member of the **Active Duty Forces** (full-time) - Army, Navy, Air Force, Marine Corps, or Coast Guard?

Yes     No

Is the student a dependent of a member of the **National Guard Or Reserve Forces** - Army, Navy, Air Force, Marine Corps, or Coast Guard?

Yes     No

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**FOR OFFICIAL USE ONLY**

EFFECTIVE ENTRANCE DATE \_\_\_\_\_ TEACHER/GRADE \_\_\_\_\_

STUDENT ID \_\_\_\_\_ NJSMART ID \_\_\_\_\_

BUS ASSIGNMENT AND STOP \_\_\_\_\_ ADMINISTRATOR'S APPROVAL: \_\_\_\_\_

## FAMILY INFORMATION

Please provide the legal residence and phone number of:

Student's Name: \_\_\_\_\_ Home tel. number \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PARENT 1

### PARENT 2

Name		Name	
Gender		Gender	
Address		Address	
Work Phone		Work Phone	
Cell Phone		Cell Phone	
Email Address		Email Address	

Marital status of parents (optional):     Single     Married    Is there a court order on file?     Yes     No

Are there custody issues?     Yes     No    If so, who has legal custody of the student? \_\_\_\_\_

STEP-MOTHER		STEP-FATHER		OTHER LEGAL GUARDIAN	
Name		Name		Name	
Address		Address		Address	
Work Phone		Work Phone		Work Phone	
Cell Phone		Cell Phone		Cell Phone	

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

1. EMERGENCY CONTACT: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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

Home telephone number: \_\_\_\_\_ Cell/ work number: \_\_\_\_\_

2. EMERGENCY CONTACT: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

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

Home telephone number: \_\_\_\_\_ Cell/work number: \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Does your child have Health Insurance?

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 1-800-701-0710 or visit [www.njfamilycare.org](http://www.njfamilycare.org) to apply online.

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

NO \_\_\_\_\_ You may not release my name and address to the NJ Family Care Program to contact me about health

**SIGNATURE OF PARENT/GUARDIAN :** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*Written consent required pursuant to 20 U.S.C. § 1232g (0)(1) and 34 C.F.R. 99.30 (b).*

List any medical/surgical care your child has received during the past year:

\_\_\_\_\_

Dental Exam (Date): \_\_\_\_\_ Braces:  Yes  No

Eye Exam (Date): \_\_\_\_\_ Contacts:  Yes  No Glasses:  Yes  No

Please list any medications taken, disease or condition which the student has e.g., allergies, diabetes, seizures, asthma, heart condition, orthopedic problems., etc. Please advise if there are any medical/other measures which are necessary to ensure the health and welfare of your child.,

\_\_\_\_\_

\_\_\_\_\_

Doctor: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Dentist: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Hospital: \_\_\_\_\_ Address: \_\_\_\_\_ Tel. number: \_\_\_\_\_

I, the undersigned, do hereby authorize officials of the Edgewater School District to contact directly the persons named on this form and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event that physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby Authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**EDGEWATER SCHOOL DISTRICT  
PHYSICAL EXAMINATION FORM (page 2 of 2)  
TO BE COMPLETED AND SIGNED BY A PHYSICIAN**

Student's Name (Last, First, M.I.) \_\_\_\_\_ / / \_\_\_\_\_  
Date of birth

**IMMUNIZATIONS**

VACCINE TYPE	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose	4 <sup>th</sup> Dose	5 <sup>th</sup> Dose
	<u>Mo/Day/Yr</u>	<u>Mo/Day/Yr</u>	<u>Mo/Day/Yr</u>	<u>Mo/Day/Yr</u>	<u>Mo/Day/Yr</u>
Diphtheria, Pertussis, Tetanus, DPT, Tdap (if DT or TD please indicate)					
Polio Vaccine (indicate OPV or IPV)					
Measles, Mumps, Rubella (MMR)					
H Influenzae, Type, HIB					
Hepatitis B					
Varicella					
Pneumococcal					
Influenza					
Meningococcal					

Mantoux Test Date: \_\_\_\_\_ Mantoux Test Results: \_\_\_\_\_

**HEALTH HISTORY-DATES**

Asthma \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Chicken Pox \_\_\_\_\_ German Measles \_\_\_\_\_  
 Convulsions \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_  
 Tuberculosis \_\_\_\_\_ Fractures \_\_\_\_\_ Operations \_\_\_\_\_ Emotional Problems \_\_\_\_\_  
 Allergies (food and drug) \_\_\_\_\_  
 Lead Levels \_\_\_\_\_ Results \_\_\_\_\_

\_\_\_\_\_  
 Print Physician's Name Physician's Signature

\_\_\_\_\_  
 Print Physician's Address

\_\_\_\_\_  
 Physician's Telephone Number Physician's Fax Number

**EDGEWATER SCHOOL DISTRICT  
PHYSICAL EXAMINATION FORM (Page 1 of 2)  
TO BE COMPLETED AND SIGNED BY A PHYSICIAN**

Student's Name (Last, First, M.I.) \_\_\_\_\_ Date of Examination \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Male  Female \_\_\_\_\_  
Date of birth \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse, resting \_\_\_\_\_

Vision: R 20/\_\_\_\_\_ L 20/\_\_\_\_\_ (without correction)      Hearing: Right ear \_\_\_\_\_  
R 20/\_\_\_\_\_ L 20/\_\_\_\_\_ (with correction)                      Left ear \_\_\_\_\_

	NORMAL	ABNORMAL	DESCRIPTION
Appearance, Nutrition			
Head, Neck (masses, ROM)			
Eyes (conjunctiva)			
Ears (infection, perforation, tubes)			
Nose (obstruction), Throat			
Mouth, Teeth			
Lymph nodes			
Chest and Lungs			
Cardiac (murmurs, clicks)			
Abdomen (scars, liver, spleen, masses)			
Back, Spine (deformity, ROM, scoliosis)			
Extremities (muscle weakness, injuries)			
Testes (presence, descent)			
Genitalia (hernia)			
Level of Maturation			
Neurological (reflexes, balance)			

GENERAL CONDITION: \_\_\_\_\_

MAY \_\_\_\_\_ MAY NOT \_\_\_\_\_ participate in all physical activities.

OTHER MEDICAL CONDITIONS OR RESTRICTIONS: \_\_\_\_\_

\_\_\_\_\_

**EDGEWATER SCHOOL DISTRICT  
MEDICATION AUTHORIZATION FORM  
NON-PRESCRIPTION and PRESCRIPTION DRUGS**

Dear Parent/Guardian,

In accordance with school policy and state mandates, if your child **needs to take any prescription or over the counter medications during school**, the following procedure must be followed before the school nurse will administer medication to your child. **The four necessary requirements are:**

- A. Provide **written physician statement** identifying the type, dosage and purpose of the medication.
- B. Provide **written parent/guardian permission** for nurse to give the medication prescribed by physician.
- C. Provide medication in **original labeled pharmacy container** (pharmacies will provide an extra labeled container) with the child's name, date, name of medication, dosage schedule and physician's name.  
Nonprescription drugs are to be in original container.
- D. **Parent/guardian (not the child) must bring in all medication to the school nurse.**

**PHYSICIAN AUTHORIZATION**

I request that the Edgewater School District's School Nurse administer the following medication as prescribed to:

\_\_\_\_\_ Grade: \_\_\_\_\_  
(Print name of pupil)

<u>MEDICATION:</u>	<u>DOSAGE</u>	<u>HOURS OF ADMINISTRATION</u>	<u>DATE TO START</u>	<u>DATE TO DISCONTINUE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Diagnosis/reason medication is being administered: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHYSICIAN'S NAME & ADDRESS STAMP: \_\_\_\_\_

DR'S FAX: \_\_\_\_\_ DR'S PHONE: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION**

I authorize the Edgewater School Nurse administer the above medication as prescribed.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

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

EDGEWATER SCHOOL DISTRICT  
251 UNDERCLIFF AVENUE  
EDGEWATER, NJ 07020

LANDLORD AFFIDAVIT

Full Name of Landlord:  
(print clearly)

Name of Tenant(s):  
(print clearly)

Address of Tenant(s):  
(print clearly)

Names of Child/Children  
residing with Tenant  
(print clearly)

I, the owner of the property listed above, hereby affirm that the parent(s)/guardian(s) of the child/children listed above, do reside at the above address in the Town of Edgewater. This is a \_\_\_\_\_ month to month, \_\_\_\_\_ yearly rental (check one).

I understand that if the residency information that I am providing is found to be false, I will be responsible – along with the person(s) named as the tenant(s) – for all the tuition costs and fees paid by the Edgewater Board of Education, in addition to any legal fees that may be incurred.

Further, I understand that any person – including landlords – who fraudulently allow a child of another person to use his or her residence or address and is not the primary financial supporter of that child, and/or any person who fraudulently claims to have given up custody of his or her child to a person in Edgewater commits a CRIMINAL OFFENSE which is punishable under the law.

**\*LANDLORD'S SIGNATURE MUST BE NOTARIZED BY A NOTARY PUBLIC\***

Landlord's Signature: \_\_\_\_\_

Sworn & Subscribed to me on this day of: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_