

**MONTY'S
CUBS**



MONTAGUE SCHOOL
2017 - 2018
Preschool
Registration Packet

MONTAGUE TOWNSHIP SCHOOL DISTRICT

475 Route 206

Montague, NJ 07827

V: 973 293 7131 / F: 973 293 3391

www.montagueschool.org

Timothy C. Capone
Chief School Administrator/Principal

Tina M. Palecek
Business Administrator/Bd. Secretary

Donna Pinzone
Administrative Assistant

Christopher Gregory
Assistant Principal

MONTAGUE RESIDENTS

MONTAGUE NEW STUDENT REGISTRATION

1. Completion of an entire application packet and medical forms.
2. Current immunization records including hepatitis "B" series record.
3. Copy of Birth Certificate
4. Two (2) proofs of residency with physical street address (One proof must be a NJ Driver's License and/or car registration showing a Montague Street address, a PO Box is not acceptable. A title lease, mortgage agreement, utility bill, or signed contract is acceptable as one proof)
5. Physical Examination Form completed or date of appointment.

Please remember to do a transfer card with your current school (if applicable).

If you have any questions regarding the registration process, please feel free to call Montague Elementary School at 973-293-7131 extension 203.



475 Route 206
Montague, NJ 07827

DONNA PINZONE
Administrative Assistant
To the Chief School Administrator

Montague School

Tel. 973.293.7131
Fax 973.293.3391

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RESIDENCY REQUIREMENTS

In order to have your son/daughter educated by the Montague Township School District, they and you as a parent or legal guardian must be full-time residents.

So as not to delay the registration process we are accepting the information you are supplying at the time of registration. This information may or may not be sufficient for us to satisfy our residency requirements. This form, along with your registration form, will be forwarded to my office and given to an administrator for further research and verification, if necessary.

By signing this form you are declaring that to the best of your knowledge the address you are supplying is within the Montague Township boundaries and you and the student you are registering are full-time residents at that address. If our verification reveals that the address you supplied is not within our boundaries, or you are not living full-time within this District, you understand that you will be notified, the student will be removed in an appropriate manner, and you will be directed to the proper school district, if known.

If, for any reason, you choose not to sign this form, your son/ daughter will not be registered.

Thank you and welcome to the Montague Township School District.

Timothy C. Capone
Chief School Administrator/Principal

Signed: _____
Parent/Guardian

Address: _____

Date: _____



Montague Township School District
Montague School
STUDENT REGISTRATION FORM
Home of the Black Bears



Child's Information

Last Name _____
First Name _____ Middle Name _____
PO Box _____ Physical Address _____
City _____ State _____
Zip Code _____ Home Phone _____
Date of Birth _____ Gender Male _____ Female _____
City, State & Country of Birth _____
If ***NOT*** born in the US – first date in a US school _____
Race: American Indian ___ Asian ___ Black ___ Hispanic ___ White ___
Language spoken at home _____

Parent/Guardian Information

Last Name _____ First Name _____
Relationship to child _____
Does child live with you? Yes _____ No _____
If no, Physical Address _____
Mailing Address _____
City, State & Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____ Email _____
Last Name _____ First Name _____
Relationship to child _____
Does child live with you? Yes _____ No _____
If no, Physical Address _____
Mailing Address _____
City, State & Zip _____
Home Phone _____ Cell Phone _____
Work Phone _____ Email _____
Mail Information to each parent/guardian? Yes _____ No _____

Is there a court ordered:

Temporary Restraining Order? Yes _____ No _____ Dated: _____

Permanent Restraining Order? Yes _____ No _____ Dated: _____

Child Custody Order? Yes _____ No _____ Dated: _____

Guardianship? Yes _____ No _____ Dated: _____

If **yes**, a copy **must** be attached to this form.



Montague Township School District
 Montague School
 STUDENT REGISTRATION FORM
Home of the Black Bears



Does this child have any siblings in this school? Yes ____ No ____ If Yes, please complete below.

Last Name	First Name	Grade/Class

Emergency Contact/Closing Information (other than parent)
Please notify your emergency contacts that they may be contacted by the school.

1st Contact Name _____
 Relationship to child _____
 Phone _____ Cell Phone _____
 Work Phone _____ Does this person live with student? Yes ____ No ____

2nd Contact Name _____
 Relationship to child _____
 Phone _____ Cell Phone _____
 Work Phone _____ Does this person live with student? Yes ____ No ____

Children will be sent home on their daily/regular bus, **unless a parent/guardian** calls and notifies the school of different arrangements for **that** day due to the emergency closing. Due to the critical nature of an early closing, please do not request bus changes in these situations.

All after school programs will be cancelled!

Children that have brought in bus notes to stay after school for an activity will be sent home on their regular buses, unless the school is notified otherwise by a parent/guardian. **K.E.E.P. after school care will be notified of emergency dismissals. They will make calls to parents as well. K.E.E.P. children will be sent home on their regular bus (unless the school is notified otherwise by a parent/guardian).**

In an emergency closing:
 My child(ren) has permission to go directly home on his/her **regular** bus.
 Please hold my child(ren) at school (parent/guardian must arrange pick up).

Please list all persons to whom the child(ren) may be released:

Name: _____ Phone: _____ Relationship: _____
 Name: _____ Phone: _____ Relationship: _____
 Name: _____ Phone: _____ Relationship: _____

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Roster Card



Name: _____

Home () _____

Cell () _____

Office () _____

Other () _____

Please fill in and return. By returning this card, you give permission to receive calls.

Please Note:

Only fill out one Roster Card per family.

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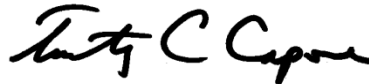
Former School Name _____
Address _____
Phone and Fax Number _____

Re: Student's Name _____ Date of Birth _____

Please forward all mandated records for the above-named student who has enrolled in the _____ grade of the Montague Township School, including the student's State I.D. Number.

In addition, we would appreciate receiving copies of all permitted records, as per parent release below. Please include Federal Lunch Program Application or verification of eligibility, if applicable.

Thank you for your prompt attention to this matter.



Timothy C. Capone
Chief School Administrator

I authorize the release of all permitted records of the above-named student; this includes all CST, IEP's, Speech, health and birth certificates.

Signature of Parent/Guardian

Relationship to Student

Address

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Grades PreK-8 Acceptable Use Policy

Student Name: _____ Date: _____

I understand that, as an Internet user, I am responsible for acting considerately and appropriately in accordance with the following rules when using the Montague School technology resources:

- I will not send, show, or download inappropriate messages or pictures.
- I will not use bad language.
- I will not insult, annoy, or hurt others.
- I will not damage computers, networks, or other technology equipment.
- I will obey all copyright laws.
- I will not use other users' passwords.
- I will not go into other users' work or files.
- I will not intentionally waste resources like paper, power, or ink.
- I will not access any instant messaging programs like AIM© or Yahoo© instant messenger.
- I will not access any social networking sites like MySpace© or Facebook©.

I understand that any or all of the following could be imposed if I violate any of the policies and procedures regarding the use of Montague School technology resources, including the Internet.

1. Loss of access.
 2. Additional disciplinary action taken by the elementary teacher and administration in line with existing district policy.
 3. Legal action, when applicable.
-
-

My child has my permission to access the Internet under the supervision of a certificated member of the Montague School faculty.

Parent Name: _____ Parent Signature: _____

Student Signature (Grades 2-8 only): _____

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The Parents/Guardians of _____ class _____

PERMISSION TO PUBLISH

****Publishing Student's Name**

I understand that my child's name may be published in newsletters, newspapers or magazines or on the school website.

Parent/Guardian's Full Name (please print) _____

Parent/Guardian's Signature _____ Date _____

****Publishing Student Work**

I understand that my child's artwork or writing may be published in newspapers or magazines or on the World Wide Web, a part of the Internet, as part of classwork. I understand that copyright and ownership of the work or writing remain my child's property. I grant permission for this publishing as described. A copy of all such publishing will be printed out and brought home for me to see upon request.

Parent/Guardian's Full Name (please print) _____

Parent/Guardian's Signature _____ Date _____

****Publishing Student Image**

I understand that my child's image may be published in newspapers or magazines or on the World Wide Web, a part of the Internet, as part of classwork. No last name, home address, telephone number or email address will appear with such images.

Parent/Guardian's Full Name (please print) _____

Parent/Guardian's Signature _____ Date _____

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From the School Nurse:

No child may begin school without documentation of immunizations and a current physical within the last six months. The school nurse clears all students to begin school. Please call the school nurse at 973.293.7131 ext 214, to schedule an appointment to review immunization documents and health records.

Absence:

Your child is expected to be on time and in school every day that school is in session. If your child is sick and cannot attend school you must call the school nurse at 973.293.7131 ext 214, and report the child's name, grade, teacher, and reason for absence. When the child returns to school, a written reason of absence is needed. Please have doctor's notes given to the school.

Attendance:

Consistent attendance at school is a strong predictor of student achievement and success.

1. Children are expected to be in attendance every day school is in session.
2. Every absence from school will be documented and recorded.
3. If a child is in school less than four hours, the day is considered an absence.
4. Parents/guardians will be notified of their child's absences approximately every fifth day's absence.
5. Upon notification, parents/guardians will work to correct the absence pattern and may be required to meet with the Assistant Principal regarding attendance.
6. Parents/guardians of each absent child must call the nurse to explain the reason, or the school will call.
7. Two days after an absence a note must be brought to school explaining the cause, with a note from the doctor if that applies.
8. Any student absence without an acceptable note or at the accumulation of ten days will be considered truant. State mandates regarding truancy issues will be followed.
9. All absences are cumulative regardless of parent or physician notes.

10. If a child is ill and will be home longer than two days, parent may request the child's teacher prepare missed work after two day's absence.
11. After an absence of twenty days, retention is possible.
12. If school is required to close for extended periods, the legally required attendance of 180 days may lead to an extension of the school year, including attending on Saturdays or scheduled holidays.

Medication Policy:

It is the policy of the school board that all children's medication be administered by the parent whenever possible, If a child is required to take medication during school hours, the school nurse will administer the medication in compliance with the regulations that follow:

1. A prescription written by a physician stating child's name, diagnosis, name of medication, dosage, and time to be given.
2. This policy includes prescription and over-the-counter medications (i.e. Tylenol, Motrin, etc.)
3. Medication must be in a prescription labeled bottle.
4. Written permission signed by the parent.
5. The PARENT must deliver the medication to the school nurse.

NO medication will be dispensed without the physician and parent written authorizations.

MONTAGUE SCHOOL

Growth and Development

Registration _____

Date

Child's Last Name _____

First Name _____

Middle Name _____

Date of Birth _____

Address (Number, Street, Town) _____

Phone Number _____

Mailing Address (if different than street address) _____

Father's Name _____

Mother's Name _____

Last School Attended _____

Is your child subject to: (Please circle Yes or No) Has your child had:

Frequent Colds	Yes	No	Poor eating habits	Yes	No
Bronchitis	Yes	No	Eye Disease	Yes	No
Frequent sore throats	Yes	No	Head Injury	Yes	No
Speech Difficulties	Yes	No	A severe fall	Yes	No
Ear Aches	Yes	No	Difficulty sleeping	Yes	No
Development:			Eye Injury	Yes	No
Age Walked _____			Eyeglasses Prescribed	Yes	No
Age Talked _____			Hearing Loss	Yes	No

Has your child had a history of (Please circle and give dates)

Allergy:

Medication _____

Other _____

Chicken Pox

Enuresis (bed wetting)

Epilepsy

Heart Disease

Hepatitis

Hernia

High Fever

Hospitalization

Mononucleosis

Pneumonia

Tonsillitis

Tuberculosis

Whooping Cough

Operations:

Appendectomy: _____

Hernia Repair _____

Tonsillectomy _____

Ear Surgery _____

Other _____

Please list any childhood diseases, accidents or problems: _____

Medication: Please list medications your child takes both at home and in school. If your child must take prescription or over-the-counter medication (i.e. Tylenol, Motrin, etc) in school, a medical authorization form must be completed and signed by the parent/guardian and physician.

Please list my child and his/her health concern on your confidential list to be distributed to teachers and cafeteria staff. ___ Yes ___ No

Parent/Guardian Signature _____

Date _____

475 Route 206

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Phone 973.293.7131

Fax: 973.293.3391

Rev 08/15

MONTAGUE SCHOOL

School Year: 2017-2018

MEDICAL HEALTH HISTORY AND EMERGENCY CONTACT FORM

Student Name _____ Grade & Teacher _____ DOB _____

Mailing Address _____ PO Box _____

Name Address Telephone

Mother/Guardian _____ Home _____ Home _____

Work _____ Work _____

Cell _____

Father _____ Home _____ Home _____

Work _____ Work _____

Cell _____

Parent Email Address _____

Emergency Contact #1 _____ Phone _____

#2 _____ Phone _____

Does your child have health insurance?

Yes _____ Name of Insurance Company or NJ FamilyCare Insurance Provider: _____

No _____ NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more info call **800-701-0710** or visit **www.njfamilycare.org** to apply online. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature _____ Date _____

MEDICAL HISTORY (Most recent)

Allergies: _____ Plants _____ Animals _____ Food _____ Mold _____ Drugs _____ Bees _____ Date of reaction _____

Life Threatening? _____ Yes _____ No

There should be a meeting with the School Nurse to discuss medication or treatment orders.

Please describe the reaction & treatment _____

Documented Medical Condition & Restrictions if any: _____ Date _____

Daily Medications & Dosages: _____ Date _____

If your child needs to take medication at school, please download and print the form from the school website and have the doctor complete it. This form must be completed prior to the administration of any medication at school. The school nurse cannot give OTC (over the counter) medications without a doctor's note. An adult must bring to school any medication, including OTC meds to be given by the school nurse.

Recent Surgeries or Injuries _____ **Date** _____

Physical Exam Date _____ **Doctor & Phone** _____

Dental Exam Date _____ **Dentist & Phone** _____

Eye Examination Date _____

*****REMINDER*****

Please be advised that physicians recommend that a child have a **physical examination** at least once during each of the student's developmental stages: early childhood (preschool-grade 3), pre-adolescence (grades 4-6), and adolescence (grades 7-12). When your child receives a physical examination, please **submit a copy** of the report to the School Nurse so that your child's health history can be updated.

I am aware that my child will participate in the following School Health Services where applicable:

1. Vision & hearing screening

3. Height, weight & blood pressure

2. Scoliosis screening every 2 yrs starting at age 10

4. Periodic head lice checks

Have you ever been told by a physician or health care professional that your child has:

____ Asthma ____ Seizure Disorder ____ Bleeding Disorder ____ ADD/ADHD
____ Diabetes ____ Bone/Muscle Disorder ____ Skin Condition
____ Heart Condition ____ Mental Health Condition (i.e. depression, anxiety, eating disorder)
____ Learning Disability

Does your child experience any of the following:

____ Nose Bleeds ____ Frequent Earaches ____ Overweight for Age ____ Underweight for age
____ Physical Disability ____ Poor Appetite ____ Frequent Stomachaches ____ Frequent Headaches
____ Fainting Spells ____ Tires Easily ____ Emotional concerns

Do any of the above condition(s) limit/effect your child at school? Yes ____ No ____

Describe _____

Hearing: Does your child wear hearing aids? ____ Yes ____ No

Vision: Does your child wear glasses or contacts? ____ Yes ____ Distance
____ Reading

I understand that the information given above will be shared with appropriate school staff to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand that I will assume full responsibility for payment of any transport or emergency medical services rendered.

Parent/Guardian Signature _____ **Date** _____

Immunizations required to begin Kindergarten:

- DPT **Diphtheria, Pertussis and Tetanus**: 4 vaccines with the 4th one being after the 4th birthday or any 5 vaccines
- IVP **Polio**: 3 vaccines with the 3rd one being after the 4th birthday or any 4 vaccines
- HPT **Hepatitis**: 3 vaccines (one usually at birth, the second vaccine one month later and the third one 5 months after the second one)
- MMR **Measles, Mumps and Rubella**: 2 vaccines (first one after the First birthday and the second one after the 4th birthday)
- Varicella **Chicken Pox**: 1 vaccine after the first birthday
- Hib **Influenza**: 4 vaccines before 18 months of age

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MEDICAL AUTHORIZATION

TO BE COMPLETED BY PHYSICIAN

Students Name _____ Age _____ Grade _____

Diagnosis _____

Medication _____

Dosage _____

Time of Administration _____

Possible Side Effects _____

Restrictions on Activities _____

Physicians Name (Printed)

Date

Physicians Signature

TO BE COMPLETED BY PARENT

I request that my child _____ receive the medication prescribed by his/her physician. The medication is to be provided by me as required by School Board Policy. I understand that the district is rendering a service and does not assume any responsibility for this matter. I further understand that the school nurse, or substitute school nurse, will administer the medication.

NOTE: All medication, prescribed and over-the-counter, must be brought to the school by the parent, in the original, labeled bottle or container.

Parent/Guardian Signature

Date

School Year: 2017-2018
PHYSICAL EXAMINATION – To be completed by a medical doctor

Name _____ **DOB** _____ **Grade** _____

Height _____ **Weight** _____ **Blood Pressure** _____ **Pulse** _____

Significant Medical History: _____

Allergies: Insects Food Environmental _____

Vision Screening _____ **Hearing Screening** _____

Examination Findings

Ears _____	Abdomen _____
Eyes _____	Hernia _____
Nose _____	Scoliosis _____
Throat _____	Skin _____
Heart _____	General Appearance _____
Lungs _____	Neurological _____
Other _____	

Summary of Findings

Immunization History: M/D/YY (OR PLEASE ATTACH IMMUN. RECORD)

DPT _____	Trivalent Polio _____	Measles _____
_____		MMR _____
_____		_____
_____		_____
Booster _____	Booster _____	Hepatitis B _____
Varicella _____	H.I.B. _____	_____
	_____	_____
	_____	_____

Physician Signature

Date of Exam

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HOME LANGUAGE SURVEY*

Date: _____

School District: _____

School: _____ Grade: _____

Student's Name: _____

1. What was the student's first language? _____

2. Does the student speak a language other than English? ___ Yes ___ No

If yes, specify language: _____

3. What language(s) is/are spoken in your home? _____

4. Has the student ever received English as a second language (ESL) services?

___ Yes ___ No If yes, when? _____ and

from what school district? _____

5. Has your family ever received migrant services? ___ Yes ___ No

If yes, please list the dates service was received: _____

6. Do either of the parents/guardians work in any field pertaining to agriculture?

___ Yes ___ No If yes, please specify where: _____

Person completing this form, if other than parent/guardian: _____

Parent/Guardian Signature

- * The school district/charter school has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school has the right to ask for the information it needs to identify English Language Learners (ELLs). AS part of the responsibility to locate and identify the ELL's, the school district/charter school may conduct screenings or ask for related information about students who are already enrolled in the district as well as from students who enrolled in the school district/charter school in the future.

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CHILD CUSTODY INFORMATION FORM

(Please complete only if applicable)

The parent with whom the child resides will be considered the custodial parent; however the non-custodial parent has many rights in the absence of an explicit Court Order that limits those rights. It is the responsibility of the custodial parent to provide the school with a copy of any Court Order that limits the custodial rights of the non-custodial parent. Unless specified in the Court Order, the child may be released from school to the non-custodial. It is also expected that the custodial parent will provide the non custodial parent with academic progress information such as report cards or other academic information.

Child's Full Name _____

School child will be attending _____

Name of custodial parent with whom child resides _____

Do you, as the custodial parent, have legal custody through a Court Order?
 Yes No Pending*

*Date finalization is expected: _____
(If pending, please inform the school when finalized)

If there is a Court Order, does it limit the non-custodial parent's access to school records? Yes* No

*If Yes, a copy of the order must be given to the school office.

Please provide any additional information regarding custody of which the school should be aware: _____

Date

Signature of Custodial Parent

SEMI Parental Consent Information for Parents

PARENTAL CONSENT FOR REIMBURSEMENT OF HEALTH RELATED SERVICES UNDER THE SPECIAL EDUCATION MEDICAID INITIATIVE (SEMI)

- The school district provides health evaluations and related health services to students at no cost to parents
- The school district participates in the SEMI program whereby the state makes payment available to the school district for health evaluation and related health services provided to students.
- To receive the payments, the school district must share with the state information about the health services provided to each student.
- Each student's parent must give consent to allow the school district to share his/her child's health information with the state.
- The state must keep each student's information confidential and may use it only for the purpose of determining payments to the school district.
- As the parent of a school district student, the school district requests your consent to allow the school district to share information about your child with the state so that the state can make payments to the school district for the health evaluations and related health services provided to your child.
- Whether or not you consent, the school district must continue to provide health evaluations and related health services to your child at no cost to you, the parent.
- **By law**, you have the following additional protections when you give your consent to allow the school district to seek payment from the state:
 - You cannot be required to sign up for or enroll in any public benefits or insurance programs.
 - You cannot be required to pay any out-of-pocket expenses for the costs of the health services the school district provides to your child, and
 - Payments the state makes to the school district for services provided to your child will not
 - Payments the state makes to the school district for services provided to your child will not
 - Decrease any insurance benefits you may have
 - Increase your insurance premiums or lead to the discontinuation of any public benefits or insurance you may have,
 - Require you or your family to pay for health services that are otherwise covered by the state, or
 - Result in the loss of your ability to participate in any community-based health programs sponsored by the state.
- Giving your consent will cost you, the parent, nothing. Additionally, you may revoke your consent by notifying the school district and, if you do, the school district will continue to provide health evaluations and related services to your child at no cost to you, the parent.

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Dear Parent or Guardian:

Our school district is participating in a system where the federal government’s Medicaid will pay state and local school districts for a portion of the costs of health-related special education services provided to Medicaid eligible children. Your child will continue to receive services at no cost to you under this new system. This initiative simply helps us maximize federal funds in support of local education. The information you voluntarily provide by completing this consent form will only be used for the purpose identified.

Please fill in the information below, sign the form, and return it to the address indicated or send it in to school with your child. If you have any questions, please contact Tina Palecek at 973.293.7131 ext 218

**CONSENT FOR RELEASE OF INFORMATION TO ACCESS MEDICAID
REIMBURSEMENT FOR HEALTH RELATED SUPPORT SERVICES**

Child’s Name: _____
(First) (Mid.Initial) (Last)

Child’s Date of Birth: ____/____/____
(Month) (Date) (Year)

As parent/guardian of the child named above, I give permission to disclose information from my child’s educational records to local, state and federal agency representatives for the sole purpose of claiming Medicaid reimbursement for health related support services in my child’s Individualized Education Program (IEP).

Signature: _____ **Date:** _____
(Parent or person in parental relationship) (Month/Day/Year)

Please return this form to:
Montague Township School District
SEMI Contact
475 Route 206
Montague, NJ 07827

MONTAGUE SCHOOL: Monty's Cubs

CHILD'S NAME: _____

DATE OF BIRTH: _____

Please help us get to know your child better by answering the following questions.

1. Is your child able to dress him/herself? Yes, independently_____

Yes, with just a little help_____ No, not without assistance_____

Can your child put on his/her jacket? Always_____ Sometimes_____ Never_____

Can your child change his/her clothing? Always_____ Sometimes_____ Never_____

2. Does your child have the opportunity to play with children his/her own age?

Daily___ Weekly_____ Monthly_____ Seldom _____

3. Can your child handle ALL bathroom needs independently? Yes, always_____

Sometimes_____ No_____ If sometimes or no, please explain _____

4. Does your child nap during the day? No_____ Yes_____ Is so, when?_____

5. Has your child previously attended a preschool or daycare? Yes_____ No_____

If yes, please name of program_____

6. Please share any information about your child or family that you feel the teachers should be aware of in order to better understand and help your child as he/she transitions to preschool.

Monty's Cubs

A Regular Education Preschool Program

Getting Started

The August orientation meeting will provide parents with the opportunity to meet their child's teachers and other parents. At that time the preschool teachers will share information about their program. There will be opportunities to ask questions, be shown around the classroom, become familiar with class procedures, and learn about upcoming events and meetings.

Helping Children Transition to Preschool

Every child's teacher helps new children become familiar with the routines of the class. The teacher will learn each child's unique ways of communicating, and will narrate the day for him or her until he or she is completely comfortable. Children respond in a variety of ways to new settings. Some settle in quickly, as if they have always been at preschool. Others may have a more difficult time adjusting. Children experience a variety of feelings (sadness, anger, and delight) as they learn to trust new teachers and know that parents do come back at the end of the day. Please be assured that your child will be supported during this transition time.

Parents Can Help Their Children By:

- Talking positively about preschool, the teachers, and children they will meet.
- Acknowledging and validating all feelings (I know that you are angry, sad, excited, etc).
- Communicating a matter-of-fact confidence in their school.
- Assuring their child that they love them, that they will miss them, and that they will be back to pick them up.

Helping Parents Transition to Preschool

This is usually the more difficult of the transitions! Parents may have mixed feelings about leaving their young children in preschool. These are normal reactions to trusting a child with people who are initially strangers. Parents may experience new feelings as children form attachments with teachers. These attachments are essential for a child's emotional development and school success. In order to help parents to feel comfortable, they are encouraged to email the staff with any questions or concerns that they may have regarding their child's day or program. However, parents should be aware that emails sent during or just prior to a session may not be responded to or read during their child's session as instructional time is limited and maximum teacher/student interaction is paramount to a successful preschool program.

Preschool Schedule

Monday-Friday

Regular School Schedule

AM Session 8:30-11:00

PM Session 12:20-2:50

Early Dismissal Schedule

AM Session 8:30-10:15

PM Session 11:15-1:00

Delayed Opening

AM Session 10:30-12:15

PM Session 1:15-3:00

Enrollment

Children who reside in Montague Township and are between the ages of 3 and 5 are eligible to attend preschool.

1. Children who turn 4 years of age by October 1st of the current school year are eligible to enroll and their enrollment will be given precedent over that of 3 year old students.
2. Children who turn 3 years of age by October 1st of the current school year are eligible to enroll on a space available basis.
3. Regular education students must be toilet trained prior to entering preschool.
4. Children who are currently enrolled in preschool will have first option to return to preschool the next school year.
5. Children will be registered until all slots have been filled.
6. If more children register during the initial registration period than there are slots available, a lottery system will be utilized by the district.
7. Children not receiving a placement will be placed on a “wait list” and parents will be notified as openings occur.
8. Students who are absent for two or more consecutive weeks without appropriate medical documentation may have their program enrollment terminated.

Special Education: Children with an educational disability, determined through a Montague School’s Child Study team’s comprehensive assessment, are eligible to attend preschool. Special education services to children are based upon each child’s individual needs and occur within the context of the inclusive preschool program. Enrollment for special education students in preschool is open throughout the year beginning on the child’s third birthday and is not subject to “wait list” protocols. Transportation is provided by the school district. For additional information, please contact the Child Study Team Office at 973-293-7131 Ext 217.

Pick up and Drop off Procedures

Parents of regular education preschoolers are required to provide transportation to and from school. Parents of students in the AM session will pick up, drop off, and sign out their children in the front of the school at the main entrance.

Parents of students in the PM session will drop off students in the front of the school. At the 2:50 dismissal, parents will pick up and sign out their children in the cafeteria and will enter the building through the side door.

The staff will release the student only to the adult(s) for whom written authorization has been given. If the staff member who releases the child does not know the adult, identification is required to assure that the adult is properly identified and is authorized to pick up the child

If parents are consistently tardy dropping off or picking up students, the district reserves the right to terminate the child's/children's enrollment in the preschool program.

Children's Personal Belongings

What should my child wear?

Please send your child in comfortable, washable play clothes suitable for active and messy play. Play clothes that are easy to manage encourage independence and self-help skills. (Many toilet accidents are prevented if children can unbutton pants and unbuckle belts without a struggle.) We also recommend that your child wear sturdy, closed-toe shoes to school. Preschoolers participate in a variety of outdoor activities. Please make sure your child has weather appropriate outerwear with them each day.

What should my child bring?

All personal items shall be marked with the child's last name using a permanent marker.

1. Each child should bring a backpack to school each day.
2. Each child shall have a change of clothing that will remain at school (i.e., underwear, shirt, socks, slacks, sweater, etc.) and be replaced as necessary.
3. Students should keep an over sized t-shirt in the classroom to use as a smock.
4. Children should not bring toys to preschool except when requested by the classroom teachers as part of curricular activities such as show & tell.

Snacks and Meals

Snack/meal time will be scheduled each day. Students in the AM session may choose to order breakfast through the school's nutrition program or to send a snack from home. Students in the PM session may order one of the cold meal choices from the school lunch program or send a snack/lunch from home. (The hot lunch choices are not available to students in the preschool program.) For students in the preschool program, breakfast and lunches must be ordered monthly. All lunch choices must be selected at that time. Payment for meals will be made through the Mealttime online payment portal. Applications for free and reduced meal pricing will be distributed at the beginning of the school year. However, a family may apply/reapply at anytime if they feel circumstances have altered or there have been financial or household changes to make the family eligible for free/reduced meal status.

Preschool Transportation

Parents of regular education preschoolers are required to arrange transportation to and from school for their child/children. Bus transportation will not be provided by the school district.

Is there any reason that would prevent you (or your designee) from providing transportation to or from either the AM or PM session of preschool? No_____ Yes_____. If yes, explain:

Release of Students

The staff will release the student only to the adult(s) for whom written authorization has been given. If the staff member who releases the child does not know the adult, identification is required to assure that the adult is properly identified and is authorized to pick up the child.

Place on the list below *anyone* who you may send to pick up your child from preschool. (If you need to add additional people, please do so, on the reverse side of this form.) Please notify these individuals that they may be contacted to pick up your child in case of an emergency if you cannot be reached.

Please print neatly the names of the child's parents/guardians (include yourself) on the contact/pickup list. If possible, please list at least one person that lives outside of your household. Each person listed must be at least 18 years of age.

1st contact/pickup person _____

Relationship to Child _____

Cell Phone _____ Alternate Phone _____

Work Phone _____

Does this person live with the student? Yes _____ No _____

2nd contact/pickup person _____

Relationship to Child _____

Cell Phone _____ Alternate Phone _____

Work Phone _____

Does this person live with the student? Yes _____ No _____

3rd contact/pickup person _____

Relationship to Child _____

Cell Phone _____ Alternate Phone _____

Work Phone _____

Does this person live with the student? Yes _____ No _____

4th contact/pickup person _____

Relationship to Child _____

Cell Phone _____ Alternate Phone _____

Work Phone _____

Does this person live with the student? Yes _____ No _____

5th contact/pickup person _____

Relationship to Child _____

Cell Phone _____ Alternate Phone _____

Work Phone _____

Does this person live with the student? Yes _____ No _____

I authorize the school staff to release my child to the individuals listed on this form.

Sincerely,

Parent/Guardian Signature _____

Parent/Guardian: Please print name _____

Date _____