

**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](http://www.montagueschool.org)

Robert Walker  
*Chief School Administrator/Principal*

Donna Pinzone  
*Administrative Assistant*

Tina Palecek  
*Business Administrator/Bd. Secretary*

Christopher Gregory  
*Assistant Principal*

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### 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.**

**Robert Walker**

**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 \_\_\_\_\_  
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.

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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.*

**1<sup>st</sup> Contact Name** \_\_\_\_\_  
 Relationship to child \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Does this person live with student? Yes \_\_\_\_ No \_\_\_\_

**2<sup>nd</sup> 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.



Robert Walker  
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.

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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:	Hernia	
Medication _____	High Fever	
Other _____	Hospitalization	
Chicken Pox	Mononucleosis	Operations:
Enuresis (bed wetting)	Pneumonia	Appendectomy: _____
Epilepsy	Tonsillitis	Hernia Repair _____
Heart Disease	Tuberculosis	Tonsillectomy _____
Hepatitis	Whooping Cough	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

# 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](http://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 4<sup>th</sup> one being after the 4<sup>th</sup> birthday or any 5 vaccines
- IVP      **Polio**: 3 vaccines with the 3<sup>rd</sup> one being after the 4<sup>th</sup> 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 4<sup>th</sup> 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.

MONTAGUE TOWNSHIP SCHOOL DISTRICT

475 Route 206  
Montague, NJ 07827  
V: 973 293 7131 / F: 973 293 3391  
www.montagueschool.org

Robert Walker  
Interim Chief School Administrator/Principal

Tina Palecek  
Business Administrator/Bd. Secretary

Donna Pinzone  
Assistant to the Chief School Administrator

Christopher Gregory  
Assistant Principal

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 Michele Hordyszynski at 973.293.7131 ext 220

**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.

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# 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:*

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### ***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.

**1<sup>st</sup> 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 \_\_\_\_\_

**3<sup>rd</sup> 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** \_\_\_\_\_