

**IRVINGTON CENTERS FOR EARLY EDUCATION
IRVINGTON NEW JERSEY 07111**

ENROLLMENT FORMS CHECKLIST

To register for the Abbott Preschool Program child must be 3 or 4 years old on or before November 1st and must be an Irvington Resident.

APPLICATION DATE _____

CHILD'S NAME _____
LAST
FIRST
MIDDLE INITIAL

BIRTHDAY _____ **AGE** _____

PRESCHOOL NAME _____

1. *	Birth Certificate / Passport / Visa / Green Card	
2. *	Immunization Record	
3. *	Physical / Examination-Health	
4. *	Lead Test with Result	
5. *	Proof Residency (official Gov't agency letters, IRS, welfare, food stamps, unemployment, social security), current Utility bills; Home Phone (no Cell Phone), water, PSE&G, Bank Statement, current pay stub, cable bill excepted only if telephone service included, no credit card bill	
6.	Notarized Letter with Proof of Residency from whom you reside (see # 5)	
7.	Custody Papers (if Applicable)	
8.	Registration and Background Information Form	
9.	Social Services and Health History / Consent	
10.	Recorded Voice or Image Release Form	

*** MUST PROVIDE TO REGISTER**

7. **Identification Number of Child** – To be assigned by computer.
Número de Identificación del Niño/a – Será asignado por la computadora.
Numéro d'identification d'enfant - être assigné par ordinateur.

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8. **Birth Date of Child (Month/Day/Year) /Fecha de Nacimiento del Niño/a (Mes/Día/Año)**

***Required Field/ Información necesaria**

Date de naissance d'enfant (Month/Day/Year)

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9. **Place of Birth of Child**

País de nacimiento del niño

Pays natal d'enfant

	United States of America Los Estados Unidos de América Les Etats-Unis d'Amérique	City Ciudad Ville	State Estado État
	Other (Print Country)	Otro (País De la Impresión)	Autre (Pays D'Impression)

10. **What is the child's sex? Mark one box.**

¿Cuál es el sexo del niño/a? Marque una respuesta.

Quel est le sexe de l'enfant ? Marquez une boîte.

	Female	Femenino	Femelle
	Male	Masculino	Mâle

11. **Is the child Spanish, Hispanic or Latino? Mark one or more groups to indicate the child's Spanish/Hispanic/Latino origin.**

¿Es el niño Español, Hispano o Latino? Marque uno o más grupos para indicar el origen Español, Hispano o Latino del niño.

L'enfant est-il de l'Espagnol, l'hispanique ou le Latino ? Marquez un ou plusieurs groupes pour indiquer l'enfant Origine de Spanish/Hispanic/Latino.

	No, not Spanish/Hispanic/Latino.	No, no es Español/Hispano/Latino.	Non, pas Spanish/Hispanic/Latino.
	Yes, Mexican, Mexican American, Chicano	Sí, Mejicano, Mejjicano-Americano, Chicano	Oui, Mexicain, Américain Mexicain, Chicano
	Yes, Puerto Rican	Sí, Puertorriqueño	Oui, Puerto Rican
	Yes, Cuban	Sí, Cubano	Oui, Cubain
	Yes, other Spanish/Hispanic/Latino (Print group.)	Sí, Español/Hispano/Latino de otro grupo (Indique en letra de imprenta el grupo)	Oui, l'autre Spanish/Hispanic/Latino (copie groupe.)

12. **What is the child's race?** Mark one or more races to indicate the child's race.

¿Cual es la raza del niño/a? Marque uno o más de una respuesta para indicar la raza de su hijo/a.

Quelle est la course de l'enfant ? Marque une ou plusieurs courses pour indiquer la course de l'enfant.

	White	Blanco	Blanc
	Black or African American	Negro o Americano Africano	Américain noir ou africain
	American Indian or Alaska Native	Indio Nativo de América o Nativo de Alaska	Indien d'Amérique ou indigène de l'Alaska
	Asian or Pacific Islander	Nativo de la Isla de Asia o del Pacífico	Insulaire asiatique ou Pacifique
	Some other race (Print race.)	Otra raza (Indique la raza.)	Une autre course (course d'impression.)

13. **What language does the child speak most at home?** Mark one box.

¿Qué lenguaje habla su hijo/a habla en la casa? Marque una respuesta.

Quelle langue l'enfant parle-t-il le plus à la maison ? Marquez une boîte.

	English	Inglés	Anglais
	Spanish	Español	Espagnol
	Arabic	Arabe	Arabe
	Chinese	Chino	Chinois
	Creole (Haitian)	Creole (Haïtien)	Créole (Haïtien)
	Gujarati	Gujarati	Gujarati
	Korean	Coreano	Coréen
	Polish	Polaco	Poli
	Portuguese	Portugués	Portugais
	Russian	Ruso	Russe
	Urdu	Urdu	Urdu
	Some other language (Print language.)	Otro lenguaje (Indique el lenguaje.)	Une autre langue (langue d'impression.)

14. **Does the child have any chronic medical problems, special needs, or handicapping conditions?** Mark one box.

¿Padece el niño de algún problema médico crónico, de necesidades especiales o algún tipo de incapacidad? Marque una respuesta.

Fait l'enfant ont tous les problèmes médicaux chroniques, les besoins spéciaux, ou handicapage des conditions ? Marque une boîte.

	No	No	Non
	Yes (Print problem or condition.)	Sí (Indique en letra de imprenta el problema o condición.)	Oui (problème ou état d'impression.)

15. **Will the child be enrolling for the entire school day?** Mark one box. A six-hour (minimum) program must be offered to every enrolling child. However, once a parent/guardian is made aware of its availability, he/she may opt out of it and choose a half-day program, if available.

¿Su hijo/a será matriculado para el día entero escolar? Seleccione uno. Un programa de seis horas (lo mínimo) debe ser ofrecido a todo niño/a que sea matriculado. Pero una vez que el padre/ guardián sea informado de la posibilidad que haya un programa de medio día, el o ella, puede escoger ese programa.

L'enfant s'inscrira-t-il pour le jour entier d'école ? Marquez une boîte. Un programme (minimum) de six heures doit être offert à chaque enfant d'inscription. Cependant, une fois qu'un parent/guardian est mis au courant de sa disponibilité, he/she peut quitter lui et choisir un programme de demi-journée, si disponible.

	Yes, enrolling for the entire school day.	Si, será matriculado el día entero.	Oui, s'inscrivant pour le jour entier d'école.
	No, enrolling for half day.	No, será matriculado medio día.	Non, s'inscrivant pour demi de jour.

16. What kind of health insurance does the child have? Mark one box.

¿Qué clase de seguro médico tiene el niño? Marque una casilla.

Quel genre d'assurance médicale maladie l'enfant a-t-il ? Marquez une boîte.

	Private or employment-based health insurance	Seguro de salud privado o basado en el empleo	Assurance médicale maladie privée ou emploi-basée
	Medicaid	Medicaid	Medicaid
	New Jersey FamilyCare	New Jersey FamilyCare	New Jersey FamilyCare
	Some other health insurance	Otro tipo de seguro médico	Une autre assurance médicale maladie
	Uninsured	No tiene seguro.	Non assuré

17. Who does the child live with?

¿Con quién el niño vivo?

Avec qui l'enfant de phase ?

	Mother and Father	Madre y padre	Mère et père
	Mother Only	Madre Solamente	Mère Seulement
	Father Only	Padre Solamente	Père Seulement
	Grandmother	Abuela	Grand-mère
	Grandfather	Abuelo	Grand-père
	Other (Specify)	Otro (Especifique)	Autre (Indiquez)

18. How did you find out about our Program?

Cómo le hizo para descubrir alrededor ¿nuestro programa?

Comment vous a fait pour découvrir environ notre programme ?

	Newspaper Ad	Anuncio De Periódico	Annonce Petite
	Friend	Amigo	Ami
	School	Escuela	École
	District Website Page	Página del Web site del distrito	Page de site Web de zone
	Flyers/Posters	Aviadores/carteles	Insectes/affiches
	Other Please Specify):	Otro (Especifique Por favor)	Autre (Indiquez Svp)
	Cable Television		
	Bus Advertisement		
	Street Banner/Signs		

END OF FORM – END OF FORM – END OF FORM – END OF FORM

IRVINGTON PUBLIC SCHOOLS
Irvington, New Jersey 07111

IRVINGTON CENTERS FOR EARLY CHILDHOOD EDUCATION

MEDICAL EMERGENCY RELEASE/TREATMENT FORM

School: _____

Date: _____

MEDICAL INFORMATION:

Existing Medical Problems: Yes () or No ()

If yes please explain _____

Allergies to Food/Medicine etc: Yes () or No ()

If yes please explain _____

Does your child take Medication? Yes () or No ()

If yes give name of medication (s): _____

Child's Doctor/Clinic Name _____ Phone _____

Choice of Hospital when possible _____ Phone _____

Date of child's last tetanus shot _____ Medicaid number, if applicable _____

Medical Insurance Co. _____ ID# _____

Subscriber's Name _____

**It is understood that every effort will be made to notify me or _____
at _____ before such action is taken, but if not possible to locate me or the
above person, the uninsured expense of this service will be accepted by me.**

**I authorize the child care provider to arrange transportation in case of emergency or acute illness
and to arrange for possible medical and/or surgical care at (1) the closest hospital available in case of
dire emergency or (2) the hospital of my choice.**

Parent/Guardian's Signature

Date

IRVINGTON PUBLIC SCHOOLS
Irvington, New Jersey 07111

IRVINGTON CENTERS FOR EARLY CHILDHOOD EDUCATION

MEDICAL EMERGENCY RELEASE CONTACT FORM

School: _____

Date: _____

(Child's Last Name First Middle Initial) Date of Birth

Father Name _____

Mother Name _____

Guardian Name _____

Address _____ Home Phone _____

Cell/Beeper Number _____

Mother's Name of Employer _____

Work Address _____

Work Phone _____ Work Extention _____

Father's Name of Employer _____

Work Address _____

Work Phone _____ Work Extention _____

IN CASE OF EMERGENCY CALL/CONTACT:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Date _____

IRVINGTON PUBLIC SCHOOLS

Irvington, New Jersey 07111

School _____

SOCIAL SERVICES AND HEALTH HISTORY

Child's Name _____ Date of Birth _____ Age _____ Phone _____
Last Name First Middle Initial

Father's Name _____ Mother's Name _____ Guardian's Name _____

6. Does any close relative in the child's family have a history of : (check all that apply):
Anemia _____ Asthma _____ Birth Defect _____ Cancer _____ Diabetes _____ Epilepsy _____ Heart Disease _____
Learning Problems _____ Mental Impairment _____ Sickle Cell Anemia _____ Other _____
7. During the pregnancy with this child, did the mother have any medical problem (e.g. High Blood pressure, kidney infection or exposure to other infectious diseases)? Yes () or No () If yes, explain _____
8. During the pregnancy with this child, did the mother smoke cigarettes? Yes () or No () Did the mother consume alcohol,? Yes () or No ()
Consume any substance (Drugs or any medication other than vitamins or iron? Yes () or No () _____
9. Were there any problems during labor or delivery? Yes () or No () Comments _____
10. How long did labor last? _____ Was the child's breathing normal? Yes () or No () Birth Weigh: _____
11. How long did the child remain in the hospital? _____ Did the child leave the hospital with his/her mother Yes () or No ()
12. What age did you child: Walk alone _____ Talk (2 words together)? _____ Become potty trained? _____ Is bed wetting a problem? Yes () or No () if yes, please explain _____
13. Has the child been hospitalized for any reason since birth? Yes () or No () If yes, When _____ Why _____
14. Are there any problems in the home, which might affect your child's learning? Yes () or No () Explain _____
15. Is there anything more about the child's health that you think is important for us to know? Yes () or No () Explain _____

PERMISSION FOR RELEASE OF RECORDS AND HEALTH SCREENINGS

I agree or permit that my child _____ may participate in the following health activities:

Height Yes () or No () Weight Yes () or No () Vision Screening Yes () or No () Hearing Screening Yes () or No ()
Dental Screening Yes () or No () Physical Examination Yes () or No ()

If you wish to be present during any screening, please contact school. Parents are notified if a child needs further evaluation. If for some reason a parent is unable to provide for further services please contact the school.

My signature indicates that I have the legal right to authorize the release of any medical information to process this application.

Parent/Guardian's Signature _____ Date _____

Recorded voice or Image Release

I the undersigned, hereby grant full permission to the Irvington Board of Education, Irvington, New Jersey, to record the image of or voice of the herein listed individual while that individual is participating in any school related or sponsored activity.

I authorize the copyright, use distribution without limitation of these recordings and their derivatives for the use of the Irvington Board of Education.

Child's Name _____
Please Print

Address _____
Please Print

Please Print

Parent Signature _____ Date _____

I certify that I have the legal right to sign for the above mentioned underage individual.

Parent's Name _____

Address _____
Please Print

Parent Signature _____ Date _____