



**Irvington Public Schools
Office of Early Childhood**

97 Augusta Street, Second Floor, Suite 219, Irvington, New Jersey 07111
Phone: 973-399-3942 EXT. 1512/ Fax: 973-399-7692

Tawana Moreland, Director

Lia Skibniewski, Supervisor

New Registration Enrollment Application

To register for the September 2021-2022 Preschool Program, the child must be 3 or 4 years old on or before October 1st.

****MUST BE AN IRVINGTON RESIDENT TO BE ELIGIBLE****

The following items must be submitted to complete your child's registration:

1. Birth Certificate/Passport/Visa/Green Card
2. Immunization Record
3. Physical Health Form (*Completed, Dated, Signed/Stamped By Physician*)
4. Lead Level Test with date and results of the test - **AFTER AGE 2**
5. Current Proof of Residency (**ONLY ONE PROOF IS NEEDED FROM THE LIST BELOW**):

Select one of the following proofs of residency

- Current PSE&G Bill
- Current Cable Bill
- Homeowner's Tax Bill
- Current Mortgage Statement
- Current Year Lease
- Notarized letters are accepted from the person you reside along with current proof of address for that person.
 - Must be signed and dated by Landlord and Tenant
 - If the parent or guardian's name is different on the child's birth certificate or proof of residence, please bring in a birth certificate, marriage certificate, or supporting document for verification.
 - Please note: Residency checks will be initiated for any notarized letter from a family member. A family member who signs a notarized letter will be held liable for tuition if it is found that the child does not reside at the address listed on the notarized form. Proof of residency is needed for any person who writes a notarized letter.

Please submit any address changes to the Office of Early Childhood Registration Department located at 97 Augusta Street, Irvington, NJ 07111.

All required forms are located on the district website

<https://irvington.k12.nj.us/curriculum/early-childhood/ec-registration/>



Scan image with your phone's camera for more information



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ENROLLMENT FORMS CHECKLIST

SCHOOL YEAR 2021-2022

The following items must be submitted to complete your child’s Registration application

1. *	Birth Certificate / Passport / Visa / Green Card			
2. *	Immunization Record			
3. *	Physical / Examination-Health (Must be Completed, Dated, Signed and Stamped By Physician)			
4. *	Lead Test with Date and Results (after 2 years old)			
5. *	Current Proof Residency: PSE&G, Mortgage Statement, current year Lease, current month-to-month Lease, Cable Bill, Homeowner’s Tax Bill or Notarized Letter from whom you reside with along with their current proof of residency.			
6.	Custody Papers (if Applicable)			
7.	Registration and Background Information Form			
8.	Medical Emergency Release Form			
9.	Health History / Consent			
10.	Record Voice or Image Release Form	<table border="1"> <tr> <td>Y</td> <td>N</td> </tr> </table>	Y	N
Y	N			
11.	Emergency Contact Information Form			
12.	Home Language Survey			

*** Required Documents for Registration**

Preschool Attendance Policy: Parents must contact the school by 9:00 am if your child will be absent. Schools must attempt to contact parents/guardians within 2 hours after it has been



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determined that their child is not in attendance and the school has not been notified. Family workers/social workers/teachers will contact families and document the call. After the second unexcused absence, the parent/guardian will meet with the Director/Administrator. The Director/Administrator's role is to explain the importance of students attending school daily, and the valuable instruction lost when their child is absent. The Director will explain that they are required to drop students from the program after (ten) 10 consecutive days of absences. This does not include students with medical issues.

Parent Signature: _____ **Date:** _____

**To help us meet your child's educational needs, please complete the following questions:
Pou ede nou reponn a bezwen edikasyonèl pitit ou, tanpri reponn kesyon sa yo:
Para ayudarnos con las necesidades educativas de su hijo, complete las siguientes preguntas:**

Child's Primary Language: _____

(Idioma primaria de su niño)

(Langaj primodial timounn nan)

Are there any additional languages spoken in the home? Yes _____ No _____

(Hablan otro idioma adicional en la casa?)

(Èske gen oken lang tradisyonel ki pale nan kay la?)

Does your child wear diapers/pull-ups Yes _____ No _____

(Está usando su niño pañales?)

(Èske ti mounn nan mete diapè?)

Has your child previously attended daycare or preschool? Yes _____ No _____

(Ha estado su niño en daycare o preescolar anteriormente?)

(Èske pitit ou te nan daycare ou byen preskolè avan)

Name of School: _____ **Years attended:** _____

Is your child currently in Early Intervention? Yes _____ No _____

(Está recibiendo su niño intervención temprana actualmente?)

(Èske pitit ou aktyèlman nan Early Intervention?)

Does your child have any siblings currently enrolled in IPS? Yes _____ No _____

(Èske pitit ou gen frè ak sè ki aktyèlman nan Lekòl Piblik Irvington?)

(Tiene su niño hermanos actualmente en las escuelas de Irvington?)

School _____	Grade _____	School _____	Grade _____
Lekòl	Klas	Lekòl	Klas
Escuela	Grado	Escuela	Grado
School _____	Grade _____	School _____	Grade _____
Lekòl	Klas	Lekòl	Klas
Escuela	Grado	Escuela	Grado

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2021 - 2022 School Year



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ABOUT THE CHILD / SOBRE EL NIÑO/ AU SUJET DE L'ENFANT

1. **Last Name of Child / Apellido del Niño/a *Required Field/ Información necesaria/ Dernier nom d'enfant**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. **First Name of Child / Nombre del Niño/a *Required Field/ Información necesaria/ Prénom d'enfant**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. **Middle Name of Child – If applicable. / Segundo Nombre – Si es aplicable./ Deuxième prénom d'enfant**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. **Generation Code or Suffix – If applicable, for example: Jr., Sr., III.**

Código de clasificación de la generación o Sufijo – Si es aplicable, por ejemplo: Jr., Sr., III.

Code ou suffixe de génération – si c'est approprié, par exemple : Jr., Sr., III.

--	--	--

5. **Address of Child/Dirección del Niño/a *Required Field/ Información necesaria**

Street/ Calle / Adresse d'enfant

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Apartment/Apartamento/ Appartement

--	--	--	--	--	--

City, State, Zip/Ciudad, Estado, Codigo Postal/ Ville, État, Code Postal

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. **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)

		-			-			
--	--	---	--	--	---	--	--	--

7. **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)



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8. 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.

<input type="checkbox"/>	Female	Femenino	Femelle
<input type="checkbox"/>	Male	Masculino	Mâle

9. 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.

<input type="checkbox"/>	No, not Spanish/Hispanic/Latino.	No, no es Español/Hispano/Latino.	Non, pas Spanish/Hispanic/Latino.
<input type="checkbox"/>	Yes, Mexican, Mexican American, Chicano	Sí, Mejicano, Mejjicano-Americano, Chicano	Oui, Mexicain, Américain Mexicain, Chicano
<input type="checkbox"/>	Yes, Puerto Rican	Sí, Puertorriqueño	Oui, Puerto Rican
<input type="checkbox"/>	Yes, Cuban	Sí, Cubano	Oui, Cubain
<input type="checkbox"/>	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.)

10. 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.

<input type="checkbox"/>	White	Blanco	Blanc
<input type="checkbox"/>	Black or African American	Negro o Americano Africano	noir ou Afro-Américain
<input type="checkbox"/>	American Indian or Alaska Native	Indio Nativo de América o Nativo de Alaska	Indien d'Amérique ou indigène de l'Alaska
<input type="checkbox"/>	Asian or Pacific Islander	Nativo de la Isla de Asia o del Pacífico	Insulaire asiatique ou Pacifique
<input type="checkbox"/>	Some other race (Print race.)	Otra raza (Indique la raza.)	Une autre course(Identite Racial)

11. 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.

<input type="checkbox"/>	English	Inglés	Anglais
<input type="checkbox"/>	Spanish	Español	Espagnol
<input type="checkbox"/>	Arabic	Arabe	Arabe
<input type="checkbox"/>	Chinese	Chino	Chinois
<input type="checkbox"/>	Creole (Haitian)	Creole (Haitiano)	Créole (Haïtien)
<input type="checkbox"/>	Gujarati	Gujarati	Gujarati
<input type="checkbox"/>	Korean	Coreano	Coréen
<input type="checkbox"/>	Polish	Polaco	Poli
<input type="checkbox"/>	Portuguese	Portugués	Portugais
<input type="checkbox"/>	Russian	Ruso	Russe
<input type="checkbox"/>	Urdu	Urdu	Urdu
<input type="checkbox"/>	Some other language (Print language.)	Otro lenguaje (Indique el lenguaje.)	Une autre langue (Indiquer la Langue)



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12. 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.

<input type="checkbox"/>	No	No	Non
<input type="checkbox"/>	Yes (Print problem or condition.)	Sí (Indique en letra de imprenta el problema o condición.)	Oui (problème ou état d'impression.)

13. 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.

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

14. Who does the child live with?

¿Con quién el niño vivo?

Avec qui l'enfant de phase ?

<input type="checkbox"/>	Mother and Father	Madre y padre	Mère et père
<input type="checkbox"/>	Mother Only	Madre Solamente	Mère Seulement
<input type="checkbox"/>	Father Only	Padre Solamente	Père Seulement
<input type="checkbox"/>	Grandmother	Abuela	Grand-mère
<input type="checkbox"/>	Grandfather	Abuelo	Grand-père
<input type="checkbox"/>	Other (Specify)	Otro (Especifique)	Autre (Indiquez)

15. 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 ?

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



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MEDICAL EMERGENCY RELEASE/TREATMENT FORM

MEDICAL INFORMATION:

Existing Medical Problems/Problemas Medico: Yes/Si () or No ()

If yes please explain/Explicar _____

Allergies to Food/Medicine etc/Allergias a Comida o Medicina: Yes/Si () or No ()

If yes please explain/Explica _____

Does your child take Medication? Su hijo(a) toma Medicina Yes/Si () or No ()

If yes give name of medication (s)/Nombre Medicina _____

Child's Doctor/Clinic Name _____ Phone _____

Nombre del Doctor o Clinica _____ Telefono _____

Choice of Hospital when possible/Nombre de Hospital _____ Phone/Telefono _____

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

Medical Insurance Co./Seguro Medico _____ ID# _____

Subscriber's Name/Nombre de Subscridor _____

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/Firma Del Padre

Date/Fecha

THE SCHOOL MUST BE NOTIFIED OF ANY CHANGES
LA ESCUELA DEBE SER NOTIFICADA DE CUALAQUIER CAMBIO



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**HEALTH HISTORY
HISTORIA DE SALUD**

Child's Name/Nombre del niño(a) _____

_____ Last Name/Apellido _____ First/Nombre _____ Middle Initial _____
Date of Birth/Fecha Nacimiento _____ Age/Edad _____ Phone/Telefono _____

Father's Name/Nombre Padre _____ Mother's Name/Nombre Madre _____

Guardian's Name _____

- How many Adults in the household _____ This child is _____ in the family Brothers _____ Sister _____ Cuantos Adultos viven en la casa _____
- With whom does the child live?/Con quien vive su hijo(a) _____ (mother, father, grandparent, guardian, etc.)
- How is healthcare provided for this child?/Que seguro tiene? Private Insurance/Privado () Social Security ()

Medical/Medicaid ()

Other/Otro () _____

4. Name of Physician/Clinic/Nombre del Doctor _____ Address/Dirreccion _____
Phone/telefono _____

- Does your child have or has your child had a health problem (check all that apply):
Su hijo (a) tiene una de estas conficiones medica (marque todo que le applique)

CONDITION	YES	NO	COMMENT
Allergies/Allergias			
Asthma/Asma			
Cancer			
Change in Eating Habits/Cambios en la comida			
Chicken Pox/Viruelas			
Chronic Fatigue/Tiredness/Fatiga/Cansancio			
Clumsiness/Cordinacio			
Congenital Heart Disease/Problems del Corazon			
Diabetes/Diabetis			
Dry or Hacking Cough/Tos Cronica			
Earache or Ear Infections/Infeccion al Oido			
Eczema			
Epilepsy or Convulsions/Convulsions o Epilepsia			
Eye or Vision problems/Problems de Vision			
Fractures or dislocation of Bones/Fracturas de Hueso			
Headache/Dolor de Cabeza			
Hearing problems/Problems de Escuchar			
Heart Murmur/Murmores del Corazon			
High Blood Pressure/Pression Alta			
HIV			
Kidney Disease/Problemas del rinon			
Lead Poisoning/Plomo			
Loss of Weight/Over Weight/Aumento O Perdida de Peso			
Mononucleosis/Monocluosis			
Mumps/Papera			
Nose Bleeds/Sangre por la Nariz			
Rheumatic Fever/Fiebre Reamatica			
Ring Worm "Teetis"/Ronchas			



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	Y	N	
Rubella			
Scarlet Fever/Fiebre Alta			

CONDITION	YES	NO	COMMENT
Sickle Cell Anemia/Anemia			
Sleeplessness/Cansancio			
Surgery/Cirujia			
Toothache or problems/Dolor a los dientes o problemas			
Tuberculosis (TB)			
Ulcers or Stomach problems/Ulceras			
Other (specify)/Otro (specifique)			

6. Does any close relative in the child's family have a history of: (check all that apply):
Si su Hijo(a) tiene familia con Historia Medica: (Marque Todo lo que applique) _____ Anemia
 ___Asthma/Asma _____ Birth Defect/Nacimiento ___Cancer ___Diabetes/Diabetis ___Epilepsy/Epilepcia _____ Heart
 Disease/Condicion Corazon ___Learning Problems/Problemas de aprender ___Mental Impairment _____/Problemas Mentales _____
 Sickle Cell Anemia ___Other/Otro _____
7. During the pregnancy with this child, did the mother have any medical problem? Durante su embarazo tuvo problemas medicos? (e.g. High Blood pressure, kidney infection or exposure to other infectious diseases)? Ye/Sis () or No () If yes, explain/Explique _____

8. During the pregnancy with this child, did the mother smoke cigarettes? Yes/Si () or No () Did the mother consume alcohol,? Yes () or No () Consume any substance (Drugs or any medication other than vitamins or iron? Durante su embarazo fumaba? Consumia Bebidas Alcolicas? Tomaba Medications Yes/Si () or No () _____
9. Were there any problems during labor or delivery? Tuvo complicaciones durante embarazo? Yes/Si () or No ()
 Comments/Comentarios _____
10. How long did labor last? Cuanto Duro el Parto? _____ Was the child's breathing normal? Su hijo (a) Respira normal al nacer Yes/Si () or No () Birth Weigh: _____
11. How long did the child remain in the hospital? Cuanto tiempo estuvo en el Hospital _____ Did the child leave the hospital with his/her mother/Su jiho salio del hospital con sus madre Yes/Si () or No ()
12. What age did your child: Walk alone/Que edad camino _____ Talk/Hablar (2 words together)? _____ Become potty trained? /Fue al bano _____ Is bedwetting a problem?/Se horina en cama ?Yes/Si () or No () if yes, please explain _____

13. Has the child been hospitalized for any reason since birth? Su hijo(a) estado en el hospital? Yes/Si () or No () If yes, When _____ Why/Porque _____
14. Are there any problems in the home, which might affect your child's learning? Hay algun problema en casa que afectar a su hijo(a) aprender? Yes/Si () or No () Explain/Explique _____
15. Is there anything more about the child's health that you think is important for us to know? Yes/Si () or No () Explain/Explique Hay algo que debemos saber de su hijo(a) condicion medica que usted crea ser importante?

**PERMISSION FOR
RELEASE OF RECORDS AND HEALTH SCREENINGS**



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

Height/Alutra	Yes/Si () or No ()
Weight/Peso	Yes/Si () or No ()
Vision Screening/Examen Visual	Yes/Si () or No ()
Hearing Screening/Examen de Escuchar	Yes/Si () or No ()
Dental Screening/Examen Dental	Yes/Si () or No ()

If you wish to be present during any health screening, please contact your child's school. Parents will be notified if their child requires additional health services based on the health screenings' results. Parents can contact the child's school for additional information.

Si desea estar presente durante cualquier proyección, comuníquese con la escuela. Los padres serán notificados si su hijo requiere servicios de salud adicionales según los resultados de los exámenes de salud. Los padres pueden comunicarse con la escuela del niño para obtener información adicional.

Si ou vle prezan pandan nenpòt tès depistaj, tanpri kontakte lekòl la. Y ap fè paran yo konnen si pitit yo bezwen sèvis sante adisyonèl ki baze sou rezilta tès depistaj sante yo. Paran yo ka kontakte lekòl timoun nan pou plis enfòmasyon.

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

My firma indica que yyo tengo todo el derecho para autorizar la libertad de toda informacion medica para procesar esta aplicacion.

Siyati mwen endike ke mwen gen dwa legal pou mwen otorize pou yo divulge nenpòt enfòmasyon medikal pou trete aplikasyon sa a.

Parent/Guardian's Signature: _____ Date: _____



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RECORDED VOICE OR IMAGE RELEASE

The undersigned hereby grant full permission to the Irvington Board of Education, Irvington, New Jersey, to record the herein listed individual's age or voice 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 to use the Irvington Board of Education.

Child's Name: _____

Address: _____

Parent Signature: _____

Date: _____

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

Parent's Name: _____

Address: _____

Parent Signature: _____

Date: _____



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2021-2022 EMERGENCY CONTACT INFORMATION FORM

Child's Name: _____ Homeroom: _____ Grade: _____ Teacher: _____

Home Address: _____ Telephone Number(s): _____

Mother's Name: _____ Father's Name: _____

Home Address (if different from student): _____ Home Address (if different from student): _____

Place of Business: _____ Place of Business: _____

Business Address: _____ Business Address: _____

Business Telephone #: _____ Business Telephone #: _____

E-mail address: _____ E-mail address: _____

*ALLERGIES (Please List All): _____

In case of an emergency, in my/our absence, the following (relative, neighbor or friend) is/are AUTHORIZED to act for me/us on behalf of my/our Child. Please be sure the following people have consented to act on your behalf.



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Child's Name: _____

Classroom: _____

Grade: _____

Teacher: _____

Contact #1

Name: _____

Telephone #: _____

Address: _____

Contact #2

Name: _____

Telephone #: _____

Address: _____

Contact #3

Name: _____

Telephone #: _____

Address: _____

Contact #4

Name: _____

Telephone #: _____

Address: _____

Contact #5

Name: _____

Telephone #: _____

Address: _____

Other Instructions:

Signature of Parent/Guardian: _____ Date: _____

Information must be updated as necessary for the safety of your child.



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OFFICE USE ONLY

TEACHER COPY

CHILD'S NAME: _____ **SCHOOL:** _____

TEACHER: _____ **POWER SCHOOL ID #:** _____

DATE OF BIRTH: _____ **AGE** _____ **M** _____ **F** _____

PRIMARY LANGUAGE: _____ **SECONDARY LANGUAGE:** _____

DAYCARE, NURSERY SCHOOL, OR PRESCHOOL PREVIOUSLY ATTENDED:

Received Early Intervention Services? Y _____ **N** _____

The number of years: _____

Wears diapers/pull-ups: Yes _____ **No** _____