



**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

Re-Registration Enrollment Application

To re-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****

To Re-register for the September 2021-2022 Preschool Program, the following items must be submitted to complete your child's application.

- 1. Birth Certificate/Passport/Visa/Green Card**
- 2. Immunization Record**
- 3. 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/>





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Scan image with
your phone's
camera for more
information

ENROLLMENT FORMS CHECKLIST

2021-2022 SCHOOL YEAR

The following items must be submitted to complete your child's Re-Registration application

1. *	Birth Certificate / Passport / Visa / Green Card			
2. *	Immunization Record			
3. *	Current Proof Residency: PSEG, Cable Bill, Homeowners Tax Bill, Mortgage Statement, current year or Lease or Notarized Letter from whom you reside with along with their current proof of residency.			
4.	Custody Papers (if Applicable)			
5.	Does the applicant have a change of address/telephone number? Circle one Yes or No. If yes, please provide a new address on the Change of Address Form. (FOR UPDATE ONLY)			
6.	Re-Registration and Background Information Form			
7.	Medical Information Form			
8.	Health History /Consent			
9.	Recorded Voice or Image Release Form	<table border="1"> <tr> <td>Y</td> <td>N</td> </tr> </table>	Y	N
Y	N			
10.	Emergency Contact Information Form			
11.	Home Language Survey			

*** Required Documents for Registration**



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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 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 primordial 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?)



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

CHANGE OF ADDRESS FORM

(New Address Only)

CHILD'S NAME: _____

PRESCHOOL NAME: _____

NEW ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

HOME TELEPHONE: _____

CELL NUMBER: _____

WORK ADDRESS: _____

WORK TELEPHONE: _____



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**Re-Registration Enrollment Application
2021-2022 School Year**

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, Código 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)

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



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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)

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, Mejicano-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 ? Marquez 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	Américain noir ou africain
<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.)



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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.

English	Inglés	Anglais
Spanish	Español	Espagnol
Arabic	Arabe	Arabe
Chinese	Chino	Chinois
Creole (Haitian)	Creole (Haitiano)	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 (Indiquer la Langue.)

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.

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

MEDICAL EMERGENCY RELEASE/TREATMENT FORM



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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 CUALQUIER CAMBIO**



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HEALTH HISTORY

School: _____ Date _____

Child's Name: _____ Date of Birth _____ Age _____ Phone _____

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

1. Are there any problems in the home, which might affect your child's learning? Yes () or No ()

If yes explain _____

2. Is there anything more about the child's health that you think is important for us to know? Yes () or

No () If yes explain _____

THE SCHOOL MUST BE NOTIFIED OF ANY CHANGES

PERMISSION FOR RELEASE OF RECORDS AND HEALTH SCREENINGS

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 tè depistaj, tanpri kontakte lekòl la. Y ap fè paran yo konnen si pitit yo bezwen sèvis sante adisyonèl ki baze sou rezilta tè 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 divilge 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: _____ Homeroom: _____ 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** _____