



Edgewater School District
Building a Better World, One Student at a Time

George Washington School
801 Undercliff Avenue Edgewater, NJ 07020
201-886-3480

Mr. Billy Cunningham
Principal
bcunningham@edgewaterschools.org

PRE-K REGISTRATION
For Edgewater Residents Only
At the George Washington School Main Office
801 Undercliff Ave, Edgewater

Please be advised you must bring the following information in order to register your child for Pre-K in the Edgewater School District for the 2023-2024 school year. Only a parent or legal guardian may enroll the child. Your child does not need to be present for registration.

- 1) Proof of child's date of birth
 - a) Original birth certificate *or*
 - b) Passport (if born outside the US)
- 2) Proof of Edgewater residency:
 - a) If homeowner: mortgage statement, property tax bill, or a copy of your deed
 - b) If renting: your current lease, signed and dated AND a notarized landlord affidavit
- 3) **TWO** utility bills, e.g., PSE&G, water bill, cable/phone dated within the last 60 days
- 4) Registration forms
- 5) Health Records
 - a) Current immunization records (up-to-date immunization records must be submitted before a child can attend school)
 - b) Physical examination completed by a physician
 - c) Medical authorization form (if your child is required to take prescription or non-prescription medication during school hours)
- 6) Home Language Survey
- 7) Deposit of **\$1,200 (check made payable to Edgewater Board of Education)** as well as the signed tuition agreement
- 8) If applicable
 - a) IEP and/or Evaluations
 - b) Free and Reduced Price School Meals Household Application (available on the website)

Please note, your child must be four years old by **October 1, 2023** in order to attend Pre-K.

Thank you,

Billy Cunningham
Principal, George Washington School

Edgewater Board of Education Registration Form (PreK and Kindergarten)

PLEASE PRINT

Directions to Parent/Guardian: The questions on this form must be completed at the time of enrollment. Some responses are optional to protect the privacy of student or family, however, the parent or guardian should understand that his/her responses to these questions will be of great help to the district and the state in planning a program that meets the unique needs of his/her child. If the parent or guardian declines to respond to a question, leave the item blank.

STUDENT INFORMATION

Date of Enrollment _____ Gender of Child Male Female

First Name of Child _____ Last Name of Child _____

Middle Name of Child _____ Generation Code/Suffix (Jr., Sr., III) _____

Birth Date (MM-DD-YYYY) _____ Nickname: _____

Authenticity of Birth (office use only) _____

Child's City of Birth _____ Child's State of Birth _____ Child's Country of Birth _____

Date of entry in U.S. _____ Date student started school in U.S. _____

Number of siblings: Older sisters _____ Younger Sisters _____ Older Brothers _____ Younger Brothers _____

Race Check one or more boxes to indicate the race/ethnicity that you consider your child consider to be:

- American Indian or Alaska Native
 Black or African American
 White
 Asian
 Native Hawaiian or other Pacific Islander

Ethnicity of Child Hispanic or Latino Non-Hispanic or Latino

Native Language of Child. The language or dialect first learned by an individual or first used by the Parent/Guardian with child. The term is often referred to as the first language spoken. A representative sample of languages in New Jersey is listed below. Select the box to indicate the native language of the child.

| | | |
|--|--|--|
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Armenian (Hayeren) | <input type="checkbox"/> Hindi | <input type="checkbox"/> Sindhi |
| <input type="checkbox"/> Bengali (Bengabhasa, Bangala, Bangla) | <input type="checkbox"/> Italian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Cantonese (Yue, Toishan, Taishan) | <input type="checkbox"/> Japanese | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Dari (Afghan, Persian) | <input type="checkbox"/> Korean | <input type="checkbox"/> Telugu |
| <input type="checkbox"/> English | <input type="checkbox"/> Malayam | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Mandarin (Chin, Kuoyu, Pekingese, N. Chinese, Putongua) | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Panjabi (Punjabi) | <input type="checkbox"/> Other (please specify): |

NOTE: Please read the following definitions pertaining to resident status carefully before answering the questions.

Is the student eligible for migrant education services? A "migratory child" means a child who is, or whose parent or spouse is, a migratory agricultural worker, including a dairy worker or a migratory fisher, and who in the preceding 36 months, in order to obtain, or accompany such parent or spouse, in order to obtain temporary or seasonal employment in agricultural or fishing work -- has moved from one school district to another or resides in a school district of more than 15,000 square miles, and migrates a distance of 20 miles or more to a temporary residence to engage in a fishing activity.

Yes No

Is the student homeless? A student shall be considered homeless if any of the following conditions apply:

1. Resides in a supervised publicly or privately operated shelter designed to provide temporary living accommodations.
2. Resides in an institution that provides a temporary residence of individuals intended to be institutionalized.
3. Resides in a public or private placed not designed for or ordinarily used as a regular sleeping accommodation for human beings.
4. Lives with a parent in a domestic violence shelter.
5. A runaway living in a shelter.
6. A school-aged mother residing in a home for adolescent mothers.
7. A sick or abandoned child residing in a hospital and would otherwise be released if he or she had a permanent residence.
8. The child of a homeless family, which is out of necessity living with relatives or friends.
9. The child of a migrant family, which lacks adequate housing.
10. Finally, a child or youth shall be considered homeless when a dispute occurs regarding the determination of homelessness, the involved districts shall immediately notify the county superintendent of schools (regional assistant commissioner), who shall decide the status of the child within 48 hours.

Yes No

Is the student qualified to receive federal support as an immigrant? An immigrant is a student who is age 3 to 21 and was NOT born in the US, and has not been attending one or more schools in one or more states for more than three full academic years.

Yes No

Is the student a dependent of a member of the Active Duty Forces (full-time) - Army, Navy, Air Force, Marine Corps, Coast Guard or National Guard?

Yes No

FOR OFFICIAL USE ONLY

EFFECTIVE ENTRANCE DATE _____ TEACHER/GRADE _____

STUDENT ID _____ NJSMART ID _____

BUS ASSIGNMENT AND STOP _____ ADMINISTRATOR'S APPROVAL: _____

FAMILY INFORMATION

Please provide the legal residence and phone number of:

Student's Name: _____ Home tel. number _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

PARENT 1

PARENT 2

| | | | |
|---------------|--|---------------|--|
| Name | | Name | |
| Gender | | Gender | |
| Address | | Address | |
| Work Phone | | Work Phone | |
| Cell Phone | | Cell Phone | |
| Email Address | | Email Address | |

Marital status of parents (optional): Single Married Is there a court order on file? Yes No

Are there custody issues? Yes No If so, who has legal custody of the student? _____

| STEP-MOTHER | | STEP-FATHER | | OTHER LEGAL GUARDIAN | |
|-------------|--|-------------|--|----------------------|--|
| Name | | Name | | Name | |
| Address | | Address | | Address | |
| Work Phone | | Work Phone | | Work Phone | |
| Cell Phone | | Cell Phone | | Cell Phone | |

List two neighbors or nearby relatives who will assume temporary care of your child if you cannot be reached:

1. EMERGENCY CONTACT: _____ Relationship to student: _____

Address: _____

Home telephone number: _____ Cell/ work number: _____

2. EMERGENCY CONTACT: _____ Relationship to student: _____

Address: _____

Home telephone number: _____ Cell /work number: _____

I certify that the information given above is true to the best of my knowledge and belief.

Date _____

Parent Signature _____

HEALTH INSURANCE INFORMATION

Does your child have Health Insurance?

YES _____ Name of insurance company: _____

NO _____

NJ Family Care provides free or low cost health insurance for uninsured children and certain low income parents. For more information, call 1-800-701-0710 or visit www.njfamilycare.org to apply online.

YES _____ You may release my name and address to the NJ Family Care Program to contact me about health insurance.

NO _____ You may not release my name and address to the NJ Family Care Program to contact me about health

SIGNATURE OF PARENT/GUARDIAN : _____

PRINTED NAME: _____ DATE: _____

Written consent required pursuant to 20 U.S.C. § 1232g (0)(1) and 34 C.F.R. 99.30 (b).

List any medical/surgical care your child has received during the past year:

Dental Exam (Date): _____

Braces: Yes No

Eye Exam (Date): _____

Contacts: Yes No Glasses: Yes No

Please list any medications taken, disease or condition which the student has e.g., allergies, diabetes, seizures, asthma, heart condition, orthopedic problems., etc. Please advise if there are any medical/other measures which are necessary to ensure the health and welfare of your child.,

Doctor: _____ Telephone number: _____

Dentist: _____ Telephone number: _____

Hospital: _____ Address: _____ Tel. number: _____

I, the undersigned, do hereby authorize officials of the Edgewater School District to contact directly the persons named on this form and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child.

In the event that physicians, other persons named on this card, or parents cannot be contacted, the school officials are hereby Authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child.

I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

SIGNATURE OF PARENT/GUARDIAN: _____

PRINTED NAME: _____ DATE: _____

**EDGEWATER SCHOOL DISTRICT
PHYSICAL EXAMINATION FORM (Page 1 of 2)
TO BE COMPLETED AND SIGNED BY A PHYSICIAN**

Student's Name (Last, First, M.I.) _____ Date of Examination _____

_____/_____/_____
Date of birth Male Female _____
Grade/Teacher

Height: _____ Weight: _____ BP: _____ Pulse, resting _____

Vision: R 20/_____
L 20/_____
R 20/_____
L 20/_____
(without correction) (with correction)

Hearing: Right ear _____
Left ear _____

| | NORMAL | ABNORMAL | DESCRIPTION |
|---|--------|----------|-------------|
| Appearance, Nutrition | | | |
| Head, Neck (masses, ROM) | | | |
| Eyes (conjunctiva) | | | |
| Ears (infection, perforation, tubes) | | | |
| Nose (obstruction), Throat | | | |
| Mouth, Teeth | | | |
| Lymph nodes | | | |
| Chest and Lungs | | | |
| Cardiac (murmurs, clicks) | | | |
| Abdomen (scars, liver, spleen, masses) | | | |
| Back, Spine (deformity, ROM, scoliosis) | | | |
| Extremities (muscle weakness, injuries) | | | |
| Testes (presence, descent) | | | |
| Genitalia (hernia) | | | |
| Level of Maturation | | | |
| Neurological (reflexes, balance) | | | |

GENERAL CONDITION: _____

MAY _____ MAY NOT _____ participate in all physical activities.

OTHER MEDICAL CONDITIONS OR RESTRICTIONS: _____

**EDGEWATER SCHOOL DISTRICT
PHYSICAL EXAMINATION FORM (page 2 of 2)
TO BE COMPLETED AND SIGNED BY A PHYSICIAN**

Student's Name (Last, First, M.I.) _____ Date of birth / /

IMMUNIZATIONS

| VACCINE TYPE | 1 st Dose | 2 nd Dose | 3 rd Dose | 4 th Dose | 5 th Dose |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|
| | <u>Mo/Day/Yr</u> | <u>Mo/Day/Yr</u> | <u>Mo/Day/Yr</u> | <u>Mo/Day/Yr</u> | <u>Mo/Day/Yr</u> |
| Diphtheria, Pertussis, Tetanus, DPT, Tdap (if DT or TD please indicate) | | | | | |
| Polio Vaccine (indicate OPV or IPV) | | | | | |
| Measles, Mumps, Rubella (MMR) | | | | | |
| H Influenzae, Type, HIB | | | | | |
| Hepatitis B | | | | | |
| Varicella | | | | | |
| Pneumococcal | | | | | |
| Influenza | | | | | |
| Meningococcal | | | | | |

Mantoux Test Date: _____ Mantoux Test Results: _____

HEALTH HISTORY-DATES

Asthma _____ Measles _____ Mumps _____ Chicken Pox _____ German Measles _____
 Convulsions _____ Rheumatic Fever _____ Diabetes _____ Epilepsy _____
 Tuberculosis _____ Fractures _____ Operations _____ Emotional Problems _____
 Allergies (food and drug) _____
 Lead Levels _____ Results _____

 Print Physician's Name Physician's Signature

 Print Physician's Address

 Physician's Telephone Number Physician's Fax Number

**EDGEWATER SCHOOL DISTRICT
MEDICATION AUTHORIZATION FORM
NON-PRESCRIPTION and PRESCRIPTION DRUGS**

Dear Parent/Guardian,

In accordance with school policy and state mandates, if your child needs to take any prescription or over the counter medications during school, the following procedure must be followed before the school nurse will administer medication to your child. The four necessary requirements are:

- A. Provide written physician statement identifying the type, dosage and purpose of the medication.
- B. Provide written parent/guardian permission for nurse to give the medication prescribed by physician.
- C. Provide medication in original labeled pharmacy container (pharmacies will provide an extra labeled container) with the child's name, date, name of medication, dosage schedule and physician's name.
Nonprescription drugs are to be in original container.
- D. Parent/guardian (not the child) must bring in all medication to the school nurse.

PHYSICIAN AUTHORIZATION

I request that the Edgewater School District's School Nurse administer the following medication as prescribed to:

_____ Grade: _____
(Print name of pupil)

| <u>MEDICATION:</u> Please print below: | <u>DOSAGE</u> | <u>HOURS OF ADMINISTRATION</u> | <u>DATE TO START</u> | <u>DATE TO DISCONTINUE</u> |
|---|---------------|------------------------------------|--------------------------|--------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Diagnosis/reason medication is being administered: _____

Special instructions: _____

Possible side effects: _____

PHYSICIAN'S SIGNATURE: _____ DATE: _____

PHYSICIAN'S NAME & ADDRESS STAMP: _____

DR'S FAX: _____ DR'S PHONE: _____

PARENT/GUARDIAN AUTHORIZATION

I authorize the Edgewater School Nurse administer the above medication as prescribed.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Home #: _____ Work #: _____ Cell #: _____

Email address: _____

EDGEWATER SCHOOL DISTRICT

251 UNDERCLIFF AVENUE
EDGEWATER, NJ 07020
www.edgewaterschools.org

Phone (201) 945-4106
FAX (201) 945-4104

Request of Records

| | |
|--|--|
| STUDENT INFORMATION | |
| Last Name _____ First Name _____ | |
| Address _____ City _____ State ____ Zip _____ | |
| Phone _____ Date of Birth _____ Circle: Female / Male | |
| PREVIOUS SCHOOL | |
| Name of School _____ Circle: Public / Private | |
| Address _____ City _____ State ____ Zip _____ | |
| Phone _____ FAX _____ | |
| Last Day Student Attended _____ | |
| <p>I, _____, hereby give permission for release of the following records and for the school district to contact my child's former district for further information.</p> | |
| _____ | _____ |
| Signature of Parent/Guardian | Date |
| OFFICIAL RECORDS TO BE RELEASED | |
| Grades/Transcript - District/State Assessments - Health Records - Records/Reports completed by professional persons, agencies, Child Study, etc. - Disciplinary Records | |
| NJ State ID: _____ | Is the student in an ESL/Bilingual Program? Yes / No |
| | Does the student have an IEP? Yes / No |

Please send the school records to: George Washington School Attn: Records
801 Undercliff Ave., Edgewater, NJ 07020
Phone: 201-886-3480 ext. 1200
FAX: 201-224-0735

Requested By: _____
Date Requested: _____

Received By: _____
Date Received: _____

Parental permission is not required when the following mandated records are requested by authorized school personnel: transcript of grades, health records, attendance records, child study team records, and disciplinary records pursuant to N.J.A.C. 6:3-6:5.

EDGEWATER SCHOOL DISTRICT
251 UNDERCLIFF AVENUE
EDGEWATER, NJ 07020

LANDLORD AFFIDAVIT

Full Name of Landlord:
(print clearly)

Name of Tenant(s):
(print clearly)

Address of Tenant(s):
(print clearly)

Names of Child/Children
residing with Tenant
(print clearly)

I, the owner of the property listed above, hereby affirm that the parent(s)/guardian(s) of the child/children listed above, do reside at the above address in the Town of Edgewater. This is a _____ month to month, _____ yearly rental (check one).

I understand that if the residency information that I am providing is found to be false, I will be responsible – along with the person(s) named as the tenant(s) – for all the tuition costs and fees paid by the Edgewater Board of Education, in addition to any legal fees that may be incurred.

Further, I understand that any person – including landlords – who fraudulently allow a child of another person to use his or her residence or address and is not the primary financial supporter of that child, and/or any person who fraudulently claims to have given up custody of his or her child to a person in Edgewater commits a CRIMINAL OFFENSE which is punishable under the law.

LANDLORD'S SIGNATURE MUST BE NOTARIZED BY A NOTARY PUBLIC

Landlord's Signature: _____

Sworn & Subscribed to me on this day of: _____

Signature of Notary Public: _____

**Edgewater Schools
Home Language Survey
Parent/Guardian Questionnaire**

PLEASE PRINT

Child's name: _____ Date of birth: _____
(first) (middle) (last)

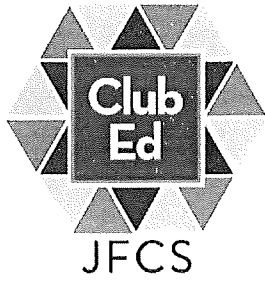
Date of school entrance: _____

Person completing the survey: Mother Father Grandparent Guardian Other

Please tell us about your child:

1. What language did the child learn when he/she first began to talk? _____
2. What language does the family speak at home most of the time? _____
3. What language (s) does the primary caregiver (s) speak to the child most of the time? _____
4. What language (s) does the child speak to his/her primary caregiver (s) most of the time? _____
5. What language (s) does the child speak to his/her brothers and sisters most of the time? _____
6. What language does the child speak to his/her friends most of the time? _____
7. Please list any schools your child attended before coming to our program:

8. In which language do you wish to receive information from the school? _____
9. What name do you use for your child (if different from above)? _____



ATTENTION EDGEWATER STUDENTS!

Applications will be available in June for the
Club Ed Afterschool Program
www.clubednj.org

homework help • enrichment activities • structured recreation

Who: Edgewater students entering Pre-K through 6th grade

Where: George Washington and Eleanor Van Gelder Schools

When: Monday to Friday; Dismissal to 6:00pm

Extended Hours: Club Ed will provide an additional hour from 6:00pm to 7:00pm for families interested (10 students minimum required per building to run program)

Subsidy: Available through Bergen County Office for Children for qualifying families

Registration fee, first month payment plus last month security deposit
due at time of registration.

Program start date: first full day of school

If you would like to receive an email
when applications become available,
please send an email to
clubed@jfcsnj.org with your child's
name and school.

For more information:
clubed@jfcsnj.org
201-837-9090 Ext. 240

EDGEWATER BOARD OF EDUCATION
Edgewater, New Jersey 07020
EDGEWATER PRESCHOOL PROGRAM
AT THE GEORGE WASHINGTON SCHOOL

TUITION AGREEMENT for Edgewater Residents

WHEREAS, the Board of Education of the Borough of Edgewater (hereinafter referred to as the "Board") operates a tuition based Pre-Kindergarten Class for students, who have reached age 4 (four) by October 1, 2023, and are domiciled in the Borough of Edgewater. Proof of residency is required. Class hours are 8:15 a.m. through 2:49 p.m., enrollment is for a 10 month school year following the calendar of the Edgewater School District.

WHEREAS, _____ is desirous of enrolling in the Edgewater Preschool Program of the Edgewater School District for the 2023-2024 school year; and

WHEREAS, the Board is willing to enroll said student in the Edgewater School District Preschool Program, provided the student pays the tuition set forth in this Agreement and complies with all of the rules and regulations of the school in which he/she is enrolled, the Edgewater Board of Education and the State Board of Education, and the laws of the State of New Jersey.

IT IS, THEREFORE agreed by the parties that the following paragraphs shall constitute the terms and conditions of this Tuition Agreement:

1. The Board hereby agrees to enroll _____ in the Edgewater Preschool Program at the Edgewater School District for the 2023-2024 school year and allow the student to attend classes associated with his/her level and participate in all activities of the school.
2. The parent(s)/guardian(s) of _____ hereby agree to pay the Board the sum of \$12,000.00 as tuition for the privilege of allowing their child to attend classes in the Edgewater School District for the 2023-2024 school year.
3. A **non-refundable deposit** of \$1,200.00 is due with submission of this agreement at registration. **This deposit will be applied to the June 2024 tuition.** The first payment of \$1,200.00 is due on or before August 1, 2023. Each additional payment shall be paid on a monthly basis (due the first day of each month). **Failure to make payments by the tenth of the month shall result in the immediate exclusion of the student from the Edgewater Public School District.**

PAYMENT OPTIONS (Please Check One)

Tuition for the Edgewater Preschool Program (Edgewater Residents)

_____ A. Full Payment of \$1,200.00 in advance due upon signing of Agreement and is nonrefundable.

_____ B. Deposit of \$1,200.00 due with submission of tuition agreement. First Payment of \$1,200.00 is due by August 1, 2023, which will be applied to the September tuition. Thereafter, eight (8) monthly payments of \$1,200.00 are due the first of each month (October through May).

4. The student hereby agrees and the parent(s)/guardian(s) hereby agree to ensure that their child complies with the rules and regulations of the school in which he/she is enrolled, the Edgewater Board of Education and the State Board of Education, and the laws of the State of New Jersey. Failure to comply with the foregoing laws, rules and regulations shall result in the imposition of disciplinary action, which may include the exclusion of the student from the Edgewater School District.

5. The parties hereto recognize that the student does not have the right to enroll in the Edgewater School District. Enrollment is a privilege that may be revoked by the Board at any time.

6. If the parent(s)/guardian(s) of _____ do not pay the tuition due under Paragraph 3 when it is due, _____ shall be excluded. If excluded for nonpayment of tuition, the parent(s)/guardian(s) of _____ must also pay all costs, including reasonable attorney fees, related to the collection of any moneys owed the Board.

7. Nothing contained in this Agreement shall be construed to obligate the Board to renew this Tuition Agreement in any subsequent school year.

8. Withdrawal requires one month notice. Once the month is paid for, tuition is not refundable.

WITNESS:

Parent/Guardian

Parent/Guardian

Date: _____

WITNESS:

Edgewater Board of Education
By:

Print Name: _____

Wally Lindsley
Board Secretary/
Business Administrator

Dated: _____