

# ROSELAND BOARD OF EDUCATION LESTER C. NOECKER SCHOOL

## Preschool Registration Packet 2022-2023

Dear Parents/Guardians:

Welcome to the Lester C. Noecker School's Integrated Preschool Program. The accuracy of information from this registration packet is very important. If you have any questions about the packet, please do not hesitate to contact Mrs. Catherine Overbeck, Administrative Assistant to the Superintendent, at 973-226-7644 x315 or [coverbeck@roselandnjboe.org](mailto:coverbeck@roselandnjboe.org).

Only a parent or legal guardian may register a student in the Roseland School District. Exceptions to this rule are affidavit students or New Jersey Division of Child Protection and Permanency (formerly DYFS) placement students as explained in number 2 below.

**At the time of registration, the items indicated below and the pages following this page must be completed correctly for Mrs. Overbeck to process your child's preschool registration packet. Any incorrect information will hold up the registration process for your child. Copies cannot be made at the school.**

### STUDENT INFORMATION

1. Certified proof of age
2. Immunization form – a district form signed by a physician **or** your own doctor's immunization card filled out and signed, (original)
3. Physical examination, dated within 365 days of the child's last exam, (copy) and if applicable
4. Custody papers or notarized statement from non-custodial parent if parents are living apart. If a notarized statement cannot be obtained from the non-custodial parent, a notarized statement from the custodial parent must be submitted. (copy)

#### 1. PROOF OF RESIDENCY

##### A. Homeowners will need to provide the following documents:

- Deed, affidavit of title, settlement statement, tax bill or a current mortgage statement, and
- Public Service Electric and Gas (PSE&G) bill, with most recent date.

##### B. Renters will need to provide the following documents:

- Current lease or if you do not have a lease, the Owner/Landlord Affidavit form (part of packet) filled out and notarized by your landlord, and
- Public Service Electric and Gas (PSE&G) bill, with most recent date. If the PSE&G bill is not in your name, please provide two (2) pieces of current legal mail in your name (see examples on the next page).

##### C. If you and your child(ren) live with a friend or relative who owns the home in which you reside, you must provide the following documents:

- Owner/Landlord Affidavit form (part of packet) filled out and notarized by the resident (the person with whom you are residing), and

- Resident’s current tax bill or current mortgage statement or deed, and
- Resident’s most recent Public Service Electric and Gas (PSE&G) bill, and
- Two (2) pieces of current legal mail in your name (see examples on the next page).

**D. If you and your child(ren) live with a friend or relative who is a renter and has a current lease, you must provide the following documents:**

- Your friend’s or relative’s current lease, and
- Resident/Tenant Affidavit form (part of packet) filled out and notarized by the person with whom you are residing, and
- Your friend’s or relative’s most recent Public Service Electric & Gas (PSE&G) bill, and
- Two pieces of current mail in your name (see examples below).

**E. If you and your child(ren) live with a friend or relative who is a renter but DOES NOT have a lease, you must provide the following documents:**

- Owner/Landlord Affidavit form (part of packet) filled out and notarized by the owner or landlord of the property/building, and
- Resident/Tenant Affidavit form (part of packet) filled out and notarized by the person with whom you are residing, and
- Your friend’s or relative’s most recent Public Service Electric and Gas (PSE&G) bill, and
- Two pieces of current mail in your name (see examples below).

**Examples of current legal mail include:**

Home phone bill	Medical bill	Employee verification
Credit Card bill	Driver’s license	Life Insurance bill
Cable bill	Car insurance	
Car Registration	State benefit forms/statements	

**2. AFFIDAVIT STUDENTS AND DIVISION OF CHILD PROTECTION & PERMANENCY PLACEMENTS (FORMERLY DYFS)**

- A. **Affidavit Students** must submit an **Affidavit Registration Packet** (forms are available in the Registration Office).
- B. **Division of Child Protection and Permanency (formerly DYFS) Placements** require submission of a court order or an equivalent document from the CP&P office. Foster parents need proper licensing documents in addition to the completed registration packet with all documents required for registration.

**ROSELAND BOARD OF EDUCATION**

Initial determination of eligibility for admission to the Roseland School District is subject to more thorough review and re-evaluation. There is a potential for assessment of tuition in the event that an initially admitted student is later found ineligible pursuant to N.J.A.C. 6A:28-2.6.

Any and all persons who give fraudulent information for the purpose of attending the Roseland School District will be prosecuted to the fullest extent of the law and sued for tuition for the student’s period of ineligible attendance in the school district.

The district conducts residency verifications on a regular basis, beginning as early as 6:00AM.

Cross-reference: Board Policy 5111-Eligibility of resident/non-resident pupil  
Board Policy 5112-Entrance age

**ROSELAND BOARD OF EDUCATION**

**HOMEOWNER/RENTER CERTIFICATE OF RESIDENCY**

**State law requires that you complete this form for each child you are enrolling.**

**PLEASE ANSWER ALL QUESTIONS**

I CERTIFY THAT THE INFORMATION PROVIDED BELOW IS CORRECT.

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Student(s) Legal Name(s): \_\_\_\_\_

1. Do you reside at the above address? \_\_\_\_\_
2. Do you own or rent a home in Roseland? \_\_\_\_\_
3. What was your move in date? \_\_\_\_\_
4. What was your former address? \_\_\_\_\_
5. Appropriate Documents: Please check, copy, and submit two documents from the following list:

Mortgage Statement	_____	Tax Bill	_____
Certificate of Occupancy	_____	Lease	_____
Homeowner's Insurance	_____	Deed	_____

Other (specify): \_\_\_\_\_

6. I fully understand that I will be held responsible for the full payment of tuition if the residency requirements have been found to be falsely reported.

Sworn and subscribed before me

\_\_\_\_\_  
**Parent/Guardian**

this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Notary Public**

Signature of **school staff member** reviewing proof of residency

**This page must be notarized.**

**ROSELAND BOARD OF EDUCATION**

**Owner/Landlord Affidavit**

Please print

Landlord Information	Tenant's Information
Name of the landlord _____ Street address _____ Fax: _____ City _____ State _____ Zip _____ Telephone Number _____	Name of the family _____ Street address _____ Apt. No. _____ City _____ State _____ Zip _____ Telephone Number _____
Building Information	
Please specify the type of building in which the apartment is located. <input type="radio"/> Single Family House <input type="radio"/> Three Family House <input type="radio"/> Two Family House <input type="radio"/> Condominium <input type="radio"/> Other: _____ Multi-Dwelling, No. of Apartments : _____	
Leasing Information	
Please specify the terms of the lease. When did tenant(s) move in?    ___/___/___    Relation to Renter: <input type="checkbox"/> No relation How long is agreement effective?    ___/___/___ <input type="checkbox"/> Family Member(s) What kind of rental agreement? _____	
List the Names of all Persons Living in the Apartment/House	
_____ _____	
Send Information To:	Office Use Only
Lester C. Noecker School Attn: Mrs. Catherine Overbeck 100 Passaic Avenue Roseland, NJ 07068	Received Date _____ Received By _____

I attest that to the best of my knowledge the information is true and correct, and I am aware that fraudulent statements or claims may be prosecuted to the full extent of the law.

Sworn and subscribed before me

\_\_\_\_\_  
Signature of Owner/Landlord

this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
(A Notary Public of New Jersey)

\_\_\_\_\_  
Date

Knowingly permitting your name or address to be used in the registration of a non-resident student is in violation of Roseland Township Ordinance. Violation of this Ordinance carries a fine. Persons found to have violated the ordinance will be required to make restitution to the school district for back tuition, attorney's fees, and costs.

# ROSELAND BOARD OF EDUCATION

## **Resident/Tenant Affidavit**

*(To be used when the resident with whom the applicant is living is not the owner or landlord of the property)*

Please print

Resident Tenant	Applicant Family Residing With Tenant
Name of tenant _____ Fax: _____	Name of the family residing with tenant _____
Street address _____	Street address _____ Apt. No. _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Telephone Number _____	Telephone Number _____

### **Housing Information**

Please specify the type of building in which the Applicant and Resident Tenant live.

Single Family House     Three Family House     Two Family House     Condominium     Other: \_\_\_\_\_

Multi-Dwelling, No. of Apartments : \_\_\_\_\_

Please provide the following:

When did the Applicant's family move in? \_\_\_\_/\_\_\_\_/\_\_\_\_    Relation to Renter:     No relation     Family Member(s)

Does the Applicant contribute to rent and utilities?     No     Yes    If yes, how much? \_\_\_\_\_

How long do you expect the Applicant's family to live with you? \_\_\_\_\_

### **List the Names of all Persons Living in the Apartment/House**


### **Send Information To:**

Lester C. Noecker School  
Attn: Mrs. Catherine Overbeck  
100 Passaic Avenue  
Roseland, NJ 07068

### **Office Use Only**

Received Date	Received By
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I attest that to the best of my knowledge the information is true and correct, and I am aware that fraudulent statements or claims may be prosecuted to the full extent of the law.

Sworn and subscribed before me

\_\_\_\_\_  
Signature of Tenant

this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
(A Notary Public of New Jersey)

\_\_\_\_\_  
Date

Knowingly permitting your name or address to be used in the registration of a non-resident student is in violation of Roseland Township Ordinance. Violation of this Ordinance carries a fine. Persons found to have violated the ordinance will be required to make restitution to the school district for back tuition, attorney's fees and costs.

**ROSELAND BOARD OF EDUCATION**

**Registration Form**

(Please Print Clearly)

Child's Legal Name: \_\_\_\_\_ Male  Female

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

**Proof of birth must be submitted with this registration – Birth Certificate or Passport. (Copy)**

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Is this child your oldest child? Yes ( ) No ( )

Names and ages of other children in family:

\_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Does the child live with both parents? Yes ( ) No ( )

If no, who is the Custodial Parent? \_\_\_\_\_

Address of Non-Custodial Parent: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are there any necessary deponent papers? Yes ( ) No ( ) If yes, please provide relevant information to the school.

Please indicate the primary language spoken in the home: \_\_\_\_\_

Please indicate other languages spoken in the home: \_\_\_\_\_

Please indicate medical issues/allergies: \_\_\_\_\_

Please complete the following information regarding your child's Day Care or Pre-School experience:

\_\_\_\_\_  
Name of Program

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
Years Attended Days Per Week Hours Per Day

\_\_\_\_\_  
Parent/Guardian Signature Date

# ROSELAND BOARD OF EDUCATION

## **Student Background Information**

*(Please Print Clearly and Print Your Child's Name on Each Page)*

Child's Legal Name: \_\_\_\_\_ Male  Female

Birth Date: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate what your child does well.

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Please describe your child's personality.

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Please indicate your child's

likes \_\_\_\_\_

dislikes \_\_\_\_\_

fears \_\_\_\_\_



Child's Name \_\_\_\_\_

Please indicate the degree to which you observe the following in your child:

	Usually	Often	Sometimes	Never
Uses a spoon and fork without spilling				
Washes and dries his/her own hands				
Dresses self				
Buttons and unbuttons clothing				
Can be left alone with a babysitter with little fuss				
Uses bathroom independently				
Shares playthings with other children				
Uses right hand				
Uses left hand				
Holds a pencil properly				
Very quiet				
Highly active				
Happy				
Sad				
Cries easily				
Hits others				
Hold his/her breath				
Easily distracted				
Speech is understandable to a stranger				
Says most sounds correctly				
Stutters or stammers				
Listens to TV at a very high volume				
Says "What, what?"				
Sits very close to the TV screen				
Bends over and looks closely at pictures or drawings				

Please share any needs that require individual consideration in a school setting:

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Child's Name \_\_\_\_\_

Please indicate what physical activities your child likes.

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Please list your child's special interests.

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Please list any special play groups or other groups in which your child participates.

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Please list any chores or other responsibilities that your child has at home.

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Please list any other information that would be helpful to the teacher.

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Child's Name \_\_\_\_\_

Please indicate your child's degree of independence with the following:

	Never Needs Help	Usually Needs Help	Occasionally Needs Help	Always Needs Help
Ability to share				
Ability to remain attentive to an adult (not TV) for a minimum of ten minutes				
Ability to separate from mom or dad				
Ability to manage frustration				
Ability to remember the names of things				
Ability to remember words to songs and rhymes				
Ability to follow two or more directions				
Ability to understand concepts such as colors, letters, numbers, and shapes				
Ability to remember past events				
Ability to play cooperatively with other children				

# ROSELAND BOARD OF EDUCATION

## HOME LANGUAGE SURVEY

Child's Legal Name: \_\_\_\_\_  
(Last Name) (First Name)

Date of Entry into United States: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Entry into U.S. School: \_\_\_\_\_ Grade: \_\_\_\_\_

Was your child ever in an ESL/Bilingual Program in another school district: Yes  No

If yes, where: \_\_\_\_\_ How long? \_\_\_\_\_

What language(s) are spoken in the child's home? \_\_\_\_\_

What language did your child first learn to speak? \_\_\_\_\_

On average, my child speaks English \_\_\_\_\_ % of time at home? \_\_\_\_\_

What language is your child most fluent when speaking? \_\_\_\_\_

Please circle your child's English proficiency.

Low            Beginner            Intermediate            Advanced            Native Proficient

Name of person completing this form: \_\_\_\_\_  
\_\_\_\_\_

What is your relationship to the student? \_\_\_\_\_

# ROSELAND BOARD OF EDUCATION

## **PRESCHOOL ENTRANCE HEALTH EXAMINATION AND IMMUNIZATION REPORT**

### NOTICE TO PHYSICIAN

No child will be permitted to enter school without evidence that they are fully immunized. As set forth by Chapter 14 of the New Jersey Sanitary Code, immunization requirements are as follows:

DTP – Four doses, with one dose given on or after the 4th birthday, OR any 5 doses.

POLIO VACCINE – Three doses, with one dose given on or after the 4th birthday, OR any 4 doses.

MMR – Two doses, with 1 dose on or after the first birthday.

HIB – At least 1 dose for a child 12 to 59 months of age given on or after the first birthday.

HEPATITIS B – Every child born on or after January 1, 1996 shall have received three doses of vaccine.

PNEUMOCOCCAL CONJUGATE VACCINE (PCV) - At least 1 dose for a child 12 to 59 months of age given on or after the first birthday.

VARICELLA – One dose on or after the first birthday or proof of immunity.

Influenza (Flu) Vaccine - Every child enrolled in child care, pre-school, or Pre-Kindergarten on or after September 1, 2008 is required to receive an influenza vaccine between September 1 and December 31 of each year while in the program.

Documentation of a Mantoux tuberculin skin test is mandatory for those entering from a country of high incidence of TB, as determined by the New Jersey Department of Health.

Each new student must present written proof of a completed physical and dental examination that has been completed no more than 365 days prior to the first day of school.

Exceptions are made to State Immunization Requirements for medical or religious reasons.

#### **Medical Exemption**

If an immunization is medically contraindicated, a signed note from a physician or advanced practice nurse is required, stating the reason the immunization is medically contraindicated and the specific period of time for which the immunization is contraindicated, based upon valid medical reasons as enumerated by the Advisory Committee on Immunization Practices (ACIP) of the United States Public Health Service, or the American Academy of Pediatrics (AAP). **This must be reviewed yearly with a physician.**

#### **Religious Exemption:**

If a religious exemption is required, the parent/guardian must request the religious exemption by writing a letter stating that the immunization conflicts with religious beliefs and submit it to the **school principal**.

Those with medical and/or religious exemptions, may be excluded from school during a vaccine preventable disease outbreak or threatened outbreak to ensure public health safety.

**ROSELAND BOARD OF EDUCATION**  
**PRESCHOOL PHYSICAL EXAMINATION AND IMMUNIZATION FORM**

Legal Name of Child: (Last, First, MI)		Sex:		Date of Birth: (Mo/Day/Yr.)	
Parent/Guardian:		<input type="checkbox"/> Male <input type="checkbox"/> Female			
Health History: (list any childhood illnesses and date of diagnosis)					
Allergies: (date of diagnosis)			Asthma: (date of diagnosis)		
Is the child on any medications: <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what type(s) of medication(s):					
Height:	Weight:	Heart Rate:	Murmur:	B/P:	
Lungs:	Abdomen:	ENT:	Genitalia:		
CNS:	Seizure Disorder:	Type:			
Vision: O.D. 20/	O.S. 20/	O.U. 20/	Hearing: Right	Left	
Known Vision or Hearing Problem:					
Musculo-skeletal:	Scoliosis: <input type="checkbox"/> Negative <input type="checkbox"/> Positive		Treatment:		
Development:		Speech:			
Other significant medical information the school should know about:					
Student may participate in all physical education activities: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Student may not participate in the following physical activities:					
<b>IMMUNIZATIONS:</b>					
DTP:	IPV/OPV:	MMR:	HIB:	Hepatitis-B:	Varicella:
		Influenza:			Pneumococcal:
				Hepatitis-A:	
Tdap:	Mantoux:	Treatment:	Meningococcal:		
	Date:				
	Results:				
Physician's Name and Address (please print):			Physician's Signature:		
Telephone Number:			Date of Examination:		

**ROSELAND BOARD OF EDUCATION**

**PRESCHOOL DENTAL EXAMINATION FORM**

Dear Parents and Guardians:

Prior to entrance into preschool, the Roseland School District requests that your child be given a thorough dental examination. At the time of your child's dental appointment, please have your dentist complete and sign the lower portion of this form. This information will be placed with your child's health record.

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Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

I have examined the above named child and found:

\_\_\_\_\_ Teeth are clean and require no further dental care.

\_\_\_\_\_ Dental care is needed because of the following condition:

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\_\_\_\_\_  
Dentist's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

**Roseland Board of Education**  
**Required New Jersey Smart State Information**

PLEASE PRINT CLEARLY

**Directions to Parent/Guardian:** This form must be completed at the time of enrollment. Some responses are optional to protect the privacy of the student or family, however, the parent or guardian should understand that responses to these questions will be very helpful 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.

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**STUDENT INFORMATION**

(Please complete all applicable areas)

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The Commissioner of Education has authorized school districts to request this information which will be used in the generation of a State Identification Number (SID) to uniquely identify students enrolled in public schools. The SID is used to monitor student performance data so that higher quality research can be obtained for the purpose of determining improved policies and programs in New Jersey's public education system.

Last Name: \_\_\_\_\_ First Name : \_\_\_\_\_

Middle Name: (optional) \_\_\_\_\_ Generation Code/Suffix (Jr., Sr., III) \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Please provide the permanent home address and phone number of the student:

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth Date: (MM-DD-YY) \_\_\_\_\_

**Gender of Child:**  Male  Female Migrant: \_\_\_\_\_ Non-Migrant: \_\_\_\_\_

**Number of Siblings:** Older Sisters \_\_\_\_\_ Younger Sisters \_\_\_\_\_

Child's City of Birth: \_\_\_\_\_ Child's State of Birth: \_\_\_\_\_

Child's County of Birth: \_\_\_\_\_ Date of entry in the US: \_\_\_\_\_

Date student will begin or has already started school in US: \_\_\_\_\_

Free and Reduced Lunch Rate Status: (Circle One)      No                  Free                  Reduced

Limited English: (Circle One)                  Yes                  No:



**Race/Ethnicity of Child:** Check one or more boxes to indicate the race/ethnicity of your child.

<input type="checkbox"/>	<b>American Indian or Alaska Native</b> - A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
<input type="checkbox"/>	<b>Asian</b> - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.
<input type="checkbox"/>	<b>Black or African American</b> - A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American".
<input type="checkbox"/>	<b>Spanish/Hispanic/Latino</b> - A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
<input type="checkbox"/>	<b>Native Hawaiian or other Pacific Islander</b> - A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
<input type="checkbox"/>	<b>White</b> - A person having origins in any of the original peoples of Europe, Middle East, or North Africa.

Please list schools your child has previously attended:

Name of School	Location	Grade	Year Attended

**Medical Information: (optional)**

**Does your child have health insurance? (optional)**  No  Yes

If yes, please print provider's name: \_\_\_\_\_

Date of Last Medical Exam: \_\_\_\_\_ Date of Last Lead Test: \_\_\_\_\_

**For Roseland Board of Education Use Only** (if applicable)

School Code: 020  
 County Resident Code: 13  
 District Code Attending: 020

NJ SMART ID # \_\_\_\_\_  
 Program Code: \_\_\_\_\_

School Code Attending: \_\_\_\_\_  
 County Code Attending: \_\_\_\_\_  
 District Entry Date: \_\_\_\_\_

Classification Code: \_\_\_\_\_  
 OT/PT: (Y) \_\_\_\_\_ (N) \_\_\_\_\_  
 Speech: (Y) \_\_\_\_\_ (N) \_\_\_\_\_

**Parent/Guardian Approval**

Parent/Guardian Name (Please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Contacts

The Lester C. Noecker will be adding this important contact information into our database. Please complete and return as soon as possible. Thank you.

<b>Part One</b>	
Student Name	
Student Address	
Student Date of Birth	
Student Grade/Homeroom	
<b>Parent/Guardian 1</b>	
Parent/Guardian 1 Name	
Parent/Guardian 1 Home Phone	
Parent/Guardian 1 Cell Phone	
Parent/Guardian 1 Work Phone	
Parent/Guardian 1 E-mail	
<b>Parent/Guardian 2</b>	
Parent/Guardian 2 Name	
Parent/Guardian 2 Home Phone	
Parent/Guardian 2 Cell Phone	
Parent/Guardian 2 Work Phone	
Parent/Guardian 2 E-mail	
<b><i>Please asterisk above which number to use for primary contact</i></b>	
If we cannot reach either parent/guardian listed above, list below two people that you will allow us to contact and who you allow to assume temporary care of your child.	
<b>Medical Emergency Contact 1</b>	
Emergency Contact 1 Name	
Emergency Contact 1 Home Phone	
Emergency Contact 1 Cell Phone	
Emergency Contact 1 Work Phone	
Emergency Contact 1 E-mail	
<b>Medical Emergency Contact 2</b>	
Emergency Contact 2 Name	
Emergency Contact 2 Home Phone	
Emergency Contact 2 Cell Phone	
Emergency Contact 2 Work Phone	
Emergency Contact 2 E-mail	

## Annual Medical Information

The Lester C. Noecker will be adding this important medical information into our database. Please complete and return as soon as possible. Thank you.

Child's Name: \_\_\_\_\_

School Year: \_\_\_\_\_

Does your child have Health Insurance? \_\_\_\_\_

If yes, what is the name of your insurance company? \_\_\_\_\_

No

If no, NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information 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.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

\_\_\_\_\_

Dental Exam Date: \_\_\_\_\_

Braces: \_\_\_\_\_

Eye Exam Date: \_\_\_\_\_

Contacts: \_\_\_\_\_

Glasses: \_\_\_\_\_

Allergy (kind): \_\_\_\_\_

Medications: \_\_\_\_\_

Allergic Reaction Date: \_\_\_\_\_

Medications: \_\_\_\_\_

Immunizations/Tetanus Date: \_\_\_\_\_

Type: \_\_\_\_\_

Restrictions Type: \_\_\_\_\_

Doctor Name: \_\_\_\_\_

Doctor Telephone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Dentist Telephone: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Hospital Telephone: \_\_\_\_\_

I, the undersigned, do hereby authorize officials of New Jersey Public Schools to contact directly the persons named in 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 in this form, 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 district financially responsible for the emergency care and/or transportation for said child.

Signature of Parent/Guardian: \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

# POLICY

## BOARD OF EDUCATION ROSELAND

STUDENTS

5141.1/Page 1 of 2

Peanut and Tree Nut Free Environment

### **5141.1 PEANUT AND TREE NUT FREE ENVIRONMENT**

The Roseland School District has an obligation to ensure the safety of all students. There has been an increased number of students that have been medically diagnosed as anaphylactic to all types of “nuts.” Some of the allergies are so severe the consequences to some students are life threatening and require immediate intervention with medication or even hospitalization. In order to eliminate the possibility of such an occurrence, the Roseland Board of Education implemented a “Nut Free Policy” for the entire school beginning September 2008. All members of our school community are asked to adhere to the guidelines of this policy to ensure the safety of affected students.

#### **What is the policy?**

When preparing a snack for your child’s class or for a school activity carefully read the food labels and avoid:

1. Any foods that contain peanuts or tree nuts
2. Any foods that have precautionary labels that the product may contain nuts
3. All baked goods made in bakeries where cross contamination is likely to occur.

#### **What does this policy mean for you?**

1. Snacks made at home are strictly prohibited.
2. Baked goods whose labels specifically state that they are made in a nut free facility are acceptable. Those not specified may not be brought into school. Products that have precautionary labels: “may contain nuts” or “processed on equipment that processes nuts” are strictly prohibited.
3. Labels can change as manufacturers reformulate their products so please read ingredient labels each and every time on any packaged food. Do not bring any item into school that contains nuts.
4. No baked goods from bakeries are permitted as cross contamination is likely to occur.
5. Peanut butter sandwiches are strictly prohibited in the school building. Please contact the school nurse for help with safe alternatives.
6. Ensure that your child’s face and hands have been washed after breakfast. This is not only important for those who eat peanut butter but also dairy products and eggs as contact from this residue can cause a reaction for the severely allergic.

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