



*Pequannock Township Public Schools*

Office of the Superintendent

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Pequannock Township Public Schools

[www.pequannock.org](http://www.pequannock.org)

Preschool Registration

General Information 2020-2021

- All students must be at least 3 years old, but less than 5 years old, on or before October 1<sup>st</sup>.
- All students must be fully potty trained.
- Full day hours are 8:15 am – 2:45 pm; Half day AM hours are 8:15 am – 11:05 am; Half day PM hours are 11:55 am – 2:45 pm. Classes run Monday to Friday.
- Once accepted to the program a contract will be mailed to you and you will need to submit the signed contract as well as the non-refundable deposit to hold your child's spot. Deposits and contracts are due no later than April 9<sup>th</sup>. If not received your child's spot will be offered to a student on the waiting list.
- Once your child is accepted to the preschool program, online pre-registration must be completed. Once online pre-registration is complete, please call 973-616-6040 ext 6239 to schedule an in-person registration appointment. Print and complete the registration packet prior to in-person registration.
- Tuition must be paid in full by August 15<sup>th</sup> or in two installments by August 15<sup>th</sup> and January 15<sup>th</sup>. Tuition may be made by check or on the website under "Parents" then "Pay Preschool Tuition."

# PEQUANNOCK TOWNSHIP SCHOOL DISTRICT REGISTRATION CHECKLIST

Bring the following to your in-person registration appointment:

- \_\_\_\_\_ Original birth certificate (a copy will be made at registration)
- \_\_\_\_\_ Residency document and three (3) original proofs of residency. Documents can include driver's license, deed/lease, tax bill, mortgage statement, bank statement, voter registration, utility bill, etc.
- \_\_\_\_\_ Home Language Survey
- \_\_\_\_\_ Oral Health Assessment Form (completed by dental professional)
- \_\_\_\_\_ Most recent physical and immunizations (completed by physician)
- \_\_\_\_\_ Parent Questionnaire
- \_\_\_\_\_ Custody Papers, if applicable. Does Student live with both parents?
- \_\_\_\_\_ IEP/504, if applicable. Please bring a copy of the IEP or 504.

# Home Language Survey Form: Step 1

## Introduction

This survey is the first of three steps to identify whether or not a student is eligible to be an English language learner (ELL).

## Instructions

Start with "Question 1" and continue until the HLS is complete. Select the answer for each question and follow the instructions. When you arrive at a decision ("Proceed to Records Review Process" or "Do not proceed to Records Review Process"), the Home-Language Survey is complete.

## Student Information

Student name:

Student birth date:

Street Address:

City:

State:

Zip Code:

Phone number:

## Survey Questions

### Question 1

What was the first language used by the student?

A language other than English. Proceed to question 2a.

English. Proceed to question 2b.

### Question 2a

At home, does the student hear or use a language other than English more than half of the time?

Yes. Proceed to question 7.

No. Proceed to question 4.

### Question 2b

At home, does the student hear or use a language other than English more than half of the time?

Yes. Proceed to question 4.

No. Proceed to question 3.

### Question 3

Does the student understand a language other than English?

Yes. Proceed to question 4.

No. Proceed to 9.

**Question 4**

When interacting with his/her parents or guardians, does the student use a language other than English more than half of the time?

Yes. Proceed to question 7.

No. Proceed to question 5.

**Question 5**

When interacting with caregivers other than their parents or guardians, does the student use a language other than English more than half of the time?

Yes. Proceed to 8.

No. Proceed to question 6.

**Question 6**

Has the student recently moved from another school district/charter school where he/she was identified as an English language learner?

Yes. Proceed to 8.

No. Proceed to 9.

**Question 7**

What are the home languages spoken? List below and proceed to 8.

**8. Proceed to Step 2: Records Review Process** (To be completed by NJ Certified Staff only – Reference ESSA ELL Entry and Exit Guidance, p. 4).  
**Home Language Survey is complete.**

**9. Do not proceed to Step 2: Records Review Process.**  
**Home Language Survey is complete. Student is not an English-Language Learner (ELL).**

## ORAL HEALTH ASSESSMENT FORM

The New Jersey Children's Oral Health Education Program is administered by the New Jersey Department of Health. Program activities take place throughout the State with emphasis in areas of high need/high risk.

### SECTION 1: Child's Information (completed by parent/guardian)

Child's Last Name:	First Name:	Child's Date of Birth:
Address:		
City/Zip Code:		
Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Parent/Guardian Name:	

### SECTION 2: Oral Health Data Collection (completed by a licensed dental professional)

**IMPORTANT NOTE:** Consider each box separately. Mark each box:

Dental Examination Date:	Caries Experience - Restorations Present:  <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present:  <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
Oral Hygiene: <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Above Average			
_____ <i>Licensed Dental Professional Signature</i>			_____ <i>NJ License Number</i>
			_____ <i>Date</i>

### SECTION 3: Waiver of Oral Health Assessment Requirement

**To be filled out by parent/guardian asking to be excused from this requirement**

Please excuse my child from the dental check-up because: (Check the box that best describes the reason.)

- I am unable to find a dental office that will take my child's dental insurance plan.

My child's dental insurance plan is: \_\_\_\_\_

- I cannot afford a dental check-up for my child.  
 I do not want my child to receive a dental check-up.

Optional: Other reasons my child could not get a dental check-up: \_\_\_\_\_

If asking to be excused from this requirement: \_\_\_\_\_  
*Signature of Parent/Guardian*
*Date*

**Pequannock Township School District**  
**Parent Questionnaire**  
**Your Child's Success Is Important to Us**

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

Please answer the following questions to help us provide your child with a great learning experience.

1. What are your child's strengths? \_\_\_\_\_  
 \_\_\_\_\_
2. What are your child's weaknesses? \_\_\_\_\_  
 \_\_\_\_\_
3. Has your child ever received Early Intervention Services? \_\_\_\_\_  
 If so, what and for how long? (Occupational Therapy, Speech and Language, Physical Therapy, Educational Services) \_\_\_\_\_

	YES	NO	SOMETIMES
4. Did your child attend Preschool? Name of Preschool _____			
5. Does your child have a diagnosed disability?			
6. Is your child's speech understandable to most people?			
7. Does your child participate in cooperative play with peers?			
8. Does your child prefer to play alone?			
9. Does your child follow single step directions?			
10. Does your child write his/her name?			
11. Does your child have an interest in books?			
12. Can your child sit still and listen for a 3-5 minute period of time?			
13. Can your child concentrate on a task for at least 10 minutes?			
14. Does your child show a sense of confidence when away from parent for 2-3 hours?			
15. Does your child enjoy being read to?			
16. Does your child recall past events?			
17. Does your child recall words to rhymes and songs?			

Parent 1

Is there anything else you think we should know about your child as we plan for the upcoming school year? \_\_\_\_\_

\_\_\_\_\_