



Michael Ben-David, Superintendent
Tenafly Public Schools
500 Tenafly Road, Tenafly, NJ 07670-1796
Tel: 201-816-4500 - Fax 201-816-4521
Email: info@tenafly.k12.nj.us

Dear Parents/Caregivers:

We welcome you and your future Tenafly Tiger to the Tenafly Public Schools! Thank you for registering and trusting us with the care of your student for the upcoming school year.

Tenafly is “at the Forefront of Education” – which means we are committed to maintaining and further advancing a well-deserved reputation as an outstanding school district. We know you will find our district, and the people within it, to be supportive of your student’s emotional, social, and academic growth. We are dedicated to providing your student with an education that is not only rich in creativity, innovation, and rigor, but also one that is designed to meet the specific needs of your student. We invite you to become actively involved in this educational journey with your student so that, together, we can shape their bright and brilliant future.

For the most up-to-date, comprehensive, and historical information on Tenafly Public Schools, please visit the district website, www.tenaflyschools.org. Here, you will find information, activities, and events pertaining to the entire district and your student’s school. Follow us on Twitter, Facebook, and Instagram @TenaflySchools to view daily activities that occur at each of our schools, including event reminders, and student accomplishments. For easy access to school calendars and notifications from your phone, consider downloading the official Tenafly Public Schools app by going to the App Store and search for Tenafly Public Schools, Blackboard Inc. Finally, our bi-weekly newsletter, *Let’s Talk TPS*, gives you a glimpse of what’s happening across all of our schools. It is sent directly to your email and the mobile app.

There are so many ways to stay connected and keep abreast of all that Tenafly Public Schools has to offer. We hope that you will take advantage of those that best meet your needs.

We sincerely hope that you are as excited as we are to have you and your student join our Tenafly Public School Community. Should you have any questions or concerns, do not hesitate to reach out to your student’s principal. Contact information is located on each school’s website homepage. If you require further assistance, please contact my office at 201.816.4502. Thank you.

Kind Regards,

A handwritten signature in black ink, appearing to read 'Michael Ben-David', written in a cursive style.

Michael Ben-David, J.D./M.Ed
Superintendent of Schools



Michael Ben-David, J.D./M.Ed
Superintendent of Schools
500 Tenafly Road, Tenafly, NJ 07670-1796
Tel: 201-816-4502 Fax 201-816-4521
mbendavid@tenafly.k12.nj.us

TO: Tenafly Parents/Guardians
RE: Proof of Tenafly Residency

Welcome to Tenafly Public Schools. To register your student for school, you must physically reside in Tenafly. Registration is completed electronically, and registration is not complete until all required documents are submitted. In accordance with Tenafly Public Schools District Policy #5111, the proof of residency documents listed below are required for registration. Every form in the registration packet must be completed. Questions regarding the registration process? Call 201-816-4517. Per Tenafly District Policy #5112, "A child is eligible for entrance into Kindergarten who will have attained the age of five years on or before October 15 of the year in which entrance is sought."

Required Residency Documents for Student Registration

- 1) A **deed AND current tax bill** if you own your home **OR** an **original lease**, dated and signed, effective during the current school year.
- 2) A **current utility bill OR a utility work order/confirmation** (such as PSE&G, SUEZ water, landline phone bill or internet/cable provider) listing family name, account number, and Tenafly address.
- 3) A form of **identification** from the parent/guardian.
- 4) Student's **original birth certificate if born in the United States**. If student is born **outside of the United States**, you must scan and email their **actual passport, NOT a photocopy, plus the Visa page. The passport is mandatory for all non-U.S. born students**. (The Family Census Register may be needed if parent/guardian is not listed on Visa.)
- 5) A **current checking/savings bank statement or letter from your bank on bank letterhead verifying you are checking/savings account holder OR** an unexpired **New Jersey vehicle registration**, showing the family name and Tenafly address. An additional current utility bill or utility work order/confirmation may be provided if a bank statement/letter or New Jersey vehicle registration is not available.
- 6) For **middle and high school** students - previous **school transcript** is required.
For **elementary** students - recent **report card** is required. These documents must be **officially translated into English** and are expected at the time of registration.
- 7) The **Health History Form** with up-to-date **immunizations must be completed by your doctor** and **reviewed by our school nurse before** a student may enter school. (If entering from outside the U.S., a physical is needed within 30 days; if entering from within the U.S., a physical within a year prior to the registration date must be submitted.)
- 8) The Certificate of Residency document in this packet must be completed and signed by the parent/guardian. **DO NOT** have it notarized. Once all of the required documents are provided and our registrar has established proof of residency, they will notarize it.



**Kindergarten Registration Only
Pre-K/Kindergarten Developmental Information**

Child's name _____ Date of birth _____ Age _____

Home phone _____ Gender _____

Residency address _____ City _____ State _____

Has your child ever attended preschool? Yes _____ No _____

Number of years attended _____ Days per week attended _____

If yes, name and address of preschool _____

Family History

Parent/Guardian _____ Occupation _____ Birthplace _____

Parent/Guardian _____ Occupation _____ Birthplace _____

Marital status of parents (circle one) Married Separated Divorced

Widowed Guardian (if other than parent) _____

Who is responsible for child if parent/guardian works outside the home _____

Other adults living at home _____ Relationship _____

Language(s) spoken at home _____

Is there a family history of any of the following? (Please explain)

- (1) Seizures _____ (6) Scoliosis _____
- (2) Asthma _____ (7) Visual problems _____
- (3) Diabetes _____ (8) Hearing loss _____
- (4) Tuberculosis _____ (9) High blood pressure _____
- (5) Congenital defects _____ (10) Other _____

Siblings

Full Name	Age	Speech, hearing or other education difficulty
_____	_____	_____
_____	_____	_____
_____	_____	_____



Prenatal and Birth Information (Kindergarten registration only cont.)

Was pregnancy and delivery normal? Yes _____ No _____

If not, please provide details: _____

Was baby full-term? Yes _____ No _____ Birth weight _____

If not full-term, number of months & reason _____

- Has your child had any unusual illnesses or injuries? Yes No
- Has your child had any convulsions or seizures? Yes No
- Is your child on long-term medication for any conditions? Yes No
- Has your child ever been hospitalized? Yes No
- Has your child had any psychological or neurological evaluations? Yes No
- Has your child had any evidence of a hearing problem? Yes No
- Does your child have any physical defects? Yes No
- Has your child had any evidence of vision problems? Yes No
- Does your child have any speech difficulties? Yes No
- Does your child have any allergies? Yes No
- Does your child take any medications? Yes No

Please provide details for any questions answered "Yes": _____

Developmental Information

Developmental Milestones - At what age did your child:

Teethe _____ Sit up _____ Walk _____

Toilet train _____ Speak words _____ Speak sentences _____

Developmental Concerns (Circle any that apply)

- Overactive Short attention span Bedwetting Separation difficulties
- Temper tantrums Tics Nail biting
- Thumb sucking Coordination problems

Sleep Habits: Does your child have problems sleeping well? Yes _____ No _____ Normal bedtime _____

Social and Emotional Information

Does your child have any specific fears? _____

Please comment on any social and/or emotional factors you feel would be helpful to us in providing an appropriate and supportive climate for your child. Please attach additional pages and relevant preschool records or reports:

School-Age Child Care Program Grades K-5

The School-Age Child Care program (SACC) is a tuition-based, before and after school program sponsored by the Tenafly Board of Education. It is dedicated to providing a safe and wholesome atmosphere for children who are entering grades kindergarten through fifth and have either working or student parents.

Program information for the upcoming school year will be available mid-April on our webpage www.tenaflyschools.org/SACC.

Please refer to the registration brochure for program hours and fees.

Important: SACC Registration is separate from school registration. Visit the website above for details.

For questions or additional information regarding the program, please email Ms. Lehman at jlehman@tenafly.k12.nj.us or call the SACC office at **201-816-4526**.

Authorization for Pupil Record Release

Previous School Attended: _____ Student Name: _____
 Name: _____ Prior Address: _____
 Address: _____

 Attn: _____ DOB: _____ Grade: _____
 Parent/Guardian Name: _____
 Phone # or Email: _____ Parent/Guardian Phone #: _____

I, _____, authorize the school district to release the official records for the
(Print parent/guardian name)
 above mentioned student to:

- | | | |
|--|---|---|
| <input type="checkbox"/> Mackay School
Attn: Mary Haines
111 Jefferson Avenue
Tenafly, NJ 07670 | <input type="checkbox"/> Maugham School
Attn: Pamela Walsh
111 Magnolia Avenue
Tenafly, NJ 07670 | <input type="checkbox"/> Smith School
Attn: Donna Amoroso
101 Downey Drive
Tenafly, NJ 07670 |
| <input type="checkbox"/> Stillman School
Attn: Barbara Barzelatto
75 Tenafly Road
Tenafly, NJ 07670 | <input type="checkbox"/> Tenafly Middle School
Attn: Regina Violick
10 Sunset Lane
Tenafly, NJ 07670 | <input type="checkbox"/> Tenafly High School
Attn: Ruby Yi
19 Columbus Drive
Tenafly, NJ 07670 |

Records Authorized for Release:

- | | |
|--|---|
| <input type="checkbox"/> Academic Records | <input type="checkbox"/> 504 Accommodations |
| <input type="checkbox"/> Testing Records | <input type="checkbox"/> I.E.P. and any Evaluations |
| <input type="checkbox"/> Health Records | <input type="checkbox"/> Remediation-Supportive Service |
| <input type="checkbox"/> Attendance/Disciplinary Records | <input type="checkbox"/> All of the Above |

Signature of Parent/Guardian: _____

Mailed/Faxed
 Date(s): _____
 Documents Recvd. _____



Michael Ben-David, J.D./M.Ed
Superintendent of Schools
Email:
mbendavd@tenafly.k12.nj.us

500 Tenafly Road, Tenafly, NJ 07670
Tel: 201-816- 4502 - Fax: 201-816-
4521

Dear Parent/Guardian:

In accordance with the New Jersey Department of Education Administration Code 6A: 16-2.2, the Tenafly Board of Education requires a recent physical examination for each student entering kindergarten, third, sixth and ninth grades. A physical exam is also needed for new students entering the district for the first time.

The enclosed health page is to be completed by your family physician after they have conducted an examination.

Please be sure the top of the health form is completed and accurate and includes the student's name and address in order to assure records are properly maintained in the school for each Tenafly student. This form should be returned to the school your child will be attending in September.

Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael Ben-David', written in a cursive style.

Michael Ben-David, J.D./M.Ed
Superintendent of Schools

Dr. Rehan Shamim
School Physician

Medical Requirements for School Entry

Health history, a physical exam, and current immunization records are required prior to school entry. Any student requiring Mantoux tuberculin skin testing (by the NJ State Dept of Health) must submit documentation prior to school entry. It is **strongly urged** that **all** students entering Tenafly Public Schools for the first time show proof of a Mantoux test. Documentation must include the date and results of the test (in millimeters of the induration).

Immunization Requirements

Nursery and Pre-K

- 4 doses of DPT
- 3 doses of Polio
- 1 dose of MMR given on or after 1st birthday
- A minimum of 1 dose Pneumococcal given after the first birthday
- A minimum of 1 dose Hib given on or after the first birthday
- 1 dose of Varicella vaccine given on or after 1st birthday or proof of immunity to the chickenpox
- 1 dose of Influenza to be given between September 1- December 31 each year

Kindergarten and Grade 1

- 4 doses of DPT- one dose given on or after 4th birthday or any 5 doses
- 3 doses of Polio-one dose given on or after 4th birthday or any 4 doses
- 1 dose of Mumps and Rubella vaccine given on or after 1st birthday
- 2 doses of Measles vaccine given on or after 1st birthday
- 3 doses of Hepatitis B vaccine
- 1 dose of Varicella vaccine given on or after 1st birthday or proof of immunity to the chickenpox

Grade 6 – Entering 9/1/08 or after

- 1 dose of Meningococcal vaccine at age 11 through 12 years with a booster dose at age 16.
- 1 dose Meningococcal vaccine at age 13 through 18 years, if pupil is not previously vaccinated.
If first dose is administered at age 16 years or older, a booster dose is not needed
- 1 dose of Tdap vaccine given at age 11 through 18 years.

Minimum age: Boostrix at age 10 and Adacel at age 11.

**Tdap vaccine can be administered regardless of the interval since the last tetanus and diphtheria toxoid-containing vaccine. **

High School

- All entrants must have immunization requirements listed above completed.

Please take this list with you when you visit your pediatrician and review it together. Also, please note that according to NJ State Law, the age requirements are **very important and are strictly enforced**.

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians

New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)			
Child's Name (Last)	(First)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Name of Child's Health Insurance Carrier		
Parent/Guardian Name	Home Telephone Number () -	Work Telephone/Cell Phone Number () -	
Parent/Guardian Name	Home Telephone Number () -	Work Telephone/Cell Phone Number () -	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.			
Signature/Date		This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER			
Date of Physical Examination:		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Abnormalities Noted:		Weight (must be taken within 30 days for WIC)	
		Height (must be taken within 30 days for WIC)	
		Head Circumference (if <2 Years)	
		Blood Pressure (if ≥3 Years)	

IMMUNIZATIONS	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____
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MEDICAL CONDITIONS		
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached	Comments

PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.	
Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

James O. Morrison
Principal, Tenafly High School Email:
jmorrison@tenafly.k12.nj.us

Dear Parents/Guardians:

According to a State Regulation only a school nurse or a parent/guardian can administer medication. The following policy was adopted by the Tenafly Board of Education pertaining to the administering of prescription and non-prescription medications within the school building:

Administering Medication

The Board shall not be responsible for the diagnosis and treatment of pupil illnesses. The administration of medication to a pupil during school hours will be permitted only when failure to take such medicine would jeopardize the health of the pupil, or the pupil would not be able to attend school if the medicine were not made available to him/her during school hours.

Before any medication may be administered to or by any pupil during school hours, the Board shall require the written request of the parent/guardian which shall give permission for such administration. This permission shall relieve the Board and its employees of liability for administration of medication.

For prescribed medication the Board requires:

- A. The written order of the prescribing physician and/or the prescription label prior to administering medication. The written order or label shall include:
 1. name of medication
 2. dosage
 3. time at which or the special circumstances under which medication shall be administered.
- B. Completion of Medication Form by parent/guardian permitting administration of medication. Both documents shall be kept on file in the office of the school nurse.

For non-prescription medication the Board requires:

- A. Written order from the physician which shall include:
 1. name of medication
 2. dosage
 3. time at which or the special circumstances under which medication shall be administered
- B. Completion of Medication Dispensing Form by parent/guardian.

Note: A label for non-prescription medication is not acceptable. Medications should be brought to the school in the original container.

We thank you for your cooperation concerning this policy. If you have any questions regarding this policy, please call the Health Office at 201-816-6670.

Sincerely,

James O. Morrison
Principal

A Message from the Health Office

Dear Parent/Guardian:

In order to dispense medication in school we need to have specific medicating orders from both a parent/guardian and a physician. This is true even for over-the-counter medication. Orders must include the name, the dose, and the timing of the medication (i.e., Tylenol, 2 tablets every 4 hours, as needed).

Please have the Medication Dispensing form completed and returned to the Health Office as soon as possible if you want your child to have medication while in school. Medication must be in the original container, and will be kept in the health office. No loose or unmarked medication will be accepted or dispensed.

With a doctor's permission, only asthma inhalers and Epi-Pens may be self-administered. You may want to provide the Health Office with a backup inhaler or Epi-Pen for your child to use, if he/she forgets their medication.

Sincerely,

Cynthia Cassiello

Cynthia Cassiello, BSN, MS, RN
Certified School Nurse
Tenafly High School

I. Doctor's Request/Instructions for Medicine to be Given by School Nurse.

To Be Filled Out By Physician

The following medication is to be administered to my patient. _____

Medication _____ Dose and Route _____

Time Given _____ Diagnosis _____

Significant Side Effects _____

Length of Treatment _____

M.D. Signature or Stamp

Print M.D. Name

**-II. Doctor's Request/Instructions for Student Self-Administration of
Medication for a Potentially Life-Threatening Illness.**

To Be Filled Out By Physician

The following medication is to be self-administered by my patient, _____. I hereby certify that my patient has a life threatening illness and that my patient is capable of and has been Instructed in the proper administration of the required medication.

Medication _____ Dose and Route _____

Time Given _____ Diagnosis _____

Length of Treatment _____

Significant Side Effects _____

Date

M.D. Signature

Print M.D. Name

III. Parent Request and Release

To Be Completed by Parent/Guardian

I request my child, _____ to (receive) (self-administer) the medication designated above. I have been informed by the school district that the school district, its agents, servants, and employees shall incur no liability whatsoever as a result of any untoward reaction arising from the administration of medicine by my child. I hereby indemnify and hold harmless the **TENAFLY BOARD OF EDUCATION**, its agents, servants, and employees from any and all claims and shall defend any lawsuit that may arise out of or in connection with the administration of medicine by my child.

Date

Signature of Parent/Guardian

Your electronic or digital signature is the legally binding equivalent to your handwritten signature. When you execute an electronic signature, it has the same validity and meaning as your handwritten signature.



(Rev November 2021)

Delayed Opening, Early Dismissal, or Emergency School Closing

In the event of bad weather or emergency conditions, it is the Tenafly Board of Education's policy that the Tenafly Public Schools remain open unless a decision is made by the Superintendent of Schools to delay the opening of school or to close for the day. If the decision is to remain open, parents are to send their children to school at their discretion, depending on the weather and driving conditions. All staff members are expected to report to work as usual. Please make it a priority to sign up for our Blackboard Notification/Alert System on our website at www.tenaflyschools.org. Also be sure to keep all your contact information updated in the event of an early dismissal.

If there is a delayed opening, early dismissal, or closing before the start of the school day, an announcement will be made via the following:

Blackboard Notification/Alert System All Registered Families and Staff
Tenafly Schools Announcement Line Call 201-816-7729 to hear the message
Tenafly Schools Website www.tenaflyschools.org

Also on these radio and television stations: 1010 WINS, CBS Ch. 2, News 12 New Jersey, WABC Ch. 7, Fox 5 News, and WNBC Ch. 4.

DELAYED OPENING

All schools open two (2) hours after their usual starting time as follows:

Elementary: 10:30am; TMS: 10:20am; THS: 10:10am;

Tiger Tots: 10:45am; PAWS Pre-K: 11:00am; 1-5: 10:30am;

Cubs: AM Cancelled, PM 12:20pm; LLD: 10:30am

EARLY DISMISSAL SCHEDULE

All schools dismiss at these times:

Elementary: 12:45pm; TMS: 12:30pm; THS: 12:10pm;

Tiger Tots: 11:30am; PAWS Pre-K: 12:00pm; 1-5: 12:45pm;

Cubs: AM 11:30am, PM Cancelled; LLD: 12:45pm

General Information:

1. Fire siren will **not** sound in the event of a school closing.
2. School office telephones will **not** be staffed until the usual or delayed hour.
3. If schools are closed during the day - SACC, recreation programs, and any building use activities will be canceled for the day.



500 Tenafly Road, Tenafly, NJ 07670

201-816-4500

FAX: 201-569-3711

School Bus Transportation

Elementary Schools – Transportation is provided to students who live **over 2.0 miles** (shortest route along public roadways or public walkways between the entrance of the student’s residence nearest such public roadway or public walkway and the nearest public entrance of the school) – as per NJ Administrative Code 6A:27-1.2. **Currently there are no addresses in Tenafly that qualify for elementary busing.**

Tenafly Middle School – Transportation is provided to students who live **over 2.0 miles** (shortest route along public roadways or public walkways between the entrance of the student’s residence nearest such public roadway or public walkway and the nearest public entrance of the school) – as per NJ Administrative Code 6A:27-1.2.

Tenafly High School – Transportation is provided to students who live **over 2.5 miles** (shortest route along public roadways or public walkways between the entrance of the student’s residence nearest such public roadway or public walkway and the nearest public entrance of the school) – as per NJ Administrative Code 6A:27-1.2. Busing for **Alpine resident students** is arranged through Alpine School. The application form can be found on the Alpine School website (for questions, please contact Ms. LuAnn Post at post@alpineschool.org).

Any Parent/Guardian wishing to contract private busing may do so at their own discretion.

IS A CHILD IN YOUR LIFE DEVELOPING DIFFERENTLY OR HAVING LEARNING PROBLEMS?

PROJECT CHILD FIND- HELP IS AVAILABLE!

Children (ages 3-21)

Including migrant and homeless children

If you are concerned your child is developing or learning differently and you live in New Jersey, call your public school district at the number below.

A free referral service and public awareness campaign to assist in the identification of youth with a delay or disability from birth through the age of 21.

Is a child in your life developing differently or having problems learning? If so, help is available for eligible children in New Jersey.

How to Get Help for Special Education and 504 Services

If you would like to request an evaluation for your child, send a written request for an evaluation to your public school district special education department. Include your child's name, age, address and suspected disability and your contact information.

After receiving your written request, the district will contact you to set up a meeting. At this meeting, you and the team will decide if an evaluation is needed and what the evaluation will include. Evaluation, professional guidance and an education program (if needed) are all available at no charge through the public school in the town where you live.

Region V Council for Special Education 201 599-0585

- Bergenfield 201 385-6956**
- Cresskill 201 227-7791**
- Dumont 201 387-3086**
- Hackensack 201 646-8012**
- Maywood 201 845-9110**
- New Milford 201 261-0640**



- Oradell 201 261-1153**
- Ridgefield 201 943-2682**
- River Edge 201 261-1993**
- River Dell 201-599-7220**
- Rochelle Park 201 843-3126**
- Tenafly 201 816-4534**
- Teaneck 201 833-5490**

CALL FOR MORE INFORMATION ON SPECIAL EDUCATION AND 504 SERVICES

Additional information can be accessed at the following web address or phone number:

<http://www.state.nj.us/njded/specialed>

1-800-322-8174 TTY: 609-984-8432 toll free 24 hours a day



Infants and Toddlers (Under the age of three)

If your child should be crawling, walking or talking but is not, call for information about resources and services for your child **under the age of 3:**

**New Jersey Early Intervention System Statewide toll-free number:
1-888-NJ-EI-INFO, 1-888-653-4463**



Project Child Find



A Free Referral Service

1-800-322-8174

All Calls Are Confidential | Toll-Free

Do you have concerns about your
child's development? **Call us!**



For more information about
Special Education in NJ visit

www.nj.gov/education/specialed

*For children ages Birth through 2 years
Contact the New Jersey Early Intervention System*

888-653-4463



Project Child Find was established by the New Jersey Department of Education
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