

# Delaware Valley School District

OFFICE OF ELEMENTARY EDUCATION  
ADMINISTRATIVE OFFICES  
236 ROUTE 6 & 209, MILFORD, PA 18337

Jayson Pope  
Assistant to the Superintendent  
For Federal Programs and Community Engagement

(570) 296-1827  
fax (570) 296-3172

Dear Parent/Guardian,

January 2025

To attend the Pre-K program in the Delaware Valley School District, children must be four years old on or before September 1, 2025. There are **NO** exceptions.

**Please fill out the attached Pre-K Counts application and submit it with the following proof of income:** 2024 IRS income tax return (1040 form \*the pages showing your number of dependents and gross taxable income). To be eligible for this program, you must meet the 2025 Federal Poverty Guidelines listed on the back of this letter. **The application must be filled out completely and returned to the address listed above with the supporting documentation by April 1, 2025 NO APPLICATIONS WILL BE ACCEPTED WITHOUT PROOF OF INCOME.**

Qualifying students will be screened for preschool in the following areas: gross motor skills, fine motor skills, concept development and language development. **PLEASE BE ADVISED, THE FOLLOWING WILL NEED TO BE SUBMITTED AT THE SCREENING IF YOU ARE ELIGIBLE FOR THE PRE-K PROGRAM:**

An **ORIGINAL** birth certificate from the state in which your child was born with the official seal affixed to the birth certificate (Photocopies will **NOT** be accepted), their **ORIGINAL** social security card and your child's immunization record.

**\*The following properly spaced immunizations are required for entrance into the Pre-K Program:** Hib - 4 doses, Pneumococcal - 4 doses, Hepatitis A - 2 doses, Hepatitis B - 3 doses, Diphtheria, Tetanus, Pertussis – 4 doses, Inactivated Poliovirus – 3 doses, Measles, Mumps, Rubella (MMR) – 1 dose after first birthday, and Varicella – 1 dose after first birthday. The influenza immunization is required during the upcoming influenza season.

**TWO** forms of proof of residency within the service boundary of the Delaware Valley School District are required. They are as follows:

1. Tax bill, mortgage statement, lease, or DVSD landlord affidavit. This must indicate the location of the domicile.
2. Photo ID of the parent(s): Pennsylvania driver's license or a state issued photo ID indicating the address corresponding to the address on the first proof of residency.

**\*If the child resides with a grandparent or relative, guardianship papers are required.**

Please secure the proper documentation prior to the screening. We **CAN NOT** hold a spot in the Pre-K program for your child if you do not provide the proper documentation at the screening.

Thank you for your interest in the Delaware Valley School District Pre-K Counts program. If you have any questions, you may contact my office at (570) 296-1827.

Sincerely,

***Jayson Pope***

Jayson Pope  
Assistant to the Superintendent for Federal  
Programs Engagement  
Pre-K Counts Coordinator

2025 Federal Poverty Level Guidelines

Family Size	100% (Head Start Eligible)	300% ( <b>Pre-K Counts Eligible</b> )
1	\$15,650	<b>\$46,950</b>
2	\$21,150	<b>\$63,450</b>
3	\$26,650	<b>\$79,950</b>
4	\$32,150	<b>\$96,450</b>
5	\$37,650	<b>\$112,950</b>
6	\$43,150	<b>\$129,450</b>
7	\$48,650	<b>\$145,950</b>
8	\$54,150	<b>\$162,450</b>
Each Additional Family Member Add:	+\$5,500 p/fm	<b>+\$16,500 p/fm</b>

# 2025-26 PA Pre-K Counts Enrollment Form

(This information is confidential to the PA Pre-K Counts program)

Date Form Completed:      /      /       
MM      DD      YY

Legal Last Name (Child)	Legal First Name (Child)	Middle Initial
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Street Address		County	
City		State PA	Zip Code
School District of Residence			
Home Phone	Work Phone	Email Address	

Child's Date of Birth	Age at start of program year <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>Race (optional)</b>	
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Other
<input type="checkbox"/> Not Applicable	
<b>Ethnicity (optional)</b>	<b>Primary Language</b>
<input type="checkbox"/> Hispanic	<input type="checkbox"/> English
<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Spanish
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Other _____ (please specify)

Name of Parent or Guardian completing this application	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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<b>Relationship to Child</b> <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ (please specify)	<b>(Select)</b> <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Adoptive <input type="checkbox"/> Other _____ (please specify)
---	--

<b>Role</b>	
<input type="checkbox"/> Primary Guardian	<input type="checkbox"/> Legal Guardian
<input type="checkbox"/> Secondary Guardian	<input type="checkbox"/> Other _____ (please specify)

**List Household Members below for determination of family size (required):**

	<i>Relationship to Child</i>	<i>Age</i>
1	ENROLLING CHILD	
2		
3		
4		
5		
6		
7		
8		

Per PKC Statute, Regulations, and Guidance, the following members of the household are included in family size:

- Parent of the child (biological or adoptive mother or father, stepmother or stepfather, caretaker or spouse)
- A biological, adoptive, unrelated or foster child or stepchild of the parent or caretaker who is under 18 years of age and not emancipated.
- A child who is 18 years of age or older but under 22 years of age who is enrolled in high school, a general educational development program, or a post-secondary program leading to a degree, diploma or certificate and who is wholly or partially dependent on the income of the parent or caretaker or spouse of the parent or caretaker.
- Others supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program. ***If counted toward family size, any applicable income of these persons must also be counted for eligibility purposes.***

Note: A family size value of one (1) with an income of \$0 is entered when a foster child is applying for Pennsylvania Pre-K Counts.

**DETERMINED FAMILY SIZE =**

**Employment Status of parent/guardian**

- Employed Full-Time
- Employed Part-Time
- Unemployed
- Other \_\_\_\_\_

**Employment Status of 2<sup>nd</sup> parent/guardian (if applicable)**

- Employed Full-Time
- Employed Part-Time
- Unemployed
- Other \_\_\_\_\_

**Household Income Sources (Must check all that apply):**

- |  |  |  |  |   |
|--|--|--|--|---|
| <input type="checkbox"/> Employment      | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Unemployment Compensation | <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> TANF Cash payments |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> SSI             | <input type="checkbox"/> Child Support             | <input type="checkbox"/> Alimony               | <input type="checkbox"/> Other              |

**Other Child Eligibility Risk Factor Criterion (Must check all that apply):**

	<b>Risk Factor</b>	<b>Definition</b>
<input type="checkbox"/>	Preschooler with an Individualized Education Program (IEP)-	Defined as a child who is currently enrolled in the Early Intervention program with an active IEP. Verification includes a copy of the IEP or other source of documentation from the parent or the Early Intervention agency.
<input type="checkbox"/>	Migratory (Non-Immigrant) Seasonal Student	Defined as a child who has moved from one school district to another to accompany or join a parent or guardian who is a migratory agriculture worker or fisher within the preceding 36 months, in order to obtain temporary or seasonal employment in qualifying agricultural or fishing work, including agri-related businesses such as meat or vegetable processing, or work in nurseries such as Christmas and evergreen tree farming.
<input type="checkbox"/>	English Language Learner	Defined as a child whose first language is not English and who is in the process of learning English. Ask these two questions, as established by the Pennsylvania Department of Education, to determine if a child qualifies as an English language learner: 1) What is/was the child's first language? 2) Does the child speak a language other than English? (Do not include languages learned in school).
<input type="checkbox"/>	Homeless	If any of the situations below apply a family is eligible under McKinney-Vento. Additional guidance is available from the <a href="#">National Center for Homeless Education</a> . <ul style="list-style-type: none"> <li>- If the family is staying with others, was this a result of a loss of housing, economic hardship, or other similar reason?</li> <li>- Is the family living in a shelter? (Includes youth, emergency, transitional living, domestic violence, etc.)</li> <li>- Is the family living in a motel, hotel, or campground?</li> <li>- Is the family staying in a public or private place not ordinarily used as a regular sleeping accommodation for human beings?</li> <li>- Is the family living in cars, parks, public places, abandoned buildings, transportation stations, or similar settings?</li> <li>- Is the family living in substandard (limited or no utilities, unsafe conditions, etc.) housing?</li> <li>- Has the child been abandoned, in a hospital, or awaiting foster care placement?</li> </ul>
<input type="checkbox"/>	Child in or Part of Family in Child Welfare System	Defined as a child who is a foster child, a kinship care child, or receiving Children and Youth Services.
<input type="checkbox"/>	Child's Family or Living Structure	Defined as a child with a single parent, divorced parents, or with relatives as guardians.
<input type="checkbox"/>	Child Receiving Behavioral Supports	Defined as a child who is referred to Pennsylvania Pre-K Counts from an appropriately credentialed health or mental health provider (not employed by the Pennsylvania Pre-K Counts program) or a child who is receiving mental health treatment. Additional verification beyond the interview is required.
<input type="checkbox"/>	Teen Parent	Defined as a mother or father who was under the age of 18 when the child was born.
<input type="checkbox"/>	Incarcerated Parent	Defined as a child for whom one or both of the child's parents are currently incarcerated.

<input type="checkbox"/>	Education Level of Guardian	Defined as when the parent or legal guardian of the child does not have a high school diploma, high school equivalency, or postsecondary degree.
<input type="checkbox"/>	Eligible for or Receives the Following Public Assistance: TANF, SSI, SNAP	This risk factor was added in 2024. Defined as a family who can produce documentation of eligibility for or receipt of TANF, SSI, or SNAP. <b>(Categorically eligible for Head Start, please refer to HS program if available.)</b>
<input type="checkbox"/>	Child Enrolled in Infant Toddler Contracted Slots Program (ITCSP)	Defined as a child enrolled in ITCSP and eligible to transition into PA PKC.
<input type="checkbox"/>	Child Lives in Geographic Area of High Poverty	Providers wishing to prioritize specific geographic regions with higher rates of poverty may do so. This might include specific zip codes, school districts, or other factors.
<input type="checkbox"/>	Concerns Regarding Child's Physical Development or Existing Medical Condition (Currently Not Receiving EI Services)	If a family concern is shared that is not covered by any of the other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI.
<input type="checkbox"/>	Concerns Regarding Child's Speech or Language Development (Currently Not Receiving EI Services)	If a family concern is shared that is not covered by any other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI.
<input type="checkbox"/>	Concerns Regarding Child's Social, Emotional, or Behavioral Development (Currently Not Receiving EI Services)	If a family concern is shared that is not covered by any other risk factors and the child has not yet been referred to EI for evaluation, the program should share information on EI.

**Family Assurances**

By signing below, I acknowledge and agree to the following:

- I understand that my child's eligibility for Pennsylvania Pre-K Counts (PA PKC) is subject to the program's two-year participation limit. My child must be at least three years old by the kindergarten cutoff date set by the school district where we live to assure compliance with receiving only two-years of PKC programming.
- Once my child reaches the age required to enroll in kindergarten in the public school district where we live, I understand they will no longer be eligible for PA PKC funding.
- I understand that my child's enrollment is contingent upon meeting the eligibility criteria, including income verification and prioritization based on risk factors.
- I understand that the PA Pre-K Counts (PKC) program is an educational program with attendance requirements. I agree to ensure my child's regular attendance and to notify the program in case of absences. My program's PA Pre-K Counts hours of operation are:

\_\_\_\_\_

- I understand that the PKC portion of the day will be secular (non-religious) in nature and will not include religious instruction during the PKC portion of the day. My program's PA Pre-K Counts hours of operation are:

\_\_\_\_\_

**Parent/Guardian Certification**

To the best of my knowledge, the information provided in this application and the associated income documentation is accurate. I understand that I may be asked to verify or give proof of information provided.

I certify that all information provided is accurate. I understand that eligibility is subject to verification and providing false information may result in disqualification.

\_\_\_\_\_  
Parent/Legal Guardian (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Name (Print Name)

-----  
**Family and Program Administrator to Complete This Portion Together**

**For Head Start Eligible families (100% of FPL or below)**

Check if not applicable

I have been informed of my child's eligibility for Head Start and given the following:

- Contact information for the following Head Start location

\_\_\_\_\_

- Application and/or assistance with referral
- Brochure or website with information about Head Start

- I understand that my signature below indicates that I have been informed about my options for Head Start, and that I may choose to enroll in either the Pre-K Counts program or Head Start if eligible for both.

\_\_\_\_\_  
Parent/Legal Guardian (Signature)

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

**Income Verification**

**2025 Federal Poverty Level Guidelines Based On Annual Income**

Family Size	100% (Head Start Eligible)	300% (Pre-K Counts Eligible)
1	\$15,650	\$46,950
2	\$21,150	\$63,450
3	\$26,650	\$79,950
4	\$32,150	\$96,450
5	\$37,650	\$112,950
6	\$43,150	\$129,450
7	\$48,650	\$145,950
8	\$54,150	\$162,450
<b>Each Additional</b>	+\$5,500 for each additional family member	+\$16,500 for each additional family member

**Pay Frequency Calculation Guide:**

Weekly	Multiply gross weekly income by 52
Bi-Weekly	Multiply gross income by 26
Semi-Monthly	Multiply gross income by 24
Monthly	Multiply gross income by 12

**INCOME CALCULATION GRID**

Name	Income Source	Pay Frequency	Gross Amount	Annualized Amount
1.				
2.				
3.				
4.				
<b>Total Annual Income:</b>			<b>\$ _____</b>	

**Actual Annual Verified Gross Household (Family) Income:**      \$ \_\_\_\_\_

\*Attach copies of documents used to verify income prior to enrollment

**Family Size (per PKC guidelines):** \_\_\_\_\_

Family income is at or below 300% of federal poverty level relative to family size (required risk factor). Consider all sources of income. Must be verified prior to enrollment.

\_\_\_\_\_  
Staff Verifying Income and Risk Factors Signature

\_\_\_\_\_  
Date



**Dual Enrollment Verification (Complete once eligibility and enrollment is confirmed)**

This section helps process the PA PKC Verification Form, which documents a child's enrollment in the PA PKC Program and is submitted to the ELRC. Additionally, it ensures families seeking wraparound services receive referrals to the local ELRC and accurate notification of the PKC enrollment start date.

Is this child currently receiving CCW subsidy (at any program)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the family interested in receiving ELRC contact information to determine eligibility for CCW wrap around care (at any program)? Referral for ELRC # _____ Contact email or Phone number shared with family _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the PA PKC program submitted a Verification Form to/communicated with the appropriate ELRC to confirm PKC enrollment with Child Care Works (CCW) and received confirmation back? <b>Use the PA PKC and CCW dual enrollment contacts list on the PKC portal for this information</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**DELAWARE VALLEY SCHOOL DISTRICT  
MILFORD, PENNSYLVANIA 18337  
HEALTH REGISTRATION FORM**

Date of Entry \_\_\_\_\_  
Grade \_\_\_\_\_

Teacher \_\_\_\_\_  
School \_\_\_\_\_

Dear Parent:

When your child enters school, we establish a cumulative record file on him/her to enable us to have a greater understanding of your child's needs. All information, of course, will be kept strictly confidential, so please answer every question. Birth certificate and Immunization Record must be presented at registration.

PLEASE PRINT NEATLY. Thank you for your cooperation.

Has your child ever attended school in DVSD? \_\_\_\_\_  
If yes, what grade? \_\_\_\_\_

Pupil's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
No. Street

Home Telephone No. \_\_\_\_\_

Town State Zip Code

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Community or Road \_\_\_\_\_

Last School Attended: \_\_\_\_\_ City or Town: \_\_\_\_\_ Grade: \_\_\_\_\_

Father or Male Guardian

Mother or Female Guardian Name

Name	
Relation to Child	
Occupation	
Cell Phone	
Work Phone	
Email	

Child lives with: Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Other person \_\_\_\_\_ (name & relationship to student)  
Language spoken in home \_\_\_\_\_

**OTHER CHILDREN IN FAMILY**

Name	Birthdate	School	Name	Birthdate	School

If parent is not available in Emergency, call:

1. \_\_\_\_\_
2. \_\_\_\_\_

Physician to be called in Emergency: \_\_\_\_\_  
Name Address Phone No.

**DISEASE & HEALTH HISTORY**

Asthma or Bronchitis: \_\_\_\_\_  
Foods, Drugs, Hay Fever, Grasses, Animals – PLEASE BE SPECIFIC: \_\_\_\_\_  
Any Hospitalization, stitches or fractures? \_\_\_\_\_

Family History of Color Blindness: \_\_\_\_\_ If yes, whom? \_\_\_\_\_

Eye Glasses Yes \_\_\_\_\_ No \_\_\_\_\_ Contacts Yes \_\_\_\_\_ No \_\_\_\_\_ It is advised that every child wearing eye glasses should receive periodic eye examinations. The school would appreciate a report of exam and name of examiner together with any recommendations for school.

Does your child have any other medical conditions? Yes \_\_\_\_\_ No \_\_\_\_\_

List: \_\_\_\_\_

Does your child take any medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If so please list \_\_\_\_\_

Will your child need to take medication at school? Yes \_\_\_\_\_ No \_\_\_\_\_ Please list: \_\_\_\_\_

Do you have health insurance for your child? Yes \_\_\_\_\_ No \_\_\_\_\_

**Delaware Valley School District  
Student Information Form for Preschool**

Student's Name: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING:

Has the student ever been enrolled in DVSD before? \_\_\_\_\_ If yes, what school? \_\_\_\_\_

Total number of children \_\_\_\_\_ List names and ages of the other children \_\_\_\_\_

\_\_\_\_\_

Does your child have the opportunity to play with children his/her own age? \_\_\_\_\_

How does your child relate (shy, outgoing, etc.) to the following: Friends: \_\_\_\_\_

Siblings: \_\_\_\_\_ Adults: \_\_\_\_\_ Baby Sitter: \_\_\_\_\_

Is your child able to dress himself/herself? \_\_\_\_\_ Comments \_\_\_\_\_

\_\_\_\_\_

What responsibilities does your child have at home? \_\_\_\_\_

\_\_\_\_\_

Which hand is used for Eating? \_\_\_\_\_ Holding Pencil? \_\_\_\_\_ Playing? \_\_\_\_\_

At home does your child use: Crayons \_\_\_\_\_ Scissors \_\_\_\_\_ Paste \_\_\_\_\_ Clay \_\_\_\_\_ Blocks \_\_\_\_\_

What time does your child go to bed at night? \_\_\_\_\_ Does he/she still take naps? \_\_\_\_\_

Is there any home/neighborhood problem or situation which might affect your child at school?

\_\_\_\_\_

Do you read to your child? \_\_\_\_\_ How Often? \_\_\_\_\_

Does your child listen to and carry out directions? \_\_\_\_\_

Is your child currently taking any medications? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

\_\_\_\_\_

If your child has strong fears, such as thunder or dark places, please list? \_\_\_\_\_

\_\_\_\_\_

Does your child attend CDD? (Center for Developmental Disabilities) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain why. \_\_\_\_\_

\_\_\_\_\_

Is there any additional information you can give about your child which could help us make this preschool year a successful one?

\_\_\_\_\_

\_\_\_\_\_



# HOME LANGUAGE SURVEY

**ALL newly registering students regardless of race, nationality, or language origin MUST complete this form.** Federal law requires that all Local Education Agencies (LEAs) utilize a non-biased procedure for identifying which students are potential English Learners (ELs) in order to provide appropriate language instruction educational programs and services. Given this responsibility, LEAs have the right to ask for the information contained on this and other forms associated with the identification process.

**Student Information: Parents/Guardians should complete this section.**

Child's first name: \_\_\_\_\_

Child's last name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Current grade: \_\_\_\_\_ School of Enrollment: \_\_\_\_\_

**Questions for Parents/Guardians: Please answer all three questions.**

1. Is a language other than English spoken in the child's home?  No  Yes (language) \_\_\_\_\_
2. Does your child communicate in a language other than English?  No  Yes (language) \_\_\_\_\_
3. What is the language that your child first learned to speak? \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

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

Interpreter Provided  No  Yes

The school district has the responsibility under the federal law to serve students who are limited English proficient and need English Language Development (ELD) services. Given this responsibility, the school district has the right to ask for the information it needs to identify English Learners (ELs). As part of the responsibility to identify ELs, the school district may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district in the future.

For Office Use Only:

Date Received: \_\_\_/\_\_\_/\_\_\_

ELD Staff Member: \_\_\_\_\_

\_\_\_\_\_

## Delaware Valley School District

### Pre K Counts Attendance Policy

**Pre K Counts Students are required to have 85% attendance.**

#### Pre K Counts Absence Definitions

- **Excused absences** are defined as: those absences when a student is prevented from attending for mental, physical or other urgent reasons. These can be further defined as illness, family emergency, death of a family member, health or dental appointments, fire, natural disaster, or other extenuating circumstances deemed as excused by the program.
- **Unexcused absences** are any absences that are not included in the above definition of excused absences.

#### Attendance Procedures

Students enrolled in PA Pre-K Counts classroom are considered full-time and must attend 5 days per week for a minimum of 180 school days per year for the full length of the day, either 2.5 hours/half day.

- Children with 10 or more excused absences will receive an attendance alert letter from the school principal as required by Delaware Valley School District Board Policy.
- Children with 10 or more excused absences are required to get a doctor's note for each absence after 10 in order for the absence to be considered excused. The note must be on Dr's letter head and it can be mailed, dropped off or faxed to the school from the Doctor's office. Failure to provide a Doctor's note will result in a having an unexcused absence.

Families must be contacted when children are absent for 3 consecutive days to learn the nature of the absence and offer support, as appropriate.

- The school nurse or the Director of Elementary Education's Secretary will call parents after three consecutive days absent. Additionally children with three or more unexcused absences will receive an attendance alert letter from the school principal. Unexcused attendance alert letters are sent by certified mail.

When children have more than 5 consecutive unexcused absences, the provider and family, together, must discuss the reasons for the absence and determine ways to support the child's attendance in school.

- Children with 5 consecutive unexcused absences will be referred to the School's 1ST Team. The team will develop an 1ST Plan to support the child's attendance at school.

Children who have 10 or more consecutive unexcused absences or more than 10% unexcused absences over the course of the school year (more than 18 days total) and have not responded to program supports must be dismissed from the PA Pre-K Counts classroom and replaced with an eligible child from the waiting list or recruited from the community.

- Families will be called by the school principal and informed that they are being removed from the Pre K Counts Program. They will also receive a certified letter from the school indicating that they are being removed from the program.

CHILD'S NAME: \_\_\_\_\_

**Attendance Policy for Pre K Program**

Attendance is imperative to your child's success in the preschool program. Absences due to illness are understandable (absent note is required). The minimum requirement for attendance in the preschool program is 85%. Excessive absences due to non-medical reasons are unacceptable. In the event of excessive, unexcused absences, your child's slot in the Preschool Program may be in jeopardy.

Often children at this age become overwhelmed and over stimulated in a structured school setting. When this occurs, the teaching staff, IST Team and administration may feel it necessary to reduce the amount of days your child attends class each week. We will work with your child to gradually build his/her ability to attend school on a full-time basis.

Making your child's first learning experience happy and successful is our top priority. Please make this your top priority and make every effort to have your child attend class regularly.

**ATTENDANCE AGREEMENT**

I understand and accept these attendance requirements as stated above.

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

\_\_\_\_\_  
Date

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

### **Preschool Preference**

Please indicate which building and class time you would prefer:

\_\_\_\_\_Dingman Delaware Primary School

\_\_\_\_\_AM Class (9:15 – 12:00)

\_\_\_\_\_PM Class (12:15 – 3:00)

\_\_\_\_\_Full Day (9:15 - 3:00)

\_\_\_\_\_Delaware Valley Elementary School

\_\_\_\_\_AM Class (9:00-11:45)

\_\_\_\_\_PM Class (12:00-2:45)

\_\_\_\_\_Full Day (9:00-2:45)

**While we cannot guarantee that we will be able to accommodate your preference, your choices will be taken into consideration when classes are assigned.**

**DELAWARE VALLEY SCHOOL DISTRICT**  
**PRIVATE PHYSICIAN'S REPORT OF**  
**PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

Name of School \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: M F

**PLEASE ATTACH CURRENT IMMUNIZATION RECORD FROM DOCTOR OR CLINIC**

Medical History (if yes, explain)

Allergies -----Y N \_\_\_\_\_ Hypertension-----Y N \_\_\_\_\_  
 Asthma-----Y N \_\_\_\_\_ Neuromuscular Disorder -----Y N \_\_\_\_\_  
 Cardiac-----Y N \_\_\_\_\_ Orthopedic Condition-----Y N \_\_\_\_\_  
 Drug/Alcohol Dependency---Y N \_\_\_\_\_ Respiratory Illness-----Y N \_\_\_\_\_  
 Diabetes-----Y N \_\_\_\_\_ Seizure Disorder-----Y N \_\_\_\_\_  
 Gastrointestinal Disorder----Y N \_\_\_\_\_ Skin Disorder-----Y N \_\_\_\_\_  
 Hearing Disorder-----Y N \_\_\_\_\_ Vision Disorder-----Y N \_\_\_\_\_  
 Other (specify) -----Y N \_\_\_\_\_

Please list any special medical problems or medications the student takes.

**PHYSICAL EXAM**

Height \_\_\_\_\_ Weight \_\_\_\_\_ BMI \_\_\_\_\_ Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_

System	Normal	Abnormal	Deferred	Comment/Screening Result		
Hair/Scalp						
Skin						
Eyes & Vision Screening				OD	OS	REFER
Ears & Hearing Screening				PASS	FAIL	REFER
Nose & Throat						
Teeth & Gingiva						
Lymph Glands						
Heart						
Lungs						
Abdomen						
Genitourinary						
Neuromuscular/Extremities						
Spine/Scoliosis						
<b>Psycho-Social Screening</b>				WNL		REFER: Y N

Is the child under treatment? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does the child have any restrictions on play or physical education activities? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date of Exam \_\_\_\_\_

Signature of Examiner \_\_\_\_\_

Phone \_\_\_\_\_

PRINT name \_\_\_\_\_



DELAWARE VALLEY SCHOOL DISTRICT  
NURSE'S DEVELOPMENTAL HISTORY

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

A child's development since birth influences his/her total health and growth. Please answer the following questions:

History of Birth:

1. Mother's age at child's birth: \_\_\_\_\_.
2. Were there any unusual conditions during pregnancy (i.e. bleeding, infection, German Measles, medication, high blood pressure)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, which illness and when did illness occur? \_\_\_\_\_
3. Was the baby premature? \_\_\_\_\_ at what month was baby delivered? \_\_\_\_\_
4. What was the baby's weight at time of birth? \_\_\_\_\_
5. Was delivery normal? \_\_\_\_\_ Forceps delivery? \_\_\_\_\_ C-Section? \_\_\_\_\_  
If C-Section, why? \_\_\_\_\_
6. Were there any conditions or problems in the child after birth (i.e. Jaundice, need for oxygen, birth injuries, or birth defect)? \_\_\_\_\_ Comment \_\_\_\_\_
7. Was the labor difficult? \_\_\_\_\_ How long was labor? \_\_\_\_\_
8. RH factor or any other blood problem? \_\_\_\_\_
9. Apgar at 1 minute \_\_\_\_\_ at 5 minutes \_\_\_\_\_

History of Infancy and Childbirth:

Has your child shown any of the following? (Answer Yes or No)

1. Extreme Activity \_\_\_\_\_ Comment: \_\_\_\_\_
  2. Extremely Tired/Sleepy \_\_\_\_\_ Comment: \_\_\_\_\_
  3. Frequent Headaches \_\_\_\_\_ Comment: \_\_\_\_\_
  4. Temper Tantrums \_\_\_\_\_ Comment: \_\_\_\_\_
  5. High Fevers \_\_\_\_\_ Comment: \_\_\_\_\_
  6. Fainting \_\_\_\_\_ Comment: \_\_\_\_\_
  7. Convulsions/Seizures \_\_\_\_\_ Comment: \_\_\_\_\_
  8. Feeding Problems \_\_\_\_\_ Comment: \_\_\_\_\_
  9. Bowel/Bladder Problems \_\_\_\_\_ Comment: \_\_\_\_\_
  10. Allergies \_\_\_\_\_ Comment: \_\_\_\_\_
  11. Frequent Stumbling/Falling \_\_\_\_\_ Comment: \_\_\_\_\_
  12. Poor Coordination \_\_\_\_\_ Comment: \_\_\_\_\_
  13. Nail Biting \_\_\_\_\_ Comment: \_\_\_\_\_
  14. Eye Blinking \_\_\_\_\_ Comment: \_\_\_\_\_
  15. Stuttering \_\_\_\_\_ Comment: \_\_\_\_\_
  16. Bed Wetting \_\_\_\_\_ Comment: \_\_\_\_\_
  17. Thumb Sucking \_\_\_\_\_ Comment: \_\_\_\_\_
  18. Other Habits/Problems \_\_\_\_\_ Comment: \_\_\_\_\_
  19. Any Injury to Eyes/Head/Neck \_\_\_\_\_ Comment: \_\_\_\_\_
  20. Any Hospitalizations \_\_\_\_\_ Comment: \_\_\_\_\_
  21. Any family history of birth defects, convulsive disorders, heart disease, diabetes, TB? \_\_\_\_\_ Comment: \_\_\_\_\_
  22. Has your child been to any clinics or other agencies? \_\_\_\_\_ Comment: \_\_\_\_\_
  23. At what age did your child first sit alone \_\_\_\_\_, walk alone \_\_\_\_\_, crawl \_\_\_\_\_, said single words \_\_\_\_\_, talk in Sentences \_\_\_\_\_, first tooth \_\_\_\_\_, bowel trained \_\_\_\_\_, bladder trained \_\_\_\_\_
  24. Is there any other pertinent health information we should be advised of? \_\_\_\_\_
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## Delaware Valley School District

Dear Parent .

School health law requires all children who are in grade K, three and seven to have a complete dental examination. If the required examination is done by your family dentist, please have them complete the form below and return it to the school nurse's office.

If you are on an every six month schedule, please mail this form to your dentist and request that it is completed for the last dental visit. Any exam done within one year of August of the current school year is acceptable. Any students who are not examined privately will be examined by the school dentist in the spring. Students who fail to complete and/or submit acceptable evidence of the mandated dental examination within the appropriate time period will not be admitted to school the following school year unless or until acceptable proof of compliance is received.

Thank you,  
*Delaware Valley Nurses*

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### Family Dentist Report

Student name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

1. This student last visited my office on \_\_\_\_\_
2. All necessary corrections were made at that time. Yes \_\_\_ \_ No \_\_\_ \_
3. If the above answer is no, please indicate the dental correction needed:  
\_\_\_\_\_ primary teeth \_\_\_\_\_ permanent teeth \_\_\_\_\_ fillings  
\_\_\_\_\_ extractions \_\_\_\_\_ gross malocclusion  
\_\_\_\_\_ prosthetic replacement for lost or missing teeth  
\_\_\_\_\_ other \_\_\_\_\_

This child is currently under my supervision *for* the above condition. Y N

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Dentist Signature

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Date

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Dentist Address