

# TIGER TOTS

Early Childhood Learning Center

2017-2018  
Program Guide  
and  
Registration Packet



Tenaflly High School  
Family and Consumer Sciences Department  
201-816-4502



**TIGER TOTS**  
**EARLY CHILDHOOD LEARNING CENTER**  
**2017-2018**



**TENAFLY SCHOOL DISTRICT**  
**FAMILY AND CONSUMER SCIENCES DEPARTMENT**

**INTRODUCTION:**

Welcome to **Tiger Tots!** This program has been designed to provide for the social, emotional, and academic development of all **Tiger Tots** participants. Please follow all rules and regulations presented in this manual.

**PHILOSOPHY:**

**Tiger Tots** is a unique educational program combining a quality and varied learning environment for preschoolers with an opportunity for teenagers to learn by experience. The preschooler is provided with the opportunity to associate with other children in both free play and regularly scheduled creative activities that are planned, prepared, and conducted by the staff and the high school students. Activities include music, arts and crafts, games, math and reading readiness, science, language arts, technology, physical education, and story-time.

**HIGH SCHOOL INTERACTION:**

Child Development courses are part of the high school Family and Consumer Sciences curriculum. In these courses high school students observe, work with, learn to teach and care for preschool children. By combining regularly scheduled class sessions with the tots, the teenagers are given the opportunity to study the physical, intellectual, social and emotional development of the preschool child.

**STAFF:**

The program operates under Board of Education policies and procedures and is administered through the Family and Consumer Sciences Department at Tenafly High School.

The classroom is staffed by a full-time certified teacher as well as classroom paraprofessionals. All staff is appointed by the Board of Education and must meet all of the Board's hiring and employment requirements.

**OTHER REQUIREMENTS:**

**Tiger Tots** registration for the 2017-2018 school year will be open to Tenafly residents beginning on Tuesday, January 10, 2017. Registration for Tenafly Public Schools staff members will begin on Tuesday, January 17, 2017. Tenafly residents will be given priority until January 17. Enrollment will be limited to 20 students. Children who will be three years old by October 15, 2017, and are **FULLY** toilet trained, are eligible as applicants for the program.\*\* Acceptance is on a first-come, first-served basis. Once enrollment has reached 20 students, a wait list will be maintained.

\*\* Please note: Children will not be admitted to the **Tiger Tots** program if they will have attained the age of five years on or before October 15<sup>th</sup> of the year in which admission is requested. Those children are eligible for Kindergarten admission.

**PROGRAM OPERATION:**

- A. Location: The program is offered at Tenafly High School.
  
- B. Facilities: The **Tiger Tots** classroom is conducted in a pleasant, well-lighted, well-ventilated ground floor room. The room is equipped with child size tables, chairs, and age appropriate play equipment. A safe, enclosed outside area has been especially designed for the preschoolers' use. Toilet facilities are located in the classroom.
  
- C. Schedule: The program operates every day that the high school is in session, from September until the start of exams in mid-June. Hours are 7:30 a.m. until 5:00 p.m. The school calendar is available online at [www.tenafly.k12.nj.us](http://www.tenafly.k12.nj.us).
  
- D. Emergency Closing: The **Tiger Tots** program will not operate when school is closed because of inclement weather or other emergency situations. The “**Tiger Tots**” teachers/paraprofessionals or our “Honeywell” automated telephone system will notify parents of school closings. Infrequently, due to weather or other unanticipated circumstances, the school will close early. If this should occur, parents/guardians will be notified by telephone. Parents/guardians will be asked to provide emergency “pick up” options for their children.
  
- E. Fees/Tuition Rates: **Tiger Tots** makes every effort to provide a quality program while maintaining reasonable fees.

The tuition rates are as follows based on the September-June school calendar:

5 days/wk	4 days/wk	3 days/wk
\$900 per month	\$750 per month	\$650 per month

At the time of registration into the program a payment of \$200 will be due. Of this, \$50 will constitute a non-refundable registration fee. The remainder (\$150) will constitute the security deposit which will be deducted from the June 2018 payment. Those currently in the program and eligible to return will not have to pay the \$50 registration fee, but will be required to pay the \$150 security fee. This fee is standard regardless of the number of hours per day your child is in attendance. The September tuition will be due on August 1, 2017, and subsequent monthly payments beginning in October will be due on the first of each month. Tuition payments are non-refundable.

- F. Drop Off Day: If you would like your child to attend school an additional day during the week, the daily rate is \$100. Please contact the teacher for availability. This payment must be paid directly to the teacher by check on the “drop off” day.

G. Late Fees: A late fee will be charged when children are not picked up by 5:00 p.m. The fee will be \$5.00/5-minute intervals after 5:00 p.m. Our intention in this policy is to guarantee that all children will be picked up promptly.

H. Enrollment/Registration: Enrollment is offered on a space available basis.

For payment rates and policy, please see “section E” above. Checks should be made payable to: **Tenaflly Board of Education**. There will be no refunds for withdrawal or absence during any month. Thirty days notice will be required prior to withdrawal. Therefore, once enrolled, payment is expected regardless of whether or not the child is in attendance. Parents/guardians who wish to change their child’s enrollment status (number of days, etc.) during the year must submit a request directly to the director of the program.

A late fee of \$50.00 will be charged for payments received after the 10th of the month. Tuition not paid at the end of the current month will result in your child’s withdrawal from the program. Checks returned unpaid by your bank will be subject to a \$50.00 fee.

Registration fee and security deposit should be submitted at the time of registration at the Tenaflly Board of Education office, 500 Tenaflly Road, Tenaflly, New Jersey.

\*Please note that no space will be held for a child without payment.

ORIENTATION:

Orientation programs will be held prior to the start of the school year. Important information is distributed at the orientation so please make every effort to attend. Notification of that date will be sent to you if accepted into the program.

For more information please feel free to contact any of the following people:

Ms. Chanel Carela - Early Learning Center Teacher - 201-816-8142

Mr. Freddy Nunez - Supervisor - 201-816-4928/6668

Ms. Barbara Laudicina - Assistant Superintendent - 201-816-4511

Ms. Lynn Trager - Superintendent of Schools - 201-816-4502

- I. Arrival/Departure: Parents/guardians are required to log their child in and out each day upon arrival and departure. Parents/guardians are required to tell us specifically in writing on the “Escort Authorization” form in this packet who may pick up their child. Your child will not be released to any unauthorized person.
  
- J. Lunch and Snack: Parents/guardians are responsible for providing a nutritious snack and lunch each day. These should be sent in an appropriate container with all necessary utensils and labeled with the child’s name. A microwave oven and refrigerator are available for warming and storing lunches. Please do not send your child with soda, gum, candy, nut products or junk food.
  
- K. Clothing: All clothing should be labeled with your child’s name. Children should be dressed appropriately for active play and daily weather conditions. Each child will be required to have a complete extra set of clothing in case an emergency arises. Such clothing should be kept seasonal and in a sealed plastic bag at the bottom of the child’s knapsack. In addition, please provide a smock or oversized shirt for art activities.
  
- L. Rest: Children will have a supervised “rest time” each day. The center will provide a mat but parents/guardians must supply two thin blankets. All items should be labeled with your child’s name. (Please do not send large blankets, pillows or sleeping bags.)
  
- M. Toys: Please do not send your child to school with any books or toys from home, except for use during Show and Tell.
  
- N. Discipline: The purpose of discipline is to encourage appropriate behavior. **Tiger Tots** uses positive guidance techniques to enhance a child’s self-esteem. The interaction between the teachers, tots, and teenagers is very unique. Our carefully planned program encourages appropriate behavior.



**HEALTH POLICY:**

- A. Illness: It is necessary to protect the health of all school children and teachers. Therefore, the center will not admit a child who has any of the following illnesses or symptoms of the illness:
1. An oral morning temperature of 100 degrees or more. A child must be fever-free for 24 hours after medication has ceased.
  2. Conjunctivitis (pink eye) must be treated with antibiotic drops for 24 hours before the child can return to school.
  3. Sore throat, strep throat or severe coughing.
  4. Upper respiratory infection and/or bronchitis.
  5. Vomiting or diarrhea.
  6. Impetigo or any undiagnosed or contagious rash. Please notify the school nurse of such.
  7. Contagious Diseases: Please notify the school nurse immediately. Readmission to the program following a contagious disease (such as measles, chicken pox, mumps, roseola, head lice) requires a physician's written statement certifying that the child no longer presents a health risk.
- B. Medication: All medication will be kept in a secured area in the nurse's office. The Tenafly School District requires that all parents/guardians of students/children who need medication during program hours do the following:
1. Parent/guardian must present the district with a Medication Permission Request form completed by the prescribing physician and signed by the parent/guardian. You may request this form from the school nurse.
  2. Bring the medication in the original container or prescription bottle, properly labeled by a registered pharmacist as prescribed by law.
  3. Verbally inform the school nurse and present the medication.
- C. In School Illness/Emergency: **Tiger Tots** has a school nurse available. However, a sick child may not remain in school. Arrangements must be made to pick up the child immediately upon notification any time he or she is ill. Please have a realistic alternate plan for your child in case you are unavailable.
- D. Notification of Absence: Please call the school in the morning if your child will be absent.
- E. Medical Forms: Proof of immunizations and a doctor's report on the health of your child are required by the State of New Jersey. (Form included in registration packet.)



Lynn Trager  
Superintendent of Schools

500 Tenafly Road, Tenafly, NJ 07670  
Tel: 201-816-4501 - Fax: 201-816-4521  
Email: [ltrager@tenafly.k12.nj.us](mailto:ltrager@tenafly.k12.nj.us)

\*Revised September 2016

Delayed School Openings, Early Dismissal, or Emergency School Closings

In the event of bad weather or emergency conditions, it is the Board of Education's policy that the Tenafly Schools remain open unless a decision is made by the Superintendent to delay the opening of schools or to close for the day. If schools remain open, parents are to send their children to school at their discretion, depending on weather and driving conditions. All staff members are expected to report to work as usual.

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

**\*\*Honeywell** Reverse 911 to all Students and Staff

Tenafly Announcement Line **201-816-7729**

Tenafly Schools Website [www.tenafly.k12.nj.us](http://www.tenafly.k12.nj.us)

	Station
WINS	1010AM
CBS TV	Channel 2
News 12 New Jersey	Channel 12
WABC-TV	Channel 7
Fox 5 News	Channel 5
WNBC	Channel 4
FIOS1	FIOS1

\*\* Please be sure to sign up for the Honeywell Alert System. Also, be sure to have all you contact information updated in the event of an early dismissal.

General Information

1. Fire siren will NOT be sounded in the event of a school closing.
2. School office telephones will NOT be staffed until the usual or delayed hour.

If schools are closed during the day, SACC, Recreation programs, and any building use activities will be cancelled that night.

**DELAYED OPENINGS –**

**All schools would open 2 hours after their usual starting time as follows:**

**ELEM 10:30 am; TMS 10:13 am; THS 9:55 am**

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**EARLY DISMISSAL TIMES –**

**All schools would dismiss at these times:**

**ELEM 12:45 pm; TMS 12:20pm; THS 12:00 noon**



# TIGER TOTS

Early Childhood Learning Center

## REGISTRATION PACKET

2017-2018



Tenaflly High School

Family and Consumer Sciences Department

201-816-4502





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**EARLY CHILDHOOD LEARNING CENTER**  
**2017-2018**



**TENAFLY SCHOOL DISTRICT**  
**FAMILY AND CONSUMER SCIENCES DEPARTMENT**

**TO ENROLL PLEASE COMPLETE AND RETURN THE FOLLOWING:**

- 1 - TIGER TOTS APPLICATION FORM**
- 2 - ALL REQUIREMENTS FOR PROOF OF RESIDENCY**
- 3 - REGISTRATION PACKET**

THE \$200 PROGRAM FEE IS DUE  
UPON REGISTRATION INTO THE PROGRAM.  
(\$150 will be applied towards the June 2018 tuition,  
and \$50 is the non-refundable registration fee.)  
The program fee for returning students is \$150.

Checks should be made payable to:  
"Tenafly Board of Education"

\* NO CASH WILL BE ACCEPTED \*

**FUTURE TUITION PAYMENTS SHOULD BE SENT TO:**

**TIGER TOTS PROGRAM**  
Attn: Ms. Sharon Strompf  
TENAFLY BOARD OF EDUCATION  
500 Tenafly Road  
Tenafly, NJ 07670

**For More Information Contact:**

Ms. Chanel Carela  
Early Childhood Learning Teacher  
201-816-8142

Mr. Freddy Nunez  
Supervisor  
201-816-4928/6668

Ms. Barbara Laudicina  
Assistant Superintendent  
201-816-4511

Ms. Lynn Trager  
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TENAFLY SCHOOL DISTRICT  
FAMILY AND CONSUMER SCIENCES DEPARTMENT

APPLICATION FORM

*PLEASE PRINT*

CHILD'S NAME \_\_\_\_\_ GENDER \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

PARENT/GUARDIAN EMAIL \_\_\_\_\_

NAMES, RELATIONSHIP AND AGES OF OTHER HOUSEHOLD SIBLINGS:

\_\_\_\_\_

CHILD'S PREVIOUS PRESCHOOL/PLAYGROUP/DAY CARE EXPERIENCE:

\_\_\_\_\_

LANGUAGES SPOKEN OTHER THAN ENGLISH: \_\_\_\_\_

# DAYS PER WEEK \_\_\_\_\_ CIRCLE DAYS Mo Tu We Th Fr

\_\_\_\_\_ \* RESIDENT      \_\_\_\_\_ STAFF

\* Must provide proof of residency



Tenafly Public Schools  
 Office of the Superintendent  
 500 Tenafly Road  
 Tenafly, NJ 07670  
[www.tenafly.k12.nj.us](http://www.tenafly.k12.nj.us)  
 Fax: 201-569-3711



\*\*\*\*\*

Revised November 2016

TO: Parents/Legal Guardians  
 FROM: Ms. Lynn Trager, Superintendent of Schools  
 RE: **Proof of Tenafly Residency for Tiger Tots Registration**

**All** Tenafly residents who are registering students **must** verify their residency at the Superintendent's office at the Tenafly Board of Education, 500 Tenafly Road, **and must be physically residing in Tenafly to register.** Please bring the following proof-of-residency documents to the Superintendent's Office. These requirements are in accordance with District Policy #5111. You may contact Mrs. Mary Nicoletti at 201-816-4517 or email her at [mnicoletti@tenafly.k12.nj.us](mailto:mnicoletti@tenafly.k12.nj.us) with any questions.

**REQUIRED DOCUMENTS: (All documents must be officially translated into English)**

- 1) An original lease, dated and signed, effective during the current school year. If resident owns home, a recorded deed is required.
- 2) A current tax bill/statement is required if resident owns their home.
- 3) A copy of a **current** utility bill (i.e. PSE&G, landline phone, water, cable/internet) with name and Tenafly residency shown. If you have just moved in, please provide a **work order** for one of these utilities.
- 4) Proof of parent guardianship.
- 5) Your child's **original birth certificate**, if born in the United States. **Actual passport (not a photocopy) if born outside the United States.** (A Family Census Register may be needed if parent is not listed on Visa.)
- 6) A current bank statement or vehicle registration showing the family name and Tenafly address. If you have just moved in, ask your bank to provide us with a letter indicating your name and Tenafly address. An additional, **current** utility bill may be provided if bank statement or vehicle registration is not possible.
- 7) The Registration for Admission form must be fully completed. In addition, a completed health history form with up-to-date immunizations must be provided and reviewed by the school nurse before 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) A Certificate of Residency form is to be completed by the parent/guardian. Once the above documents are provided and proof of residency has been established, our registrar will notarize the Certificate of Residency form. All processed paperwork will then be sent to the appropriate school personnel who will then contact the parent/guardian to complete the registration process if necessary.

**TENAFLY BOARD OF EDUCATION  
500 Tenafly Road, Tenafly, NJ 07670**

**CERTIFICATE OF RESIDENCY**

\* This form must be notarized by a Tenafly Board of Education employee at the time of registration.

Date \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian of,  
(Name of Parent/Guardian – please print)

Full Name of Child <sup>1</sup>	Present Age	Grade Child is Entering in the Tenafly School District	Name of Tenafly Public School of Attendance

do hereby certify that I, along with my child, are officially residing in Tenafly at the following address:

\_\_\_\_\_

I hereby submit to the Tenafly school district the following documents, which establish that my child and I are domiciled in Tenafly:

- A. An original lease, effective during the current school year, within the Borough of Tenafly **OR** a recorded deed showing ownership of a residence within the Borough of Tenafly and also a current property tax bill/statement; **AND**
- B. Proof of parent guardianship; **AND**
- C. A copy of a current utility bill showing my Tenafly residency address; **AND**
- D. **Original birth certificate** of my child, if born in the United States **OR** if born outside of the United States, my child’s **actual passport**, not a photocopy of such (a Family Census Register may be required if parent is not listed on VISA); **AND**
- E. ONE of the following additional forms of documentation (circle the one provided):
  - 1. Current bank statement showing family surname and Tenafly residency address
  - 2. Current vehicle registration showing your Tenafly residency address

(Please note: Further documentation may be required (ie., Moving bill, additional utility bill, etc.)

<sup>1</sup> A Certificate of Residency form must be completed for each child in the district.

**AND, IF APPLICABLE,**

F. Current signed affidavit forms stating that the student listed above resides with you and is financially dependent upon you even though you are not the child's parent or legal guardian. Attach to affidavit forms documentation of financial dependency, ie., IRS tax return showing student as your dependent.

**Affirmation of Residency**

I, \_\_\_\_\_, hereby affirm that I am the  
(Please print parent/guardian name)

(Please check one) Parent \_\_\_\_\_ Guardian \_\_\_\_\_ Affidavit Host \_\_\_\_\_

of the child listed above. I further state that this form and the attached documentation constitute true and accurate proof that the child listed above resides with me within the Borough of Tenafly and will continue to do so. If the child listed above stops living with me, or if I move my residence out of the Borough of Tenafly, I will promptly notify the Tenafly Board of Education of this in writing.

If it is determined by investigation that the above stated address is not my valid Tenafly residency and the residence where the child named in this affidavit also resides, I acknowledge that I will be responsible to pay tuition to the Tenafly Board of Education for said child while attending the Tenafly Public School district and that unless the district approves continued school attendance as a tuition student, the child will be removed from the Tenafly school rolls and cease to attend Tenafly schools.

I certify that the foregoing statements made by me are true, and I am aware that if any of the foregoing statements made by me are false, I am subject to punishment.

\_\_\_\_\_  
(Signature of Parent/Guardian/Affidavit Host)

\_\_\_\_\_  
(Phone number)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary)

Notary Public of \_\_\_\_\_

My Commission Expires on: \_\_\_\_\_

TIGER TOTS REGISTRATION FOR ADMISSION - TENAFLY PUBLIC SCHOOLS

(Rev. 11/2016)

Last Name Given Name Middle Initial

Residency Address

City State Zip Code

Mailing Address

City State Zip Code

Home Phone Parents/Guardians

Date of Birth Gender Country of Citizenship

City of Birth State of Birth Country of Birth

Birth Documentation: Circle One BC - Birth Certificate (required for U.S. born) PP - Passport

Mandatory for all non U.S. Citizens:

First U.S. Entry Date: First Entry in a U.S. School - Date:

Federal and State standards dictate that Hispanic is not a race; therefore, a race selection of White, Black, American Indian /Alaskan, Asian, Hawaiian native / other Pacific Islander, or Other must be selected in addition to a selection of Hispanic.

Circle one or more of the following races:

Hispanic White Black American Indian/Alaskan Asian Hawaiian native/ other Pacific Islander Other

Primary Language spoken by the student:

Language spoken by the family at home:

Has the student previously attended a school in the U.S.? Circle One: Yes No

If Yes: Name of Previous School Grade

Address

City State

Has the student previously been enrolled in any Tenafly school: Circle One Yes No

If Yes - School Name: \_\_\_\_\_ Year student left the district: \_\_\_\_\_

Does the student have an educational disability: Circle One: Yes No

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**PARENT/GUARDIAN INFORMATION**

Circle One: Parent Guardian Other:

Title	First Name	Last Name
Address (If different than student)		City
State	Zip Code	Extra Mailing: Yes or No
Home Phone		Cell Phone
Pager Number		Primary Email Address
Employer		Work Phone

Circle One: Parent Guardian Other:

Title	First Name	Last Name
Address (If different than student)		City
State	Zip Code	Extra Mailing: Yes or No
Home Phone		Cell Phone
Pager Number		Primary Email Address
Employer		Work Phone

**Mandatory Military Information required by the State of New Jersey**

Please check the appropriate answer:

\_\_\_\_\_ Student is not military-connected

\_\_\_\_\_ Student is a dependent of a member of the Active Duty Forces (full-time) Army, Navy, Air Force, Marine Corps, or Coast Guard

\_\_\_\_\_ Student is a dependent of a member of the National Guard or Reserve Forces - Army, Navy, Air Force, Marine Corps, or Coast Guard



**PRIMARY EMERGENCY CONTACTS:**

Please supply two contacts in case of an emergency. These contacts may be parents, guardians, neighbors and/or extended family members.

**Contact 1**

Name _____	Relationship _____
Phone _____	Cell Phone _____
	Work Phone _____

**Contact 2**

Name _____	Relationship _____
Phone _____	Cell Phone _____
	Work Phone _____

**STUDENT HEALTH INFORMATION:**

Physician _____	Physician's Phone _____
Physician's address _____	
City _____	State _____

The following information is required for NJ SMART (NJ Standards Measurement & Resource for Teaching) state reporting.

Health Insurance Status: Is student currently insured? Circle one: Yes No

Name of Health Insurance Provider \_\_\_\_\_

**SIBLINGS: (Other Children)**

Name	Gender	Date of Birth	School

**MANDATORY** Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*For emergency purposes, the Tenafly Police Department will have access to student and parent/guardian contact information.*



500 Tenafly Road, Tenafly, NJ 07670-1796

**Genesis Parent Portal Access Registration**

The Tenafly Public Schools district uses the Genesis Parent Portal as a home-to-school communication system.

Parents/guardians are required to sign and complete all forms pertaining to each of their children. Once complete, parents will have the opportunity to view and monitor their children’s attendance, class schedule, and grades, as well as printing progress reports and report cards.

***Please note: None of the above mentioned documents are mailed or sent home with the student. They are only available online.***

To register for this service, please sign and complete all the information requested below.

Please complete one form only for all the children you are registering. (Only one (1) Parent Portal account per family.)

**PLEASE PRINT LEGIBLY**

Parent/Legal Guardian primary email address: \_\_\_\_\_  
 (This is required as it will become your Login ID)

Parent/Legal Guardian Last Name \_\_\_\_\_ Parent/Legal Guardian First Name \_\_\_\_\_

Relationship to student(s) \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Student’s Last Name	Student’s First Name	Student’s Grade & School

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

Form should be submitted at time of registration. Once your request has been processed, you will receive an email with your login (the email address you submitted on this form) and password information.



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TENAFLY SCHOOL DISTRICT  
 FAMILY AND CONSUMER SCIENCES DEPARTMENT

**EMERGENCY FORM**

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 (Street) (City) (State) (Zip)

PARENT/GUARDIAN NAME \_\_\_\_\_ CELL PH # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME PH # \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PLACE OF BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUS. PH # \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ CELL PH # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ HOME PH # \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PLACE OF BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUS. PH # \_\_\_\_\_

Persons to contact in case of emergency if neither parent/guardian are available:

Name \_\_\_\_\_ Name \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_

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

Hospital Preference: \_\_\_\_\_



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**EMERGENCY CARE FORM**

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

In the event that I am unable to be reached, I give my permission for emergency care to be initiated.

\_\_\_\_\_  
Date

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

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

In the absence of a parent/guardian, this original form will accompany child to a doctor's office or hospital.



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**ESCORT AUTHORIZATION FORM**

Below please list all individuals authorized to pick up your child. Please include parents/guardians first. A parent/guardian will be contacted first in case of an emergency. In the event that a person not listed on this form is being sent to pick up your child, both verbal and written confirmation by the parent/guardian signing this form must be received in advance. These steps are necessary to ensure the safety of the children in the program.

**(1)**  
Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_

**(3)**  
Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_

**(5)**  
Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_

**(2)**  
Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_

**(4)**  
Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_

**(6)**  
Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Phone \_\_\_\_\_

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

## 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 1<sup>st</sup> 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 1<sup>st</sup> 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 4<sup>th</sup> birthday or any 5 doses
- 3 doses of Polio-one dose given on or after 4<sup>th</sup> birthday or any 4 doses
- 1 dose of Mumps and Rubella vaccine given on or after 1<sup>st</sup> birthday
- 2 doses of Measles vaccine given on or after 1<sup>st</sup> birthday
- 3 doses of Hepatitis B vaccine
- 1 dose of Varicella vaccine given on or after 1<sup>st</sup> 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**.

# TENAFLY PUBLIC SCHOOLS Tenafly, New Jersey

IMMUNIZATION REGISTRY NUMBER

Name of Child (Last, First, M.I.) \_\_\_\_\_ Date of Birth (Mo/Day/Yr) \_\_\_\_\_ Sex  Male  Female

PARENT OR GUARDIAN NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_

VACCINE TYPE	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr	LEAD SCREENING	
						Test Date	Result
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination <i>(If Td or Dt, indicate in corner box)</i>							
Tdap							
POLIO - INACTIVATED POLIO VACCINE (IPV) <i>If oral vaccine, indicate (OPV) in corner box</i>							
MEASLES, MUMPS, RUBELLA (MMR)							
HAEMOPHILUS B (HIB)**						TB Screening	Date
HEPATITIS B						[Mantoux]	Results [MM]
VARICELLA						Chest Xray	Date
PNEUMOCOCCAL CONJUGATE**							Results
MENINGOCOCCAL						Therapy	Started
HEPATITIS A ***							Completed
HPV (HUMAN PAPILLOMAVIRUS) ***							
OTHER						BCG	Date

HISTORY	YEAR	HISTORY	YEAR	HISTORY	YEAR	HISTORY	YEAR
FOOD ALLERGIES		DIABETES		LYME DISEASE		JUVENILE RHEUMATOID ARTHRITIS	
NON-FOOD/NON-DRUG ALLERGIES		INFLUENZA (FLU)		MONONUCLEOSIS		AUTISM SPECTRUM DISORDERS	
		OTHER		NEUROMUSC. DISORDER		HEMATOLOGICAL DISORDERS	
ASTHMA		DRUG ALLERGIES		CHRONIC OTITIS MEDIA		ADD/ADHD	
CONGENITAL DISORDER		HEART DISEASE		AUTO IMMUNE DISORDERS		CONCUSSION/TBI	
CONVULSIVE DISORDER		HEPATITIS		STREP INFECTIONS			

Is child receiving medication  No  Yes . if yes, explain: \_\_\_\_\_

PRIVATE PHYSICIAN'S REPORT

PHYSICIAN'S REMARKS

EXAMINATION

Check if normal, otherwise (X) and give details

General Condition \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Eyes \_\_\_\_\_ Vision R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

Ears \_\_\_\_\_ Hearing \_\_\_\_\_

Throat \_\_\_\_\_ Teeth \_\_\_\_\_

Heart \_\_\_\_\_ Blood Pressure \_\_\_\_\_

Abdomen \_\_\_\_\_ Hernia \_\_\_\_\_

Gait \_\_\_\_\_ Neuro \_\_\_\_\_

Skin \_\_\_\_\_

Feet \_\_\_\_\_ Posture \_\_\_\_\_ Spine \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_ is in \_\_\_\_\_  
condition and may safely engage in all  
usual activities, except as noted above.

Date of examination (mo/day/yr) \_\_\_\_\_

\_\_\_\_\_ M.D.

Physician's stamp required





**TIGER TOTS**  
**EARLY CHILDHOOD LEARNING CENTER**  
**2017-2018**



TENAFLY SCHOOL DISTRICT  
FAMILY AND CONSUMER SCIENCES DEPARTMENT

**PAYMENT POLICY \*\***

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

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

\_\_\_\_\_

The Tenafly School District's **Tiger Tots** program has adopted the following policy for the 2017-2018 school year:

“The September **Tiger Tots** tuition payment is due August 1, 2017. All subsequent tuition payments are due by the first of the month starting with October 2017. Any payment received after the 10<sup>th</sup> day of each month will be charged a \$50.00 late fee. If payment is not received by the last day of the month, the district maintains the right to remove the student from our program.”

Please sign and return this form prior to your child's first day. Failure to return this form by that date may result in the rescheduling of your child's first day.

I have read the above policy and it is my intention to comply.

Parent/Guardian signature: \_\_\_\_\_

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

\*\* Please note that all tuition payments must be made by check payable to “Tenafly Board of Education” and that there is a \$50.00 fee for any check that is returned.



**TIGER TOTS**  
**EARLY CHILDHOOD LEARNING CENTER**  
**2017-2018**



TENAFLY SCHOOL DISTRICT  
FAMILY AND CONSUMER SCIENCES DEPARTMENT

**PARENT/GUARDIAN GUIDE FORM**

AFTER CAREFULLY READING THE ATTACHED INFORMATION, PLEASE SIGN AND DATE BELOW AND RETURN WITH ALL COMPLETED FORMS:

- APPLICATION FORM
- CERTIFICATE OF RESIDENCY FORM
- REGISTRATION FOR ADMISSION FORM
- GENESIS PARENT PORTAL FORM
- EMERGENCY FORM
- EMERGENCY CARE FORM
- ESCORT AUTHORIZATION FORM
- IMMUNIZATIONS/PHYSICAL FORM
- PAYMENT POLICY FORM
- PARENT/GUARDIAN GUIDE FORM

I verify that I have read and understand the **Tiger Tots** Program Guide and the Registration Packet.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Contact Email Address