

ORANGE BOARD OF EDUCATION
EARLY CHILDHOOD REGISTRATION FORM
(OFFICINA DE NINEZ TEMPRANA – FORMA DE MATRICULACIÓN) (FÒMILÈ ENSKRIPSYON)

ECE OFFICE USE ONLY:		
ID#		
Home School		
Preschool		
Languages	Primary	Home
Family Code		

DATE _____
(FECHA) (DAT)

ABOUT THE CHILD (Información de niño) (Enfòmasyon sou timoun nan)

Name on Birth Certificate (Nombre en Acto de Nacimiento) (Non ki sou batistè ti moun nan):

First (Primer)(Prenon) Middle (Segundo) (Dezyèm prenon) Last (Apellido) (Siyati)

Child's Date of Birth _____ Age: _____
(Fecha de nacimiento) (Dat Timoun nan fèt) (Edad) (Laj timoun nan)

Sex: M _____ F _____ Ethnicity: White _____ Black _____ Hispanic _____ Bi-racial _____
(Sexo) (Sèks) (Etnia) (Ras) (Blanco) (Blan) (Moreno)(Nwa) (Hispano)(Panyòl) (Bi-racial) (Bi-rasyal)

Country of Birth _____ City of Birth _____
(Pais de nacimiento) (Peyi kote timoun nan fèt) (Ciudad de nacimiento) (Vil Kote timoun nan fèt)

Date of U.S. Entry _____
(Fecha de entrada a Los Estados Unido) (États-Unis Date d'entrée)

Address: _____
(Dirección) (Adrès)

Home phone # _____ Cell# _____
(Número de telefono de casa) (Nimewo telefòn lakay) (Número celular) (Nimewo telefòn selilè)

Mother/Guardian Name _____
(Nombre de Madre/ Guardián) (Non manman / Moun ki responsab ti moun nan)

Home Address: _____
(Dirección) (Adrès lakay)

Home phone # _____ Cell# _____
(Número de telefono de casa) (Nimewo telefòn lakay) (Número celular) (Nimewo telefòn selilè)

Employer Name and Address (Nombre de Empleador y Dirección) (Non ak adrès kote wap travay)

Employer's Phone # _____ Occupation _____
(Número de telefono de Empleador) (Nimewo Telefòn kote wap travay) (Ocupación) (Pwofesyon w)

- Work Full-Time Work Part-Time Work Seasonal
(Trabajas Tiempo completo) (Trabajas Tiempo medio) (Trabajas estacional)
(Travay a tan plen) (Travay a tan pasyèl) (Travay sezonye)

Father/Guardian Name _____

(Nombre de Padre/ Guardián) (Non papa/Moun ki responsab ti moun nan)

Home Address: _____

(Dirección)(Adrès lakay)

Home phone # _____

(Número de telefono de casa) (Nimewo telefòn lakay)

Cell# _____

(Número celular)(Nimewo Selilè)

Employer Name and Address (Nombre de Empleador y Dirección) (Non ak adrès kote wap travay)

Employer's Phone # _____

(Número de telefono de Empleador) (Nimewo Telefòn kote wap travay)

Occupation _____

(Ocupación) (Pwofesyon w)

Work Full-Time

(Trabajas Tiempo completo)
(Travay a tan plen)

Work Part-Time

(Trabajas Tiempo medio)
(Travay a tan pasyèl)

Work Seasonal

(Trabajas estacional)
(Travay sezonye)

FAMILY HISTORY (Historia Familiar)(Enfòmasyon medical sou ti moun nan):

What kind of Health Insurance does the child have? (¿Qué clase de Seguro Médico tiene el niño?) (Ki kategori asirans medikal ke ti moun nan genyen)

_____ Private or employment based (Privado o del Empleador)(Asirans prive ou byen asirans travay)

_____ Medicaid (Medicaid)

_____ New Jersey Family Care (NJ Family Care)

_____ Charity Care (Cuidado de Caridad)

_____ Uninsured (No tiene seguro)(San asirans)

Does the child have any chronic medical problems, special needs, or disabilities? Yes _____ No _____

(¿Tiene su niño algún problema médico crónico, ó necesidad especial, ó es incapacitado?) (Sí) (Wi) (No) (Non)
(Eske ti moun nan soufri ak yon maladi ke l toujou genyen, bezwen yon asistans espesyal oswa andikape)

If Yes, describe (Describir si es sí)(Si w reponn wi, bay plis esplikasyon):

Has the child been in an Early Intervention Program? Yes _____ No _____

(¿Ha estado el niño en un Programa de Intervención Temprana?) (Sí) (Wi) (No) (Non)
(Eske ti moun nan te swiv yon pwogram entèvensyon bonè)

Yes _____ No _____

(Sí) (Wi) (No) (Non)

Have there been any changes in your life or the child's life in the past six months? Yes _____ No _____

(¿Ha habido cualquier cambio en su vida o en la vida del niño en los ultimos seis meses?) (Sí) (Wi) (No) (Non)
(Eske gen yon chanjman ki fèt nan vi pa w oswa nan vi ti moun nan pandan sis dènye mwa yo)

If Yes, describe (Describir si es sí)(Si w reponn wi, bay plis esplikasyon):

Child lives with and they have legal custody (Documentation of custody needed)

(Con quien vive el niño y si tienen custodia legal (Documentación legal necesaria)

(Ak kiyès moun ti moun nan ap viv, eske moun saa gen otorizasyon lalwa pou l fè sa / Fok ou bay dokiman ki pwouve sa)

_____ Mother & Father <i>(Madre y Padre)</i> <i>(Manman ak Papa)</i>	_____ Mother ONLY <i>(SoloMadre)</i> <i>(Manman sèlman)</i>	_____ Father ONLY <i>(SoloPadre)</i> <i>(Papa sèman)</i>	_____ Guardian <i>(Guardián)</i> <i>(Moun ki responsab la)</i>
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_____ Adoptive Parent(s) <i>(Padres Adoptivos)</i> <i>(Paran adoptif)</i>	_____ Foster Parent(s) <i>(Padres temporales)</i> <i>(Paran ti moun nan pou yon ti bout tan)</i>
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What methods of transportation do your household members have convenient access to/from home?

(¿Qué métodos de transporte tienen los miembros de su hogar par air y venire de casa?)

(Ki mwayen deplasman moun ki lakay ou itilize pou yo rantrè ak sòti lakay ou)

_____ **Personal Car/automobile** *(Coche/Automóvil personal) (machin prive/Otomobil)*

_____ **Public Transportation/mass transit-bus, rail** *(Transporte público/el autobus, tren) (Machin piblik/Bis/Tren)*

_____ **No convenient access to car or public transportation** *(Ningún acceso a transporte personal ó público)(Pa gen machin prive ou byen paka pran machin piblik)*

Including yourself and the child, how many people (adults and children) are there in your family that reside with you? _____

(¿Incluyendose y al niño, cuántas personas más (adultos y niños) residen en su hogar?)

(Konbyen moun (gran moun ak ti moun) ki nan fanmi w kap viv ak ou / Konte tèt pa w ak ti moun nan tou)

Including your child, how many of these family members are children under the age of 18? _____

(¿Incluyendo a su niño, cuántos de estos miembros de familia son menores de 18 años?)

(Konbyen moun ki nan fanmi w kap viv lakay ou e ki poko gen 18 tan / Konte ti moun nan tou)

Name of Adults Residing in the Home

(Los nombres de los Adultos que Residen en el Hogar)

(Non tout moun ki gen plis ke 18 tan kap viv nan kay la)

Relationship to Child

(Relación al Niño)

(Kisa yo ye pou timoun nan)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of the other children residing in the home

(Nombre de los otros niños que residen en su hogar)

(Non lòt ti moun kap viv nan kay la)

Relationship to your Child

(Relación a su Niño)

(Kisa yo ye pou ti moun nan)

Age

(Edad)

(Laj)

School Attending

(Escuela asistiendo)

(Nan ki lekòl yo te ale)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In the past, has your child been in daycare? _____ Yes _____ No

(¿En el pasado, ha participado su niño en guardería infantil?)

(Nan ane ki pase yo, eske ti moun nan te nan yon gadri pou ti moun)

(Sí)

(Wi)

(No)

(Non)

If Yes, where? _____

(¿Dónde?)

(Si w reponn wi, ki kote ?)

How long? _____

(¿Cuánto tiempo?)

(Pandán konbyen tan ?)

Preschool? _____ Yes _____ No

(¿Preescolar?)

(Preskolè)

(Sí)

(Wi)

(No)

(Non)

Where? _____ How long? _____

(¿Dónde?)

(Ki kote)

(¿Cuánto tiempo?)

(Pandán konbyen tan)

_____ At home with Parent? _____ At home with Relative _____ At home with babysitter?

(¿En casa con Padre?)

(Lakay manman ak papa)

(¿En casa con Pariente?)

(Lakay yon fanmi)

(¿En casa con canguro?)

(Ak yon moun ki konn okipe ti moun)

At Home Activities: (Actividades del Hogar) (Kisa ti moun nan fè kòm aktivite lè l lakay li)

Activity (Actividades)	Daily (Diario)(Chak jou)	Rarely (Raramente)(yon lè konsa)
Child watches television (El niño mira televisión) (Ti moun nan gade televizyon)		
Child eats meals with parent, guardian or other family members (El niño comparte comidas con padre, el guardián o otros miembros de la familia) (Ti moun nan manje ak manman l ak papa l, ak moun ki responsab li a oswa ak lòt moun ki nan fanmi l)		
Child looks at or reads books (El niño mira o lee libros) (Ti moun nan gade oswa li liv)		
Someone reads to the child (Alguien lee al niño) (Yon moun ap li pou ti moun nan)		
Child scribbles, draws, or writes (Niño raya, dibuja, or escribe) (Ti moun nan ap fè madjigridji, fè desen oswa ekri)		

Aftercare Services:

Before and aftercare services (wraparound services) may be available at your preschool.

The applications for wraparound services are located at your preschool of choice. When you go to the preschool to complete their required paperwork, do not forget to ask for the wraparound application. Thank you.

Cuido antes y despues de clase:

Cuido antes y despues de clase (Wraparound servicio) pueda que sea disponible en su Preescuela. Las aplicaciones para este servicio estan disponiblse en su Preescuela de elección. Cuando vaya a la escuela para llenar los papeles necesarios, no se olvide de pedir la aplicación de Wraparound. Gracias.)

Sèvis avan ak apre lekòl:

Sèvis avan ak apre lekòl: kapab disponib nan lekòl matènèl timoun nan. Aplikasyon pou sèvis sa yo sitiye nan lekòl matènèl timoun ou an ke w chwazi. Lè ou ale nan lekòl matènèl la ranpli dokiman administratif ki nesèsè yo, pa bliye mande pou yon aplikasyon pou sèvis avan ak apre lekòl. Mèsi.



ORANGE TOWNSHIP PUBLIC SCHOOLS
Orange Early Childhood Center
397 Park Avenue, Orange, New Jersey 07050
Tel: (973) 677-4000, ext. 1903/1920 Fax: (973) 395-8958
Website: <http://www.orange.k12.nj.us/Domain/528>

HOME LANGUAGE SURVEY FORM

Student ID# _____ Date _____

Student Name _____ Date of Birth _____ 3yrs ____ 4yrs ____ 5yrs ____

Address _____ Telephone# _____

Country or Origin (Parents) _____ Student's Country of Birth _____

1. What was the first language your child learned to speak? _____
2. If you speak a language other than English at home, what is it? _____
3. How often do you use this other language? () Always () Sometimes () Never
4. What language does your child speak most often? _____

Parent/Guardian Signature

ESPAÑOL

1. ¿Cual fue el primer idioma que su hijo/a aprendió a hablar? _____
2. ¿Si usted habla otra idioma ademas del Inglés es su casa, cuál es? _____
3. ¿Con que frecuencia habla usted este otro idioma? () Siempre () A veces () Nunca
4. ¿Que idioma habla su hijo/hija más menudo? _____

Firma de Padre/Tutor

FRANCAIS

1. Quelle est la première langue que votre enfant a appris à parler? _____
2. Si vous parlez chez vous une langue autre que l'Anglais veuillez l'indiquer sur cette ligne? _____
3. Avec quelle fréquence parlez-vous cette langue? () Toujours () Parfois () Jamai
4. Quelle langue parle votre enfante le plus souvent? _____

Signature du Parent/Tuteur



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Mr. Ronald Lee
Superintendent of Schools

Jacquelyn Blanton
Principal, Orange Early Childhood Center

PRESCHOOL SERVICES

The Early Childhood team from the Orange Board of Education will be working together with your child's preschool in the classrooms to promote quality education and provide services to the children and their families.

During the course of the school year, the Orange Board of Education will be administering a hearing, vision and development screening to the preschool children. The results of this screening will be shared with you and the appropriate preschool staff. Check to indicate your permission for your child to participate.

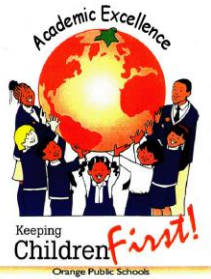
_____ The Orange Board of Education HAS permission to perform hearing, vision and developmental screenings on my child.

_____ The Orange Board of Education does NOT have permission to perform hearing, vision and developmental screenings on my child.

CHILD'S NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



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WALKING PERMISSION SLIP

Dear Parent:

Each year we try to enrich your child's learning experience by exposing them to activities outside of the building.

Although, you will be notified of upcoming activities, it has been proven beneficial to have your prior permission for walking trips on file.

Respectfully,

Jacquelyn Blanton,
Supervisor of Early Childhood Education

NOTE: *Student may not participate without a signed permission slip*

Please sign and return the bottom portion of this form to your child's teacher

My child _____ has permission to participate in a walking

Field trip with _____ for the _____ school year.
SCHOOL SITE NAME

PARENT SIGNATURE

TEACHER NAME

DATE



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EMERGENCY CONTACTS

Child's Name _____ ID# _____

Parent/Guardian Name: _____

School/Teacher Name: _____

NAME: _____

RELATIONSHIP TO CHILD: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

NAME: _____

RELATIONSHIP TO CHILD: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

NAME: _____

RELATIONSHIP TO CHILD: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

NAME: _____

RELATIONSHIP TO CHILD: _____

ADDRESS: _____

TELEPHONE NUMBER: _____