



Burlington Township School District Full-Day Kindergarten



B. Bernice Young School 1203 Neck Road 609-386-3520

School Hours: 9:00am-3:30pm

Children must be 5 years of age on or before October 1, 2011 and live in Burlington Township to register for kindergarten.

"Full-day Kindergarten is not required by the State of New Jersey and is contingent upon budgetary resources to support the program. Final program decisions are made after school budget elections which occur on April 27, 2011."

As a parent, you are your child's first and most important teacher. We welcome the opportunity to partner with you as your child begins formal schooling. We hope you find the following helpful.

Registration: COMPLETED AT BOARD OF ED OFFICES. Special registration period offered in mid-March. Regular registration hours:
April 5th– June 16th: Tues and Thur. 8-10, Wed. 2:15-3:45. Summer hours TBD.

Transportation: Eligible students will receive bus assignments. Parent transportation is welcome.

Orientation: Orientation is scheduled for August 11th at 10:00am at Young School. Monitor school marquee and electronic newsletter, Falcon Flyer, for more information.

Program:

- Literacy– Two Hour Literacy Block includes Reading, Writing, and Literacy Stations
- Mathematics– Lesson, Practice, Games, and Stations
- Specials– Physical Education, Art, Music and More
- Social Studies– Explore Our Community and Community Helpers
- Science– Read, Write, and Experiment About Our World
- Large Motor Skills– Inside and Outside Play Opportunities
- Small Motor Skills– Cutting, Handwriting, Coloring, and Playdough
- Self-Help Skills– Handwashing, Class Jobs, Following Directions
- Social Skills-Sharing, Taking Turns, Respecting Others, Regulating Behavior
- Lunch– For Purchase, Bring Your Own, or Free or Reduced Cost if Eligible

YMCA Provides Fee-Based On-site Before and Aftercare (Primetime). Visit www.ymca-bc.org for info.

Parental involvement is essential for an effective educational program. Your child will reflect your enthusiasm and energy for school and school-related activities and assignments. We hope that you will join our school community as a volunteer, guest reader, or active parent!

**Please sign up today for the District electronic newsletter for updates and to learn more.
Visit www.burltwpsch.org to register today.**

Burlington Township School District
PO Box 428
Burlington, NJ 08016

Phone: 609- 387-3955
Fax: 609- 387-8968
www.burltwpsch.org

FULL DAY KINDERGARTEN & NEW TO BTSD FIRST GRADE REGISTRATION

Burlington Township School Registration is conducted centrally at the Board of Education offices in the Hopkins Building at 700 Jacksonville Road. Enter the Burlington Township High School campus from the main entrance on Fountain Avenue, and follow signage and the green line painted on the asphalt to the Board of Education offices. Please review the dates and times indicated below.

Children must be FIVE YEARS OLD on or before October 1, 2011 and residents of Burlington Township in order to be eligible for BTSD Kindergarten.

In an effort to avoid large crowds, please arrive for registration at the designated date and time. The times are designed as a guide to help to reduce wait time. Please allow approximately one hour for the registration process. **To expedite the process, parents are encouraged to visit our website and download documents under the heading REGISTRATION. Packets may also be picked up from the Board of Education during business hours. Completing these documents in advance of your registration session may significantly expedite your wait time.**

KINDERGARTEN AND NEW TO BTSD FIRST GRADE REGISTRATION SCHEDULE-BY CHILD'S LAST NAME

<u>Child's Last Initial</u>	<u>Date</u>	<u>Time</u>
A, B, C, D, E	March 14	8:00-11:00am
F, G, H, I, J	March 15	8:00-11:00am
K, L, M, N, O	March 16	8:00-11:00am
P, Q, R, S, T	March 17	8:00-11:00am
U, V, W, X, Y, Z	March 18	8:00-11:00am
A - L	March 14	4:00-6:00pm
M - Z	March 16	4:00-6:00pm

If you are not able to register your child during your designated time you may do so during regular registration hours.

REGULAR REGISTRATION SCHEDULE

April 5th-June 16th 2011

<u>Day</u>	<u>Time</u>
Tuesday	8:00-10:00am
Wednesday	2:15-3:45pm
Thursday	8:00-10:00am

Please contact Isabel Lynton at 387-3955 ext 2066 or ilynton@burltwpsch.org with questions.
Summer Registration Hours TBD.

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INFORMATION REQUIRED FOR REGISTRATION

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1. Individual registering the students must produce:
 - a. **Driver's license or other photo identification**
2. Parent/Guardian must produce the following IN PARENT/GUARDIAN name as proof of residence:
 - a. **Mortgage Statement OR Copy of Deed OR Copy of Apartment Lease**

AND ONE OR MORE OF THE FOLLOWING

- b. **Utility Bill (i.e. electric, gas, water/sewer) OR Tax Bill OR Other Governmental Document or Business Record**

If special circumstances apply, the following may be required in lieu or in addition to above:

- a. **Guardianship-** Submit Court approved Guardianship Papers for Superintendent approval
 - b. **Affidavit of Temporary Residency-** Affidavit of Temporary Residency completed by parent/guardian and Affidavit of Property Owner completed by property owner submitted for Superintendent approval
 - c. **Court-issued Child Custody Papers**
3. The following STUDENT documents are required:
 - a. **Birth Certificate OR Passport**
 - b. **Immunization Records**
 - c. **Proof of Physical on Burlington Township Physical Form (*Submit to physician for completion, signature and return within 30 days of school start*)**
 - d. **Transfer Card from Previous Public School (All NJ public schools provide this)**
 4. The following STUDENT documents are requested if available:
 - a. **Most recent Transcript OR Final Report Card**
 - b. **Standardized Test Scores**
 - c. **Copy of IEP if applicable**

- Registration for Falcon Flyer**
- Release of Records Signed (if attended previous school)**
- CST Release Signed (if applicable)**
- Medicare Form Signed (if applicable)**

**BURLINGTON TOWNSHIP SCHOOL DISTRICT
Pupil Enrollment Form**

Date _____ Bus # _____ Date to Begin School _____

Student's Name _____ (Please Print) (Last) (First) (Middle Initial)	NJSMARTID# _____
Grade _____ Gender _____	Address _____
Apartment Complex _____ OR Housing Development _____	
Home Phone () _____ - _____	Father/Guardian Day Phone () _____ - _____
Mother/Guardian Day Phone () _____ - _____	
Date of Birth _____	Place of Birth: City: _____ State: _____ Country: _____
Please indicate any known illness or handicaps: Hearing ___ Vision ___ Other _____	
Does your child have Health Insurance? <u>YES</u> - Name of Ins. Company _____	

Child lives with: (Please indicate with an "X" and complete information below for all those that apply)

Both Natural Parents Natural Mother + Stepfather Grandparents
 Natural Father + Stepmother Other (Guardian, Foster Parent)

Parent/Guardians are ("X" all that apply):

Married Separated Divorced Widowed Residing Together Residing Apart

ONLY ONE Parent/Guardian has SOLE custody. Please provide Court Papers. Document provided: _____

Father/Guardian Name _____ Birthplace _____
 Place of Employment: _____ Phone () _____ - _____
 Mother/Guardian Name _____ Birthplace _____
 Place of Employment: _____ Phone () _____ - _____

PLEASE MARK ALL THAT APPLY WITH AN "X" (FOR REPORTING TO NJ DEPARTMENT OF EDUCATION):

WHITE (not of Hispanic origin) _____ BLACK (not of Hispanic origin) _____ HISPANIC _____ ASIAN _____
 AMERICAN INDIAN/ALASKAN NATIVE _____ HAWAIIAN/PACIFIC ISLANDER _____

INDICATE LANGUAGE OTHER THAN ENGLISH SPOKEN IN HOME _____

Has/Is your child receiving any of the following support services (check all that apply):

Early Intervention Basic Skills English as a Second Language 504
 Special Education Services through Child Study Team (IEP) Gifted & Talented

Last School Attended _____ Date of Withdrawal _____
 Mailing Address of Last School _____ Phone () _____ - _____

Please list all other children of school age in your home.

	Child's Name (First/Last)	Birth Date	Grade
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

I, _____, do hereby request the release of all school records of
 (Name of Parent/Guardian)

_____ to the _____.
 (Name of Student) (Name of School)

I attest that I have legal authority to request release of these records.

Today's Date _____

Affidavit of Guardianship
 Affidavit of Temporary Residency
 Proof of Residence presented

_____ Signature / Relationship to Child

_____ Email Address – Parent / Guardian

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Health Screening/Background Information

Date _____ Child's Name _____ Gender _____ Grade _____
Current Age _____ Date of Birth _____
Address _____ Phone () _____ - _____

Family Information

Parent/Guardian Information:

Mother _____ Phone () _____ - _____ Phone () _____ - _____

Father _____ Phone () _____ - _____ Phone () _____ - _____

Other Guardian _____ Phone () _____ - _____ Relation _____

Other Guardian _____ Phone () _____ - _____ Relation _____

List all members of household:

Name	Relationship	Age of Children
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Who generally cares for child after school?

___ Parent/Guardian ___ Babysitter ___ Daycare _____ ___ Other _____

CHILD'S HISTORY

Please list any complications mother experienced during pregnancy. (e.g. high blood pressure, medications, drugs, smoking) _____

Please list any complications with labor and delivery. (e.g. breech, premature) _____

Please list any concerns during infancy (e.g. jaundice, infection) _____

Has child attended a previous school or daycare? ___ Yes _____ ___ No _____

Child's energy/activity level ___ High ___ Average ___ Low Comment: _____

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Health History

Check if applicable and describe, using year if possible.

Date _____ Child's Name _____ Gender _____ Grade _____

Anemia	_____	Malignancy	_____
Allergies	_____	Menstrual Problems	_____
Bee Stings	_____	Nose Bleeds	_____
Food	_____	Neurological Problems	_____
Environmental	_____	Hydrocephalus	_____
Asthma	_____	Cerebral Palsy	_____
Bowel Problems	_____	Orthopedic Problems	_____
Chicken Pox	_____	Arthritis	_____
Croup	_____	Muscular Dystrophy	_____
Dental Concerns	_____	Pneumonia	_____
Diabetes	_____	Seizures	_____
Digestive Disorders	_____	Speech Difficulties	_____
Genito-Urinary Problems	_____	Vision Problems	_____
Headaches	_____	Glasses/Contacts	_____
Hearing Problems	_____	Other	_____
Tubes	_____	Age Toilet Trained	_____
Heart Disease	_____		
Heart Murmur	_____		

Additional information on any of the above: _____

Any hospitalizations or surgical procedures: _____

Is child currently taking medication? ___No ___Yes _____

Any allergies to medication? ___No ___Yes _____

Family Doctor/Pediatrician _____

Currently being treated? ___No ___Yes _____

Additional Info: _____

Parent/Guardian Signature

Date

Burlington Township School District

Physical Examination Form School Fax _____

Child's Name _____ Grade _____ Gender _____ Date of Examination _____
 Height _____ Weight _____ Pulse _____ B/P _____ Hearing: Left _____ Right _____
 Vision: Left _____ Right _____ Both _____ Corrected Vision: Left _____ Right _____ Both _____

Item	Normal	Abnormal	N/A	Comment
Ears (otoscopic)				
Eyes				
Lymph Glands				
Thyroid				
Nose				
Throat				
Teeth/Mouth				
Heart				
Lungs				
Abdomen				
Hernia				
Genito-Urinary				
Orto-Structural				
Orto-Posture				
Orto-Feet				
Scoliosis				
Skin (Non Comm)				
Nutrition				
Nervous System				
Speech				
Other				
General Appearance				

Vaccine Type	1 st Dose Mo/Day/Yr	2 nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr	Disease Mo/Day/Yr
Diphtheria, Tetanus, Pertussis DPT IF DPT or TB indicate						
Polio Indicate OPV or IPV						
Measles, Mumps, Rubella MMR						
Measles						
Mumps						
Rubella						
Haemophilus B HIB						
Hepatitis B Indicate 2-dose or 3- dose series						
Varicella						
PPD (Mantoux)						

Recommendations:

_____ This student may participate fully in all school activities.

_____ This student requires the following modifications: _____

Physician's Signature _____ Physician's Name & Stamp:

Address _____

Phone () _____ - _____

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KINDERGARTEN ASSESSMENT

In an effort to help to best prepare for your child's transition into kindergarten, Burlington Township School District plans to conduct initial literacy assessments for incoming kindergarten students in late June. Assessments are conducted at the B. Bernice Young School at 1203 Neck Road. **These assessments DO NOT determine a child's ELIGIBILITY for kindergarten.** Students who are five years old on or before October 1, 2011 and reside in Burlington Township are eligible for BTSD Kindergarten. The assessments assist school staff in developing schedules for students. These planned assessments are subject to availability of resources and staff.

In the event that resources are not available, we will contact you to cancel your appointment. Please ensure the contact information you provide below is accurate.

_____ 's KINDERGARTEN ASSESSMENT APPOINTMENT B. Bernice Young School 1203 Neck Road Burlington 386-3520						
<u>Date</u>	<u>Time</u>					
June 22	___ 1:00	___ 1:20	___ 1:40	___ 2:00	___ 2:20	___ 2:40
June	___ 23	___ 24	___ 27	___ 28	___ 29	___ 30
___ 8:00	___ 8:20	___ 8:40	___ 9:00	___ 9:20	___ 9:40	___ 10:00
___ 10:20	___ 10:40	___ 11:00	___ 11:20	___ 11:40	___ 1:00	___ 1:20
___ 1:40	___ 2:00	___ 2:20	___ 2:40			

School's Confirmation of Assessment Appointment

Student _____ Parent _____

Parent Email _____ Parent Phone () ____ - ____

_____ 's KINDERGARTEN ASSESSMENT APPOINTMENT B. Bernice Young School 1203 Neck Road Burlington 386-3520						
<u>Date</u>	<u>Time</u>					
June 22	___ 1:00	___ 1:20	___ 1:40	___ 2:00	___ 2:20	___ 2:40
June	___ 23	___ 24	___ 27	___ 28	___ 29	___ 30
___ 8:00	___ 8:20	___ 8:40	___ 9:00	___ 9:20	___ 9:40	___ 10:00
___ 10:20	___ 10:40	___ 11:00	___ 11:20	___ 11:40	___ 1:00	___ 1:20
___ 1:40	___ 2:00	___ 2:20	___ 2:40			