

Hillsborough High School
Department of Family and Consumer Sciences
PRESCHOOL APPLICATION

In our double-period Preschool Child class, eleventh and twelfth graders are given the opportunity during first semester to study the theory behind the intellectual, physical and social/emotional development of preschool children in addition to assisting in classrooms around the district. During second semester, high school students apply their knowledge by planning, organizing and supervising a laboratory preschool program for preschool children within our classroom.

Our preschool runs from January until June on **Tuesdays, Wednesdays and Thursdays**. Children must be residents of Hillsborough Township or children of Hillsborough BOE employees and be 3 years of age by the start of our preschool program. All children must be potty trained to attend preschool.

There are two sessions: morning and afternoon. Sessions run 1 hour and 20 minutes and will be selected at the time of acceptance notification. We do not offer transportation for our program. Families are required to secure their own transportation. Regular preschool attendance is required. Children will benefit from a ratio determined by high school student teacher enrollment and by mixed age groupings of children 3-5 years old. The high school teacher reserves the right to mix age groups to enhance learning experiences of the children and high school students. Our sessions are below:

AM Session: 8:40-10:00

PM Session: 12:50-2:10

Applications for our preschool are dated and kept on file in the order in which they are received. We accept applications on a first-come, first-serve basis. Medical documents must be filled out by the child's physician and returned prior to December 6 of the year of entrance. **The application is not eligible for acceptance until the medical documents are received, but applicants are encouraged to send in page one of this application as soon as possible.**

The full cost of the program is \$150 per child, which includes most programmatic offerings and nutritional snacks for the children.

If interested please complete this application, attached forms, and medical forms and return by **December 6, 2019** to:

**Hillsborough High School
Attn: Miss Jessica Hagood
466 Raider Boulevard
Hillsborough, NJ 08844**

**Questions? Please contact jhagood@https or (908) 431-6600
ext. 2372**

Lil' Raiders Preschool Application

Please print legibly and fill out each section completely.

Name of child: _____ Sex of child: _____ Date of birth: _____

Guardian #1: Name: _____ Cell #: _____

Relationship: _____

E-mail address: _____

Please include e-mail address that you frequently use - this is our most common form of communication.

Guardian #2 Name: _____ Cell #: _____

Relationship: _____

E-mail address: _____

Please include e-mail address that you frequently use - this is our most common form of communication.

Home telephone #: _____

Home address: _____

(Please remember to notify us if this information changes)

Names, ages, and schools attended of siblings:

1. _____
2. _____
3. _____
4. _____

*Please list any pertinent medical information (allergies, learning disabilities, etc)

Does your child currently attend a preschool program or will they will be attending one in addition to our program? If so, where?

Session Preference: (AM or PM)

1st Choice: _____ 2nd Choice: _____

If you do not receive your first choice, are you still able to attend our program? Please explain.



Hillsborough Township Public Schools
Parental/Guardian Consent Form

Hillsborough Township Public Schools has a proud tradition of celebrating student accomplishments by sharing them with our community. For us to do so, we periodically submit press releases which include students' names and photographs to the local media or post such information on our district website, district sponsored publications, or displays at school functions. Our intent is to be informative and recognize our students' achievements.

We understand, however, concerns may arise in regards to a student's right to privacy. If you **AGREE** to allow the Hillsborough Township Public Schools to publish, post or distribute your child's name and/or photograph or other information related only to his/her achievement (e.g. academic, athletic, award) check the first box below. Please make a copy of this letter for your reference.

However, if you **DO NOT** grant permission to allow the Hillsborough Township Public Schools to publish, post or distribute your child's name and/or photograph or other information related only to his/her achievement (e.g. academic, athletic, award) check the second box below. Please make a copy of this letter for your reference.

Please complete, sign and return this form to your child's school.

By signing and returning this form to my child's school, I formally state that:

I/We **AGREE TO GRANT** permission for my child's name and/or photo/image to be published on the school and/or district's public internet site, or in any newspaper, magazine or other media source for publicity and/or recognition purposes.

I/We **DO NOT GRANT** permission for my child's name and/or photo/image to be published on the school and/or district's public internet site, or in any newspaper, magazine or other media source for publicity and/or recognition purposes.

Student's Name: (print) _____ Student's Grade: _____

Student's School (print) _____

Parent/Guardian: (print) _____

Signature or Parent/Guardian: _____

Relation to Student: _____

Date: _____

REQUIRED IMMUNIZATIONS FOR CHILDREN ENTERING THE PRE-SCHOOL PROGRAM

1. **DTaP** - (Diphtheria, Tetanus Toxoids and Pertussis)
A minimum of four (4) doses appropriately spaced
2. **POLIO** - (OPV or IPV Vaccine)
A minimum of three (3) doses appropriately spaced
3. **MMR**
One dose after the age of 12 months
6. **Hib VACCINE - (Haemophilus Influenzae)**
Minimum of one dose given on or after the first birthday.
7. **VARICELLA (Chickenpox) VIRUS VACCINE**
One dose of a varicella containing vaccine given on or after the first birthday
8. **PNEUMOCOCCAL CONJUGATE VACCINE**
Minimum of one dose given on or after the first birthday.
9. **INFLUENZA (FLU) VACCINE**
1 dose between September 1 and December 31.
 - o Children who receive the vaccine prior to September 1 will be considered compliant as long as the vaccine is for the current flu season.
 - o Students that have not received the flu vaccine by December 31 must be excluded from school for the duration of the flu seson (March 31) until they receive at least one dose of the flu vaccine or until they turn 5.

IF YOU HAVE ANY QUESTIONS, CALL THE HEALTH OFFICE AT 908-431-6600 ext. _____

**Pre-school medical history
HILLSBOROUGH TOWNSHIP SCHOOL DISTRICT
379 South Branch Road Hillsborough NJ 08844**

To be completed by Parent/Guardian (Kindly print) _____ Date _____

Child's Last Name _____ First Name _____ Middle Name _____

Father's Name _____ Mother's Name _____

Address _____ Hillsborough, NJ _____ 08844

Date of Birth _____ Male Female Telephone # _____

Emergency Contact: Name _____ Relationship _____

Address _____ Telephone # _____

HEALTH HISTORY

Birth Weight _____ Type of Delivery: Vaginal C-Section Oxygen used: Yes No

Condition at birth (jaundice, incubator, etc.) _____

Complications during delivery _____

Age of Standing _____ Walking _____ Talking _____

1. Behaviors/Characteristics of note (comment in blank space)

Appetite	Fearfulness
Bowel/bladder control (age)	Nail biting
Disturbed sleep	Persistent crying
Easily distracted	Stubborn
Eating habits	Temper tantrums
Family history of color deficiency	Speech difficulties
Finger sucking	Independent

2. Dietary Restrictions? Please list, if any: _____

3. Diseases (give approximate year)

Allergies	Hay Fever
Asthma	Heart Disease
Bronchitis	Kidney Disease
Convulsive Disorder	Meningitis
Diabetes	Pneumonia
Ear infections	
Eczema	
Other	

4. Hospitalization (surgical/medical) _____

5. Significant Injuries _____

6. Pain: Joints _____ Muscular _____ Other _____

7. Frequency of: Sore Throat _____ Earache _____ Colds _____

Cough _____ Headaches _____ Stomach Disorder _____

8. Any special condition the school should be aware of: _____

I give permission to share medical information with the appropriate school staff: Yes No

Parent/Guardian Signature: _____ Date: _____

Pre-School Immunization and Physical Exam Record

Name: _____ Date of Birth: _____

IMMUNIZATIONS	DATE	DATE	DATE	DATE
DTaP	1.	2.	3.	4.
	5.			
Polio	1.	2.	3.	4.
MMR	1.	2.		
Measles Only				
Haemophilus B (HIB)	1.	2.	3.	
Varicella				
Pneumoccal Conjugate				
Influenza				

Immunization record may be attached

PHYSICAL EXAMINATION

N-Normal / Please state defects

Height :	Weight :	Blood Pressure	
Eyes		Vision	O.D. 20/ O.S. 20/
Ears		W/ Correction:	O.D. 20/ O.S. 20/
Abdomen		Right	Left
Extremities		Feet	
Gums			
Heart			
Hernia		Genitals	
Lungs			
Nervous System			
Nose			
Nutrition		Skin	
Posture			
Thyroid		Other Glands	
Tonsils		Adenoids	
Allergies	Specify:		

Is child presently taking medication? _____ If yes, what? _____

Diagnosis: _____ Normal Examination _____ Other (Please Specify) _____

Special medical needs: (IF YES -KINDLY EXPLAIN BELOW):

Examination Date: _____

Provider's Signature: _____

<p>NOTE: Must be within 1 year of the start of preschool. .</p>
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Provider's Stamp: _____

HILLSBOROUGH HIGH SCHOOL HEALTH OFFICE

466 RAIDER BOULEVARD • HILLSBOROUGH • NJ • 08844 • (908) 431-6600 • FAX (908) 281-7201

Name _____
Date of Birth _____

Dear Parent/Guardian:

In addition to minimum vaccine requirements for pre-school Immunization requirements established by the New Jersey Department of Health and Senior Services (N.J.A.C. 8:57-4) require the following immunizations for preschool students:

Influenza or Flu vaccine

Children six months through 59 months of age attending any licensed child-care center or preschool facility shall annually receive at least one dose of influenza vaccine between September 1 and December 31 of the current year. Children who receive the vaccine prior to September 1 will be considered compliant as long as the vaccine is for the current flu season.

Students that have not received the flu vaccine by December 31 must be excluded from school for the duration of the flu season (until March 31), until they receive at least one dose of the flu vaccine or until they turn 5.

*****Failure to comply with the State's immunization requirements will prevent your child from attending school.*****

Received: _____
Name of vaccine _____ Date Given _____

Administered by: _____
Physician/Provider's Signature Circle ONE: MD DO NP PA

↑ **PLEASE STAMP WITH OFFICE STAMP** ↑

JMM Influenza
REV. 7/15