

Pre-K Registration

**Please complete the following forms and contact
Linda Esposito to make an appointment.**

**If you have any questions please feel free to
contact me at 201-641-5833 ext. 123**

Thank you.

Linda Esposito, Secretary

**Robert L. Craig School
20 West Park St.
Moonachie, NJ 07074**

Required Proof to Establish Domicile within the District of Moonachie

Must have:

Original Birth Certificate of Child & Health Records

Mortgage, lease or rental agreement evidencing an address within the district.

(The lease must have all names of who is living at the address)

Also, must have Utility bill & two of the following, which have the address on them:

Utility bill in your name

Credit card bill in your name

Voter Registration in your name

Driver's License in your name

Vehicle Registration in your name

Bank Account in your name

Federal or State Tax Return

Child Custody Order placing the child with the resident

You must bring original documents for us to copy. No photocopies of these documents are accepted.

Thank you.

**Moonachie School District
Student Registration/Emergency form**

(PLEASE PRINT ALL INFORMATION)

Registration Date _____

First Name _____ Middle _____ Last Name _____ Initial _____		
Birth Date _____ Month/Day/Year (mm/dd/yyyy)		
Ethnicity: _____ White _____ Black _____ Asian _____ Hispanic _____ _____ American Indian/Alaskan _____ Hawaiian Islander/Pacific Islander		
Current Grade Level _____		Gender _____ Male _____ Female
Birth City _____		
Birth State _____		
Birth Country _____		
Entry Date in the United States – (mm/dd/yyyy) _____		
Primary Language spoken at home _____		
Secondary Language spoken at home _____		
Registration Information (if applicable)		
Previous County _____		
Previous District _____		
Previous School _____		

Contacts

Female Guardian _____ Male Guardian _____

Relationship _____ Relationship _____

Apartment# _____ Apartment# _____

Street# _____ Street# _____

City _____ State _____ City _____ State _____

Zip Code _____ Zip Code _____

Home Phone# _____ Home Phone# _____
(Area Code) (Area Code)

Guardian's Cell# _____ Guardian's Cell# _____
(Area Code) (Area Code)

Guardian's Work# _____ Guardian's Work# _____
(Area Code) (Area Code)

Guardian's E-Mail _____ Guardian's E-Mail _____
Required *Required*

_____ Own _____ Rent _____ Own _____ Rent

Any other siblings attending the Robert L. Craig School

Name _____ Grade Level _____

Name _____ Grade Level _____

Name _____ Grade Level _____

Emergency Contact (1)

Name _____
(First) (Last)

Relationship to Student _____

Address _____
(# Street, City, State, Zip Code)

Home Phone# _____ Cell _____
(Area Code) (Area Code)

Child can be picked up by this Emergency Contact Person _____ Yes _____ No

Emergency Contact (2)

Name _____
(First) (Last)

Relationship to Student _____

Address _____
(# Street, City, State, Zip Code)

Home Phone# _____ Cell _____
(Area Code) (Area Code)

Child can be picked up by this Emergency Contact Person _____ Yes _____ No

Custody Issues/Security Alert

(i.e. restraining orders, special situations, etc.)

If yes – complete this page.

If no – continue of next page.

_____ Yes

_____ No

If yes – please advise:

Mother's Name _____

(Please Circle)

Allowed to see mother

Yes No

Allowed to go with mother

Yes No

Allowed to speak with mother

Yes No

Provide additional information _____

Father's Name _____

(Please Circle)

Allowed to see father

Yes No

Allowed to go with father

Yes No

Allowed to speak with father

Yes No

Provide additional information _____

***Does non-custody parent request a report card? Yes No**

Special Education Program

Yes

No

504 Program

Yes

No

ESL

Yes

No

If yes, please explain _____

(For School Use Only)

Proof of Residency

PSE&G Bill (No substitutions) _____

Utility bill, credit card bill or loan statement _____

Copy of rental agreement, listing both owner's and renter's names _____

If homeowner, tax bill or mortgage statement _____

Document certifying birth date _____

Is the student eligible for bus transportation Yes _____ No _____

First day attending Robert L. Craig School _____

(Health Information)

Health Alert _____ Yes _____ No

If yes, please advise:

Date of child's last Medical Exam: _____

Family Physician: _____

Address: _____

(Street, City, State, Zip Code)

Phone# _____

In case of an emergency, do you give permission to transport child to hospital?

_____ Yes _____ No

Is your child covered by health insurance?

_____ Yes _____ No

ROBERT L. CRAIG SCHOOL
MOONACHIE, NJ
HEALTH HISTORY

NAME _____ DOB _____ AGE _____ SEX M F GRADE _____

PAST HISTORY (List with date and age)

1. Hospitalizations _____

2. Illness _____

3. Injuries _____

4. Medications _____

5. Allergies _____

6. Last Health Care Visit _____ Name of Provider _____
7. Dental Care Date of last visit _____ Provider _____

PRENATAL HISTORY

1. Maternal Age _____ Length of pregnancy _____ Prenatal care YES NO
2. Habits Smoked cigarettes _____ Alcohol consumption _____ Drugs _____
3. High risk factors (circle) Infections, bleeding, high blood pressure, anemia, fever, trauma,
Medications, weight gain, chronic disease, hospitalization, other _____
4. Labor and Delivery: Length _____ Type _____ Birth weight _____
Problems _____
5. Neonatal: Problems (circle) breathing, infections, RH factor, jaundice, transfusions, bleeding,
congenital anomaly; feeding difficulty, other _____

DEVELOPMENT

- | | |
|-----------------|-------------------|
| 1. sat alone | 5. combined words |
| 2. crawled | 6. toilet trained |
| 3. stood | 7. other |
| 4. walked alone | |

FAMILY HISTORY

Biological Mother Age: _____ Health _____

Biological Father Age: _____ Health _____

Siblings:	Name	Sex	Age	Health
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Maternal Grandparents:

Paternal Grandparents:

1. Grandmother Age _____ Health _____ 1. Grandmother Age _____ Health _____

2. Grandfather Age _____ Health _____ 2. Grandfather Age _____ Health _____

Familial diseases: (circle) Heart Disease, stroke, hypertension, diabetes, asthma, allergy, anemia, arthritis,
Sickle cell disease, cancer, epilepsy, cataracts, glaucoma, kidney disease, TB, mental problems,
Mental retardation, learning problems, other _____

Parents signature _____ Date _____

MOONACHIE PUBLIC SCHOOL
MOONACHIE, NJ
PHYSICAL EXAMINATION

NAME _____ DATE OF BIRTH _____

ADDRESS _____ GRADE _____ EXAM DATE _____

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____ PULSE _____

VISION OD _____ OS _____ WITH / WITHOUT CORRECTION

EYELIDS _____ CONJUNCTIVA _____ PUPILS _____

EARS-HEARING RIGHT _____ LEFT _____ CANALS _____ EARDRUM _____

NASAL PASSAGE _____ TEETH _____ THROAT _____ TONSILS _____

NECK _____ HEART _____ LUNGS _____

ABDOMEN _____ GENITALIA _____ TANNER STAGE _____

OPERATIONS _____ SPINE _____

INJURIES _____

ALLERGIES _____

FULL PHYSICAL EDUCATION PROGRAM RECOMMENDED YES / NO

IF NOT RECOMMENDED, REASON _____

MEDICATIONS CURRENTLY TAKING _____

IMMUNIZATIONS

DPT _____ Tdap _____

OPV/IPV _____

MMR _____ Meningococcal _____

HBV _____ HEP A _____

HIB _____

VARIVAX _____ OTHER _____

PNEUMO _____

EDUCATIONAL RELEVANCE OF FINDINGS, IF ANY

PHYSICIAN SIGNATURE

PHYSICIAN'S STAMP