

SUPERINTENDENT
Nikolaos C. Koutsogiannis
350 East Clinton Street
Clayton, NJ 08312
856-881-8700 school
856-863-8196 fax

HERMA SIMMONS
(PK – 5th)
300 West Chestnut Street
Clayton, NJ 08312
856-881-8704 school
856-307-0924 fax
Scott Uribe, Principal
Tanya Harper, Asst Principal

CLAYTON MIDDLE
(6th – 8th)
55-B Pop Kramer Blvd
Clayton, NJ 08312
856-881-8701 school
856-881-8623 fax
Marvin Tucker, Interim Principal
Alicia Fragoso, Asst Principal

CLAYTON HIGH
(9th – 12th)
55-A Pop Kramer Blvd
Clayton, NJ 08312
856-881-8701 school
856-863-0808 fax
Joseph Visalli, Principal
Dan Antonelli, Asst Principal

www.claytonps.org

2018-2019 PRE-SCHOOL 4-YEAR OLD REGISTRATION PACKET

(Only use this packet if your student is currently a PK3 student at Simmons and is promoting to PK4)

Submission of this COMPLETED packet to Mrs. Downes by May 25, 2018 is MANDATORY to secure your child's seat in our 2018-2019 pre-school 4-year old program.

Registration NOT required * Lottery NOT required**

All registration packets are submitted BY APPOINTMENT – drop off packets will NOT be accepted.

→ Please go to <https://claytonps.org/registration-booking> to schedule your appointment

TUITION: Our PK4-year old program is a 10-month, tuition-based, full-day (8:40AM to 3:00PM) program. Tuition rates are determined annually by the Clayton Board of Education. The 2018-2019 rate is \$800/year; however, this rate may be adjusted based on income and household size. The District has established an installment plan for tuition payments which consists of four (4) equal payments due on the second Friday in October, December, February, and May.

TRANSPORTATION: The District provides bus transportation to all PK4 students.

FORMS IN THIS PACKET:

1. Household Information Questionnaire – used to determine eligibility for Federal PreSchool Expansion Grant
 - provide proof of any YES responses along with some form of identification
 - provide proof of circled INCOME along with some form of identification
2. Simmons Emergency Alert Form – used to update address, primary contact information, and emergency contacts
NOTE: If you are reporting a change in address, please provide the following proof:
Required documents for proof of residency
 1. Mortgage, deed, settlement papers, rental/lease agreement
 2. Any utility bill dated within the last 30 days with the name and address of the resident.

OR

 3. Most recent property tax bill
3. Health Insurance Information – state requirement
4. Entrance Examination Form - completed by a physician no more than 365 days prior to September 1, 2018 and includes any modifications necessary to ensure your child's full participation in school activities

Updated immunization requirements for PK4 students

- Four (4) DTP/DTaP with booster given after 4th birthday or any five (5) DTP/DTaP
- One (1) HIB administered after 1st birthday
- Three (3) Polio with one given after 4th birthday or any 4 doses
- One (1) MMR administered after the 1st birthday
- One (1) Varicella Vaccine (Chicken Pox) administered after 1st birthday
- One (1) Pneumococcal administered after the 1st birthday
- One (1) Influenza administered annually between September 1st and December 31st

CLAYTON PUBLIC SCHOOL DISTRICT HOUSEHOLD INFORMATION QUESTIONNAIRE

The purpose of this questionnaire is to obtain information that can be used by the District to apply for various grants and appropriate grant funding correctly. The information obtained is confidential and will only be used as stated. This form is NOT part of the student's academic file.

HOUSEHOLD INFORMATION

Is parent or guardian an active member of the military?

YES NO

Does any member of your household receive NJ SNAP?

YES NO

Does any member of your household receive TANF?

YES NO

Does any member of your household receive SSI?

YES NO

Household Size	Please circle amount closest to gross yearly income based on household size			
	1	\$11,880	\$15,800	\$17,820
2	16,020	21,307	24,030	32,040
3	20,160	26,813	30,240	40,320
4	24,300	32,319	36,450	48,600
5	28,440	37,825	42,660	56,880
6	32,580	43,331	48,870	65,160
7	36,730	48,851	55,095	73,460
8	40,890	54,384	61,335	81,780

STUDENT #1: _____ **GRADE:** _____

Choose ETHNICITY: Hispanic or Latino Not Hispanic or Latino

Choose RACE(S): Asian American Indian or Alaska Native Black or African-American White Native Hawaiian or Pacific Islander

Please check the appropriate box to answer the following question for Student#1:

After school my child: participates in a school sponsored activity attends a Child Care Program goes home

STUDENT #2: _____ **GRADE:** _____

Choose ETHNICITY: Hispanic or Latino Not Hispanic or Latino

Choose RACE(S): Asian American Indian or Alaska Native Black or African-American White Native Hawaiian or Pacific Islander

Please check the appropriate box to answer the following question for Student#2:

After school my child: participates in a school sponsored activity attends a Child Care Program goes home

STUDENT #3: _____ **GRADE:** _____

Choose ETHNICITY: Hispanic or Latino Not Hispanic or Latino

Choose RACE(S): Asian American Indian or Alaska Native Black or African-American White Native Hawaiian or Pacific Islander

Please check the appropriate box to answer the following question for Student#3:

After school my child: participates in a school sponsored activity attends a Child Care Program goes home

STUDENT #4: _____ **GRADE:** _____

Choose ETHNICITY: Hispanic or Latino Not Hispanic or Latino

Choose RACE(S): Asian American Indian or Alaska Native Black or African-American White Native Hawaiian or Pacific Islander

Please check the appropriate box to answer the following question for Student#4:

After school my child: participates in a school sponsored activity attends a Child Care Program goes home

Simmons Emergency Alert Form

PART 1

In the event your child becomes ill or has an accident at school, the school nurse may need to reach you or a person you designate. It is very important that we know how to reach you or your designee. Please complete this form and return it to school as soon as possible.

Student's Name: _____ Teacher: _____

Student's Address: _____

Mailing Address (if different): _____ Home#: _____

Mother's Name: _____ Work#: _____

Mother's Address (if different): _____

Home#: _____ Cell#: _____ E-mail: _____

Father's Name: _____ Work#: _____

Father's Address (if different): _____

Home#: _____ Cell#: _____ E-mail: _____

LIST THE NAMES OF THREE (3) LOCAL FRIENDS OR RELATIVES TO CALL IF YOU ARE NOT AVAILABLE
(Student will only be released to those listed on this sheet)

NAME: _____ HOME#: _____

ADDRESS: _____

RELATIONSHIP: _____ WORK#: _____ CELL#: _____

NAME: _____ HOME#: _____

ADDRESS: _____

RELATIONSHIP: _____ WORK#: _____ CELL#: _____

NAME: _____ HOME#: _____

ADDRESS: _____

RELATIONSHIP: _____ WORK#: _____ CELL#: _____

I DO DO NOT give consent for the persons listed above to sign my children out of school in cases of emergency.

Signature of Parent, Legal Guardian or Resident

Date

Simmons Emergency Alert Form

PART 2

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND RETURNED TO SCHOOL AS SOON AS POSSIBLE. INSUFFICIENT INFORMATION OR INCOMPLETE FORMS WILL BE RETURNED. FAILURE TO COMPLETE AND RETURN THIS FORM WILL RENDER NO EMERGENCY CONTACTS FOR YOUR CHILD DURING AN EMERGENCY SCHOOL CLOSING.

This information will be used in the event of an emergency closing during the school day. Volunteer parents will call the numbers you provide to inform you of the early dismissal or other emergency.

PLEASE CHECK ONE OF THE FOLLOWING:

_____ Student will go to Trinity Learning Center or Golden Gate. I understand I will not get a telephone call.

_____ Student takes Simmons School bus

_____ Student walks home

_____ Student will get picked up by: *NAME: _____

HOME#: _____ WORK#: _____ CELL#: _____

** This person should either be a parent or designated person you have made arrangements with regarding your child. The phone numbers provided cannot be a pager because neither the school nor the volunteer can be reached for incoming calls during an emergency. If you list yourself, please provide a phone number where you can be reached during the day. If you list someone else, you will not receive a call – we will only call the person listed. It is very important that you review with your child where he/she should go in the event of an emergency closing.*

PLEASE LIST ALL OF STUDENT'S SIBLINGS WHO ARE ENROLLED IN THE CLAYTON PUBLIC SCHOOL DISTRICT:

NAME: _____ GRADE: _____ TEACHER: _____

NAME: _____ GRADE: _____ TEACHER: _____

NAME: _____ GRADE: _____ TEACHER: _____

NAME: _____ GRADE: _____ TEACHER: _____

PARENT/GUARDIAN ONLY

Do you wish to receive a phone call in case of an emergency that requires an early dismissal?

_____ **YES contact me at the following number in case of an emergency early dismissal:** _____

_____ **NO (if you check "NO" you will NOT receive a call)**

Signature of Parent, Legal Guardian or Resident

Date