

Plumsted Township School District
Dr. Gerald H. Woehr Elementary School
44 North Main Street
New Egypt, NJ 08533
609-758-6800 ext. 3000

Kindergarten Registration
2018-2019 School Year

Attention Parents/Guardians:

If your child will be five years of age on or before October 1, 2018, it is time to register for Kindergarten.

Kindergarten Registration packets are available at both the Dr. Gerald H. Woehr Elementary School and New Egypt Primary School main office between the hours of 8:00 AM and 4:00 PM beginning March 12, 2018. You can also access packets online at www.newegypt.us.

Please call the elementary school's main office at 609-758-6800 ext. 3000 to schedule your registration appointment /screening. Appointments are available on Monday, May 21st and Tuesday, May 22nd and will be held at New Egypt Primary School on 131 Evergreen Road, New Egypt, New Jersey.

If you have any questions please call the Dr. Gerald H. Woehr Elementary School at 609-758-6800 ext. 3000.





Plumsted Township School District

Dr. Gerald H. Woehr Elementary School

44 North Main Street
New Egypt, NJ 08533
Telephone (609) 758-6800 Ext. 3000
Fax (609) 758-6868
www.newegypt.us

March 12, 2018

Dear Parents/Guardians,

Welcome to the Dr. Gerald H. Woehr Elementary School! If your child will be five years of age on or before October 1, 2018, then your child is eligible for kindergarten.

Please review the materials in this packet very carefully. All of the information will need to be filled out in its entirety prior to your scheduled registration appointment. All mandatory registration documents and information must be received before your child will be able to start the school year in September.

Kindergarten registration will be held on Monday, May 21st and Tuesday, May 22nd at New Egypt Primary School, 131 Evergreen Road, New Egypt, New Jersey. During this appointment parents/guardians will meet with the school nurse and main office to review the required registration documents, while your child spends time with a literacy coach, teacher, speech therapist and occupational therapist. These educators will help us to get acquainted with your child prior to September. Please discuss this with your child ahead of time so this will not come as a complete surprise for them. The entire process should take no more than 30 minutes.

We look forward to meeting you and your child! If you have any questions or concerns please contact us at 609-758-6800 ext. 3000.

Sincerely,

Mr. Walter Therien
Principal

Mrs. Tara Nesbihal
Vice Principal

Plumsted Township School District
Dr. Gerald H. Woehr Elementary School
44 North Main Street
New Egypt, NJ 08533
609-758-6800 ext. 3000

Welcome to the Dr. Gerald H. Woehr Elementary School!

When you return in May for your registration appointment please bring all of the following documents which are required for your child to start school in September for the 2018-2019 school year.

1. Original Birth Certificate with a raised seal.
2. Immunization record signed by the doctor.
3. Physical form including vision & hearing test.
4. Completed Health History form.
5. Completed Registration Card with signature.
6. Completed Student Demographics/ Home Language form.
7. Gross Motor Skills form.
8. Proof of Residency in the form of a current lease, tax bill or deed.
9. A piece of mail showing your address (such as utility bill or NJ driver's license).

All of the information in this packet will need to be completed in its entirety prior to your scheduled appointment. Please note all mandatory registration documents and required forms must be received before your child will be able to start the school year in September.

For questions, please call the Dr. Gerald H. Woehr Elementary School's main office at 609-758-6800 ext. 3000.

PLUMSTED TOWNSHIP SCHOOL DISTRICT
Student Demographics / Home Language Survey
Please print

1. Student's Last Name: _____ Student's First Name: _____
2. Gender: Male _____ Female _____
3. Date of Birth: _____
4. Home Address: _____
5. Telephone Number: _____
6. Birth City: _____ / Birth State: _____
8. Birth Country _____
9. Date of Student's Arrival in the United States if applicable: _____
10. Date of Student's First Entry in a US School if applicable: _____
11. Student's Ethnicity: _____
12. Please check one of the following:
 ____ English is the only language spoken at home.
 ____ Language other than English is spoken at home.
 Language spoken: _____
 Dialect spoken if applicable (ex. Mandarin, Cantonese) _____
13. What specific needs, if any, does your child have that the school district should be made aware? _____
14. Has your child been referred for or received special education services? If yes explain

Parent/Guardian Signature _____ Date _____

**Plumsted Township School District
Dr. Gerald H. Woehr Elementary School
Student Health History Form**

Student Name: _____ Date of Birth: _____ Grade: _____ Sex: Male/Female

PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1 Name: _____

Phone Number: _____

Parent/Guardian #2 Name: _____

Phone Number: _____

FAMILY INFORMATION:

Check all people child lives with:

Mother Father Guardian: _____

Brothers (how many?) _____ Ages: _____ Sisters (how many?) _____ Ages: _____

Total number of people living in the household: _____

MEDICAL HISTORY:

Does your child have any health concerns the nurse needs to be made aware of? Yes No

If YES, please describe _____

Does your child have any allergic reaction (bad effect) from any of the following? (Check all that apply).

Outdoor or indoor allergies (if yes, please list) _____

Food allergies (if yes, please list) _____

Medication or immunizations (if yes, please list) _____

No, my child does not have any allergies that I am aware of.

Has your child been prescribe an Epi Pen? Yes No

Has your child ever used an Epi Pen? Yes No

Does your child currently take medications? Yes No if YES, list medication _____

Has your child ever been hospitalized or had surgery? Yes No if YES please specify _____

Does or has your child received medical care for any of the following (check all that apply):

Asthma Heart Disease Seizure Concussion/Head Injury

Diabetes Orthopedic Mental Health Other

MEDICAL PROVIDE INFORMATION

Primary Care Provider Name: _____ Phone # _____

Dentist Name: _____ Phone # _____

Child's Health Insurance: Private Insurance/Employer sponsored _____ NJ Family Care _____

Other _____ None _____

If you do not have a doctor or health insurance:

Would you like assistance finding a health care provider? _____

Would you like assistance obtaining health care insurance? _____

Check here if you want to discuss confidential information with the school nurse. Yes No

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Gross Motor Skills

Child's Name: _____

Date of Birth: _____

Please answer the following questions as a screening tool to assess how your child is performing with regards to age appropriate gross motor skills.

Circle: YES, NO or DON'T KNOW after each question.

If you have any concerns or comments please write them at the bottom of the page.

Can your child:

- | | | | |
|--|-----|----|------------|
| 1. Stand on one foot for 5 seconds? | YES | NO | DON'T KNOW |
| 2. Hop on one foot 3 times? | YES | NO | DON'T KNOW |
| 3. Walk downstairs alternating feet? | YES | NO | DON'T KNOW |
| 4. Catch a bounced playground ball? | YES | NO | DON'T KNOW |
| 5. Throw a small ball overhand? | YES | NO | DON'T KNOW |
| 6. Run well, changing directions and speeds? | YES | NO | DON'T KNOW |
| 7. Ride a bike with/without training wheels? | YES | NO | DON'T KNOW |
| 8. Begin to skip? | YES | NO | DON'T KNOW |
| 9. Kick a rolled ball? | YES | NO | DON'T KNOW |
| 10. Usually walk without slapping feet or on toes? | YES | NO | DON'T KNOW |

Comments: _____

DR. GERALD H. WOHR ELEMENTARY SCHOOL
SCHOOL PHYSICAL EXAMINATION
 Phone #609-758-6800 x123 (for nurse)
 Fax #609-758-6868 Attn: Nurse

Student _____ Date of Exam _____
 Address _____
 Date of Birth _____ Teacher Name _____
 Sex _____ Height _____ Weight _____ Blood Pressure _____

DISEASE HISTORY: (please specify type and age at onset)

Allergies _____	Convulsive Disorder _____
Cong. Defects _____	Diabetes _____
Drug Sensitivities _____	Heart Disease _____
Hepatitis _____	Otitis Media _____
Neuromuscular Disorder _____	Rheumatic Fever _____
Asthma _____	Strep Infections _____
Chickenpox _____	Mononucleosis _____
Other Illnesses _____	
Operation or Injuries _____	

PHYSICAL EXAMINATION:

Ears (Otosopic) _____	Genetic-Urinary _____
Eyes _____	Orthopedic: _____
Lymph Glands _____	Structural _____
Thyroid _____	Posture _____
Nose _____	Feet _____
Throat _____	Skin _____
Teeth-Mouth _____	Nutrition _____
Heart _____	Nervous System _____
Lungs _____	Speech _____
Abdomen _____	General Appearance _____
Hernia _____	Other _____

VISION

HEARING

IMMUNIZATION RECORD (Please give full dates- month/day/year)

#1	#2	#3	Booster#1	Booster#2
DPT _____	_____	_____	_____	_____
OPT _____	_____	_____	_____	_____
MEASELS, MUMPS, RUBELLA (given after 1 st birthday) #1 _____ #2 _____				
HIB#1 _____	#2 _____	#3 _____	#4 _____	VARICELLA #1 _____ #2 _____
HEPATITIS B #1 _____	#2 _____	#3 _____	HEPATITIS A #1 _____	#2 _____
MANTOUX (multiple puncture tests not acceptable) DATE _____ READING _____				
RECOMMENDATION OR RESTRICTIONS (if any) _____				

I have examined this child and find him/her physically fit to participate in school activities.

 Name of Physician (printed)

 Signature of Physician