

# Kindergarten Academy Registration Packet 2020-2021



## INTERBORO SCHOOL DISTRICT



Registration Office Hours beginning Wednesday, February 26, 2020 through August 31, 2020:

Monday -Thursday: 9:00 A.M. - 1:00 P.M.

Mondays only in August, we are also open in the evenings, 4-7pm

Wednesday Evenings: 4:00 P.M. - 7:00 P.M.

There will be no evening hours on the following Wednesdays: 4/8, 6/10 and 7/1

Fridays: CLOSED

If you have any questions regarding Residency and Registration, please call Patti O'Shea  
610-461-6700 ext. 1279

# INTERBORO SCHOOL DISTRICT

## KINDERGARTEN ACADEMY 2020-2021 STUDENT REGISTRATION

Kindergarten Academy (KA) 2020-2021 Registration will begin on Wednesday, February 26, 2020 through May 29, 2020 at the Interboro School District's Registration Office, 900 Washington Avenue, Prospect Park, PA. All students entering the KA in September 2020, must be 5 years of age on or before September 1<sup>st</sup> (no exceptions).

Registration Office Hours beginning Wednesday, February 26, 2020 through August 26, 2020: Monday-Thursday: 9:00 A.M. 1:00 P.M.

Mondays only in August, we are also open in the evenings, 4-7pm

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Fridays: CLOSED

The 1<sup>st</sup> Kindergarten Academy Orientation will be on Friday, June 5, 2020 for students who are registered by Friday, May 29, 2020. Students registered after May 29, 2020, will have an August orientation date.

Kindergarten Registration will open back up on Monday, June 8, 2020 and run until 7pm on Monday, August 31, 2020.

All the following documents MUST be presented before registration paperwork will be accepted and your student is considered registered.

Completed ISD 2020-2021 KA Registration Packet (are available on line and at the office).

Student's Birth Certificate

Student's current Immunization records (Age 5 appt/shot verification prior to 8/31/2020)

Proof of Residency (Tax Payers: Property Tax Bill or Mortgage Statement, Renters: Current Lease listing all children/letter from landlord & Lease Verification Form) 1 Current Utility Bill

1 Piece of Mail

Picture ID (License or PA ID (with correct address) or Passport)

Visit our website at [www.interborosd.org](http://www.interborosd.org) or call Patti O'Shea with any questions at 610-461-6700 ext. 1279



Interboro School District  
900 Washington Avenue  
Prospect Park, PA 19076

**KINDERGARTEN ACADEMY REGISTRATION CHECKLIST**

**Student documents needed for enrollment:**

*Child's Birth Certificate*

*Current Immunization Records*

**Parent/Guardian documents:**

*Proof of Residency: Bring in 1 of the following:*

1. If you are an ISD homeowner
  - Current Property/School Tax Bill
  - Current Mortgage Statement
2. If you are renting within the ISD:
  - Current Lease (Must list ALL Tenants including children. If lease is not current, please bring your renewal letter)
  - Lease Verification Form
3. If you are living with an ISD homeowner:
  - Multiple Occupancy (MO) packet (You may print one online or pick one up at the office.)

**All guardians need to also bring the following:**

- Picture ID with correct name / address (PA driver's license or PA ID)
- Update Card and Picture ID together is acceptable
- Internet Address Change Receipt with Picture ID is acceptable
- 1 Current (Bill due in this month) Utility Bill: Bring in 1 of the following...
  - Water Bill    Electric/Gas Bill    Cable Bill
  - Phone Bill (that shows current address)
  - Can be a printed bill from an online account
  - 1 additional piece of Mail showing correct name and address

Any questions, please feel free to contact Patti O'Shea, Registration Coordinator 610-461-6700 ext. 1279

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# KINDERGARTEN ACADEMY REGISTRATION FORM

## STUDENT INFORMATION:

Full First Name: \_\_\_\_\_ Full Middle Name: \_\_\_\_\_ Full Last Name: \_\_\_\_\_ Gender: Male / Female/non-Binary Grade: **K**

Hispanic? Yes / No Race (circle all that apply): Native American Indian/Alaskan Native Native Hawaiian/Pacific Islander Black/AA White Asian

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ City of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Date of PA Residence: \_\_\_\_/\_\_\_\_/\_\_\_\_ OR \_\_\_\_ Born in PA \_\_\_\_ New Citizen to US

Previous Schooling: \_\_\_\_ No formal schooling/home with parent \_\_\_\_ ISD Pre K \_\_\_\_ Approved Day Care \_\_\_\_ Home Day Care/Babysitter

Address of Student: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Student resides with (circle one): Mother & Father Mother Only Father Only Guardian Foster Parent

Previous Address: \_\_\_\_\_

## PARENT / GUARDIAN INFORMATION:

*Primary Parent / Guardian is the adult who registered the student, will be the first contact, will receive all communications, and be assigned the Parent Portal Access Information for the student*

Primary Parent / Guardian (who student lives with) Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Status (Circle One): Single Married Separated Divorced Guardian Foster Parent If Married... Name of Spouse: \_\_\_\_\_

Address of Primary Parent / Guardian: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Primary Parent / Guardian Email Address: \_\_\_\_\_

*Other Parent / Guardian: This parent will be listed as a 2<sup>nd</sup> parent, granting them Education Access (HAC, mailings & attend educational meeting).*

Other Parent / Guardian Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address of Other Parent / Guardian: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Other Parent / Guardian Email Address: \_\_\_\_\_

← TURN OVER (2<sup>nd</sup> Page)

KINDERGARTEN ACADEMY REGISTRATION FORM

OTHER PEOPLE LIVING WITH STUDENT:

Name	Age	Relationship to Student	Do they attend a school in Interboro SD?	If "Yes" ... what school?
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	

PRIMARY PARENT / GUARDIAN SIGNATURE:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

REGISTRATION COORDINATOR SIGNATURE:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Resident ☐ MO (Not Homeless) ☐ Homeless Family ☐ Military Family ☐ Foster Child  
☐ Guardianship (COU) ☐ Guardianship (Superintendent)

Parent Registration Item Checklist: Homeowner ☐ Renter ☐ MO ☐

☐ Proof of Residency: Lease & LVF Settlement Paperwork Mortgage Statement ☐

☐ ID with Correct Address (or with Update Card / Internet Receipt) ☐

☐ Former ISD Student

☐ Utility Bill ☐ Add'l mail ☐ 30 days to turn in the \*\* documents- date: \_\_\_\_\_

Notes: \_\_\_\_\_

Additional Documents: ☐ Multiple Occupancy Packet ☐ Guardianship Packet approved by Superintendent ☐ IEP/504/GIEP Paperwork

☐ Lease Verification Form /Landlord Letter ☐ Foster Paperwork/Fact Sheet ☐ Homeless Paperwork/Fact Sheet

☐ Order/CYS Paperwork ☐ Other Items: \_\_\_\_\_

Scanned to Bldg/Nurse \_\_\_\_\_ Daily Sheet \_\_\_\_\_ entered in Eschool \_\_\_\_\_ Scanned ELL \_\_\_\_\_ Scanned Spec Ed \_\_\_\_\_ Scanned Foster/Homeless/Military

Uploaded to Eschool \_\_\_\_\_ lease verified \_\_\_\_\_ check residency if applicable \_\_\_\_\_ send 30 day letter

School Assigned: **Kindergarten Academy**

Transportation Only to: \_\_\_\_\_ OOD School: \_\_\_\_\_

Entry Code: E 01 PA Secure ID: \_\_\_\_\_

Residency Status:

Student Status:

☐ Student Registration Item Checklist:

☐ Current Immunizations

First Day of School: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gr: \_\_\_\_

District Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIS Student Number: \_\_\_\_\_







93u.C.Ö

900 WASHINGTON AVENUE



INTERBORO  
SCHOOL

DISTRICT

PROSPECT PARK, PA

MAINTAINED BY THE BOROUGH OF GLENOLDEN, NORWOOD, PROSPECT PARK AND  
TINICUM

REGISTRATION OFFICE

PHONE: 610-461-6700 FAX: 610-583-1678

Pupil Services Office

Student's Name

Grade

1. Does your child currently receive any Special Services?

My child \_\_\_\_\_DOES \_\_\_\_\_DOES NOT receive any special services. If no, please skip  
questions 2-8 and sign below.

2. Does he/she have a current Individualized Education Plan (IEP) Yes No

3. Special Education and/or related services:

IEP includes:

\_\_\_\_\_Speech/Language Therapy Physical Therapy

4. Does he/she have a current Evaluation or Reevaluation Report (ER/RR) Yes No

5. Does your child have a current 504 Service Agreement Yes No

Occupational Therapy Positive Support Plan

6. Does your child have a current Gifted Individualized Education Plan Yes No

7. Has your student ever received Early Intervention Services? Yes No

If yes, through which Intermediate  
Unit/County if exited, date

8. Did he/she receive either of the below services at their former school:

ESL (English Second Language) Yes No Title I Services Yes No

Please provide the Registrar with of copy of all documents pertaining to your child's special services prior to his/her  
1<sup>st</sup> day of school. Requests for records will also be made and program determination and location will be made once  
received.

(All registrants must sign and acknowledge that they have read this document)

I \_\_\_\_\_, the Parent/Guardian \_\_\_\_\_ of \_\_\_\_\_  
acknowledge that the questions above are answered to the best of my knowledge and understanding.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed with Registration Coordinator  
Updated 12/2019

\_\_\_\_\_  
Date



## INTERBORO SCHOOL DISTRICT

93uco

900 WASHINGTON AVENUE

PROSPECT PARK, PA

MAINTAINED BY THE BOROUGHES OF GLENOLDEN, NORWOOD, PROSPECT PARK AND  
TINICUM

REGISTRATION OFFICE

PHONE: 610-461-6700 FAX: 610-583-1678

### CUSTODY AGREEMENT/COURT ORDER REGISTRATION FORM

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Grade

1. Is the student living full-time with both parents/guardian in the Interboro School District? Yes No If yes, skip questions 2-5 and sign below.

\_\_\_\_\_

If no, please explain in detail:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. is there a custody agreement or court order?

Yes

No

\_\_\_\_\_

3. Who has physical custody'?

Mother Father

Joint

Guardian

\_\_\_\_\_

4. Who has legal custody'? Mother Father Joint

Guardian

\_\_\_\_\_

5. Who has educational rights?

Mother Father

Joint

Guardian

\_\_\_\_\_

Any single parent who does not have a Legal Court Order will need to provide a notarized letter, signed by both parents explaining the living/visitation arrangements.

The attached Affidavit of Custody is to be used when the paternal parent is registering the child but is not listed on the birth certificate and there are no court documents. This form is to be notarized.

Please provide the Registrar with a copy of all notarized documents pertaining to custody and court orders prior to his/her 1<sup>st</sup> day of school in order to start on the agreed start date.

Sign below acknowledging that the above information is correct.

I, the Parent/Guardian of

\_\_\_\_\_, my child, \_\_\_\_\_,

acknowledge that the questions above are answered to the best of my knowledge and understanding.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed with Registration Coordinator

\_\_\_\_\_  
Date

Updated 12/2019

# Affidavit of Custody to be Notarized for Single Parent/Guardian without Custody Papers

## Paternal Parent who is not listed on Birth Certificate



INTERBORO SCHOOL DISTRICT

## Affidavit of Authority / Custody

(This form is to be used by Single Parents / Guardian with no Custody Paperwork or for Parent whose name is not listed on Birth Certificate)

Student's Full Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Student's Grade: \_\_\_\_\_

BE IT KNOWN, that on this \_\_\_\_\_ day of \_\_\_\_\_  
(Day) (Month) (Year)

I, \_\_\_\_\_ hereby state and declare that I am the  
(Parent's/Guardian's Name)

Parent/Guardian and claim to have custody of \_\_\_\_\_  
(Student's Full Name stated above)

Parent/ Guardian Signature:  
\_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Sworn to and subscribed before me, a

Notary Public, on this day \_\_\_\_\_ of

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

Notary Public

# HOME LANGUAGE SURVEY\*

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for the identification.

School District: INTERBORO SCHOOL DISTRICT      Date: \_\_\_\_\_

School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1. What is/was the student's first language? \_\_\_\_\_

2. Does the student speak a language(s) other than English? (Do not include languages learned in school.)

☐ Yes ☐ No

If yes, specify the language(s): \_\_\_\_\_

3. What language(s) is/are spoken in your home? \_\_\_\_\_

4. Has the student attended any United States school in any 3 years during his/her lifetime?

☐ Yes ☐ No

If yes, complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (if other than parent/guardian):

Parent/Guardian signature:

\_\_\_\_\_

\*The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLS). As part of the responsibility to locate and identify ELLS, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.

### INTERBORO SCHOOL DISTRICT STUDENT INFORMATION

Student's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Birth Date \_\_\_\_\_  
 \_\_\_\_\_ Grade \_\_\_\_\_  
 \_\_\_\_\_ Homeroom teacher \_\_\_\_\_

Parent or Guardian Information (Circle one)

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Parent or Guardian Information (Circle one)

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Business Phone \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Parent/Guardian E-mail Address \_\_\_\_\_

Person with whom child lives if other than parent (specify) \_\_\_\_\_

Will someone usually be home during the day? Yes

No (Circle one)

If unable to reach Parent/Guardian in case of emergency/illness contact (Neighbor, relative with transportation)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone# \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Phone\* \_\_\_\_\_

Address \_\_\_\_\_

Cell/Work \_\_\_\_\_

& \*Change of address must be verified with documentation at the administration building\* e

(Over;

Medical conditions (check all that apply)

Asthma \_\_\_\_\_

Family Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Medication allergy (If yes please name) \_\_\_\_\_ Family Dentist \_\_\_\_\_

Seizures \_\_\_\_\_

Phone \_\_\_\_\_

Diabetes \_\_\_\_\_

Does Your Child Have? \_\_\_\_\_

Health Insurance Y \_\_\_\_\_

Other, please explain \_\_\_\_\_

Food Allergy? (If yes, please name), \_\_\_\_\_ Bee Sting Allergy? Yes / No (please circle)

Requires EpiPen? Yes / No (please circle)

Requires EpiPen? Yes / No (please circle)

Requires Benadryl? Yes / No (please circle)

Requires Benadryl? Yes / No (please circle)

&amp; yes, please supply to school nurse with Doctor's orders as per school policy.

List any medications your child takes on a daily basis with dose &amp; time. (Please contact the school nurse if it will be necessary to take medication at school) \_\_\_\_\_

Do we have permission to give your child the following?: PLEASE INITIAL EACH CHOICE

Tylenol  
Bum Spray

Chloraseptic (throat) Spray

Anbesol

Visine

sting Kill (Bee sting Relief) Tums

Topical Antibiotic Ointment

Caladryl

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*SPECIFIC MEDICAL INFORMATION WILL BE SHARED WITH SCHOOL PERSONNEL WHO  
 HAVE CONTACT WITH YOUR CHILD IF IT DEEMED NECESSARY FOR THE SAFETY OF YOUR CHILD OR IF A MEDICAL  
 CONDITION IMPACTS YOUR CHILD'S EDUCATION\*\*



INTERBORO SCHOOL DISTRICT

# Health History Form

DATE \_\_\_\_\_

GRADE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

FULL NAME \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

Guardian's / Mother's Name: \_\_\_\_\_

Guardian's / Father's Name: \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

DOES YOUR CHILD  
HAVE:

HAS YOUR CHILD HAD:



Frequent Colds.....yes no  
 Frequent sore throats .. yes no  
 Allergies (list)..... yes no  
 ..  
 \_\_\_\_\_  
 Asthma. .... yes no  
 Speech Difficulties . .... yes no  
 Earaches. .... yes no  
 Frequent Nightmares. .... yes no  
 Vision/Hearing Loss. .... yes no  
 Poor Eating Habits ..... yes no  
 Emotional Problems . .... yes no  
 Frequent Bed-wetting. .... yes no  
 Epilepsy..... yes no  
 Diabetes..... yes no  
 Difficulty Sleeping..... yes no  
 ... es

Tonsillectomy & Adenoidectomy..... yes no  
 Head injury (unconscious)..... yes no  
 ....  
 ..... yes no  
 .....  
 Convulsions .. yes no  
 Chicken Pox  
 Scarlet Fever..... yes no  
 .....  
 Tuberculosis (self or family)..... yes no  
 .....  
 Rheumatic Fever..... yes no  
 .....  
 Pneumonia..... yes no

#### DEVELOPMENTAL PATTERNS

Did your child crawl..... yes no  
 Does your child stumble, fall or bump  
 into things frequently..... yes no  
 Easily understood by others..... yes no  
 Age child spoke words.....  
 Age child spoke in \_\_\_\_\_  
 sentences Age child walked \_\_\_\_\_

1. List hospitalizations, operations, serious accidents:

\_\_\_\_\_

2. Is your child currently under medical treatment or on medication? Yes No if yes, please explain or list medications:

\_\_\_\_\_

3. Is there any information concerning your child's health that you or your child's doctor feel should be known by the school? Yes No If yes, please explain:

# Lease Verification Form

## For

# Renters Only



INTERBORO SCHOOL DISTRICT  
Lease Verification Form

Student Name: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Residing at: \_\_\_\_\_

Name of Property Management,  
Complex, or Landlord: \_\_\_\_\_

Phone # of Property Management,  
Complex, or Landlord: \_\_\_\_\_

Term of Lease: Start on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please note that if you are presenting a lease that is month to month, you may be required to supply the school district with a copy of a current utility bill each month.

Names of All Occupants (Should include your student(s) and that match the Lease)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

I am aware that all information will be confirmed by the Landlord and/or Management Company and I affirm that the above information is accurate.

Guardian Signature: \_\_\_\_\_ ~~Date~~ \_\_\_\_\_

OFFICE USE ONLY

Attached Public Access County Sheet

\_\_\_\_\_

\_\_\_\_ Verified by \_\_\_\_\_ title: \_\_\_\_\_

Cleared?      ☐ YES      ☐ NO

ISD Contact: \_\_\_\_\_ Residency Office \_\_\_\_\_

Initial:

# Interboro Kindergarten Academy

## Parent Input Packet — 2020-2021

Child's Name \_\_\_\_\_ Please Circle: Male      Female

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

Name you would like your child to be called in school \_\_\_\_\_

How old will your child be when she/he starts kindergarten :      Years      Months .

Person completing this checklist \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Student's Address \_\_\_\_\_ Town \_\_\_\_\_

Parent/Guardian email address ( \*Primary to be used from school to communicate)

Parent/Guardian phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

Please take the time to answer these questions carefully and accurately. The information that you provide will help the school staff plan for your child's strengths and needs.

### Developmental Stages:

At what age (approx.) did your child:      Attempts to zip coat \_\_\_\_\_  
Walk \_\_\_\_\_ Talk \_\_\_\_\_  
Independently zips coat \_\_\_\_\_

Toilet Train \_\_\_\_\_ Dress Self \_\_\_\_\_  
Attempts to tie shoes \_\_\_\_\_

### Pre- School Experience:

1. My child attends/has attended a pre-school program: Yes      No      How many years? \_\_\_\_\_

a. Name of Program \_\_\_\_\_ Days per Week \_\_\_\_\_ Full Day or Half Day

Does your child wear a pull-up or diaper?\_\_\_\_\_

Independently ties shoes\_\_\_\_\_

2. My child attends a day care program. Yes No

a. In a private home

b. Day care center Days per Week Full Day or Half Day

Please describe your child's preschool experience:

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3. My child has been evaluated by the DCIU Early Intervention Program? Yes\_\_\_\_\_ No\_\_\_\_\_

(If you responded yes, please continue questions 5 and 6)

4. My child is receiving services from the DCIU Early Intervention Program? Yes\_\_\_\_\_ No\_\_\_\_\_

5. My child received services from the DCIU Early Intervention Program in the past? Yes No

6. We attended a DCIU transition meeting at the Kindergarten Academy in January? Yes No \_\_\_\_\_

7. Has your child ever received or participated in the following:

Check	Services	Current	In the	Age	DCIU	Private
	Speech Therapy					
	Occupational Therapy					
	Physical Therapy					
	Learning Support					
	Social Skills [Play Therapy]					
	Behavior Counseling					
	Psychological Evaluation					

### Exposure to Literature

8. How often do you read to your child?

---

9. My child has approximately \_\_\_\_\_ books in her/his personal library?

10. What is your child's favorite book? \_\_\_\_\_

11. My child visits the library in our community? Yes No  
\_\_\_\_\_

12. Does your child enjoy playing outside ? Yes No  
What types of physical activities does he/she like to play?  
\_\_\_\_\_

13. How much time does your child watch television/play video games each day?  
30 minutes 30 minutes to 3 hours More than 3 hours  
\_\_\_\_\_

14. Does your child have a tablet/ipad? How much time do they spend on it a day? What apps do they use?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. List any educational experiences your child has had outside your home? Ex. Library programs, museums, family trips, zoo, plays, etc.  
\_\_\_\_\_  
\_\_\_\_\_

### Medical Information:

16. My child has the following medical issues:  
\_\_\_\_\_  
\_\_\_\_\_

17. My child has had the following childhood illnesses?

Respiratory (RSV) Yes	No	Chronic Ear Infections Yes	No
_____	_____	_____	_____
Whooping Cough Yes	No	Asthma Yes	No
_____	_____	_____	_____

Food Allergies? Peanuts

Tree Nuts

, Milk/Dairy

, Fruits

Other:

18. My child is taking the following medication prescribed by a pediatrician? Medication Dosage

Medication	_____	Dosage	_____
Medication	_____	Dosage	_____
Medication	_____	Dosage	_____

19. Has your child ever been exposed to toxic substances such as lead, pesticides, pollutants etc?

No \_\_\_\_\_ Yes \_\_\_\_\_ Please Explain \_\_\_\_\_

20. My child was born premature? No Yes \_\_\_\_\_ How many weeks? Indicate any complications that might impact learning or school performance? \_\_\_\_\_

### Related Services Information:

21. Are you concerned about any of the following areas pertaining to your child?

Speech and Language	No _____	Yes _____	why? _____	Language
Hearing	No _____	Yes _____	why? _____	
Vision	No _____			

Primary Language spoken by student \_\_\_\_\_

Primary Language spoke in home by parents \_\_\_\_\_

### Behavioral Observations:

Quiet

Outgoing

Attentive

Social

Persistent



\_\_\_Shy

Curious

\_\_\_Playful

Assertive

Independent

22. How  
would you

best describe your child?

\_\_\_\_\_

23. Does your child exhibit any of the following behaviors? Please provide as accurate a picture of your child as possible.

- Defiance towards adults? No

YesPlease Explain?

\_\_\_\_\_ - \_\_\_\_\_

- Aggressive or violent behavior toward others? \_\_\_\_\_  
No YesPlease Explain?

\_\_\_\_\_ - \_\_\_\_\_

- Frequent uncontrolled outbursts? No YesPlease Explain?

\_\_\_\_\_ - \_\_\_\_\_

- Withdrawal or inability to relate to others? \_\_\_\_\_  
No YesPlease Explain?

\_\_\_\_\_ - \_\_\_\_\_

- Difficulty separating from you for a short period of time? No

YesPlease Explain?

\_\_\_\_\_ - \_\_\_\_\_

- Difficulty interacting/ playing well with other children? No

YesPlease Explain?

\_\_\_\_\_ - \_\_\_\_\_

Additional

Comments/Observations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Listening Skills:

24. Can your child:

Listen to a complete story: Yes No

\_\_\_\_\_

Complete a single step direction or request (Please pick up your toys):

Yes\_\_\_\_\_No \_\_\_\_\_

Complete two step directions or request (Please get your bicycle and put it in the garage): Yes

\_\_\_\_\_ No \_\_\_\_\_

Complete three step directions or request (Please bring me the newspaper, turn on the light, and feed the dog) Yes\_\_\_\_\_No\_\_\_\_\_

Explain \_\_\_\_\_ further, \_\_\_\_\_ if \_\_\_\_\_ necessary

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25. If applicable, please list first and last names and ages of other children living in your home.

_____	_____
_____	_____
_____	_____

26. If applicable, please list first and last names and ages of child's siblings that reside in another home.

_____	_____
_____	_____
_____	_____

27. Please use the space below to tell us anything else that you believe would help the school team better meet your child's educational strengths and needs:

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If you have any questions, or concerns about your child, and would like to speak with Mr. Kohlhepp

(Principal) please call the school office. The office is open throughout the summerfront 8:30 — 3:00.  
The phone nunbter is 610.957.5401..

Please return the completedforni with your registration packet. Thank You!

# General Information

Free and Reduced Lunch Program

Interboro School District Uniform Code

Free Notary Services

Community Information Flyers

Parent Volunteering Information

Please keep this portion of the packet and return any forms to your students' school building.

# school\*

## FREE AND REDUCED PRICE SCHOOL MEALS

Apply online at <https://www.schoolcafe.com/>

2020-2021 applications can be submitted no earlier than July 1, 2020

Children need healthy meals to learn. Interboro School District offers healthy meals every school day. Your child(ren) may qualify for free meals or for reduced-price meals. \*\*\* Reduced price is \$0.30 for breakfast and \$0.40 for lunch.

\*\*\* Free / Reduced applications must be done at the start of each school year!



Easily pay for school meals with  
[MySchoolbucks.com](https://www.myschoolbucks.com)

- 1) Go to [myschoolbucks.com](https://www.myschoolbucks.com) or get the app
- 2) Create an account & add your students
- 3) Pay with your credit/debit card



INTERBORO SCHOOL DISTRICT

# Uniform Code Requirements (K-8)

## Standard of Dress Requirements

School attire must meet general standards of cleanliness. Clothing should not have excessive holes, rips, tears that would distract the student or others from learning.

### Guidelines (Male/Female)

#### Pants/Shorts

- Pants or shorts in school colors.
- Colors must be black, tan (khaki), gray, yellow/gold, or white.
- School or school district color clothing with logos or designs of any color or size are permitted
- Lettering is allowed on the front and sides ONLY ● Interboro School District specific clothing is permitted
- Shorts must be at least fingertip length

#### Shirts and Sweatshirts

- Shirts and sweatshirts in school colors.
- Colors must be black, white, yellow/gold, or gray.
- Shirts must be crew neck or collar
- School or school district color clothing with logos or designs of any color or size are permitted e Lettering is permitted on the front and back of the shirt

#### Skirts/Skorts/Dresses

- Skirts/skorts, or dresses in school colors.
- Skirts/skorts/dresses must be at least fingertip length.
- School or school District color clothing with logos or designs of any color or size are permitted
- Lettering is allowed on the front and sides ONLY
- Interboro School District specific clothing is permitted

NO PAJAMAS ARE PERMITTED AT ANY TIME

#### Footwear

Grades K - 2 - SNEAKERS ONLY.

Grades 3 —8 — SNEAKERS required ONLY on gym days.

No slippers are permitted at any time, for any grade

NOTE: There will be no opting out of the School Standard of Dress Policy except for religious reasons. Please discuss specific situations with the school principal.

Nothing contained herein shall be interpreted to prohibit religious attire.

The Interboro School District recognizes that the legislative authority to provide for a School Standard of Dress policy has been provided through Act 46 of 1998 (Policy 225 School Uniform/Student Dress Code).

Please write the student's name on all clothing items to insure misplaced clothing items can be returned to the student.
--

## Notary Services i n the area:

Representative Krueger's Office

Hours of Operation: Monday through Friday 9-5pm

701 E. MacDade Blvd

Phone: 610-534-6880

Folsom, PA 19033

State Rep. David M. Dellosa's District Office in Ridley Park.

Monday & Wednesday afternoons from 2pm-5:30pm, and is also available by appointment.

(610) 534-1002. We are open Mon-Thur 9am-5:30pm and Fri 9am-3pm.

Hunter's Auto Tags

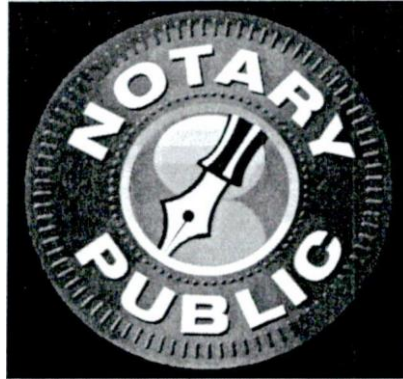
Glenolden, PA 19036

2229 MacDade Blvd

Phone: 610-532-5400 Hours of Operation: Monday

Holmes, PA 19043

through Friday 9:30-6:30pm and Saturdays 9:30-2pm



Phone: 610-583-7614

Hours of Operation: Monday through Friday 9-5pm

Charles Rappa Real

Estate

415 S MacDade Blvd

# APPROVED DAY CARES FOR THE INTERBORO SCHOOL DISTRICT

CARE PROVIDER	PHONE NUMBER	TRANSPORTATION
ABC & Me-Norwood	610-534-5437	Interboro transports
Childcare of the Future	610-284-2273	C.o.t.F. transports
Christopher's Footprints-Norwood	610-583-4690	Interboro transports
Kindercare	610-534-7677	Kindercare transports
Kidstop Glenolden	610-583-8085	Interboro transports
Lovin' Care Glenolden	484-494-3316	Interboro transports
Ridley YMCA Secane	610-544-1080	Ridley YMCA transports
Step by Step	610-543-4629	Step by Step transports
ABC Me & Grow Tinicum	610-521-6187	Interboro transports
1st Friends Norwood	610-237-0446	Interboro transports
Tina Kadris Day Care Glenolden	610-237-8699	Interboro transports

INTER-BOZO'S STOP  
AT CENOCDEN  
SCI-tooC





Before & After School Care

6:45am-Start of School

And 2:45-6:00

Crafts, games and outdoor play

K-5<sup>th</sup> grade

Please contact Nona Norman

610-583-8085

## REGISTRATION FORM

Mail registration form & fee to:

Nona Norman

Interboro Kid Stop

225 Harding Avenue

Morton, PA 19070

Registration: \$50



Interboro's Kid Stop

At the Glenolden School  
BEFORE & AFTER SCHOOL  
CARE

K - 5TH GRADE

6:45 a.m. — Start of School and  
2:45 - 6:00 p.m.

Crafts, Games & Outdoor Play

610-583-8085

Child's Name \_\_\_\_\_ SS# \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Home Telephone \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Cellular/Pager \_\_\_\_\_ Father's Cellular/Pager \_\_\_\_\_

Employer \_\_\_\_\_ Work Number \_\_\_\_\_

Motneffs Cellular/Pager \_\_\_\_\_

Motna"s Employer

Fatheffs Employer \_\_\_\_\_ "Work' t', \$Limber

Child will be ending \_\_\_\_\_, and will be in grade \_\_\_\_\_  
(School)

Child's  
Allergies

•Please "X"\* the sessions that yoUrc}.iijd .be• ääetidjfig. •q- ~~Your tuition~~ Wilf be based on this in-formation.

MONDAY •		TUESDAY-		VVEDNESDA.Y		-THURSDAY.-		FR[DAY	
AM				AM			I	AM	
								i	

My child will be picked up from the after program at approx.pm

	5		
Tuition Chaff	Days I	Days	Days
Before School Only	\$200	\$160	\$120
After School Only	\$250 1 . \$200 1 \$150		

ALL forms  
MUST be filed  
the office PRIOR to  
a child attending  
the program

Tuition prices are per month. Make checks payable to: Interboro Kid's Stop

in .Services      Bec]üciion oi .—chedule a Y%flhdraw,"  
Admissions, the provisions OF servicâs and referrals of clients      Any schedule changes; including nithdräN, must be shall be  
made without regard to race. cctor., religious epeed,      submitted in wring at least.two (2) weeks prior to change. disability..  
ancestry, natiðnal origion, age, cr sex. Adjosfient in fees will O±ur after the tuo weeks notice.

"I have read this form and agree to it's terms.."



INTERBORO SCHOOL DISTRICT

# Community Athletic Clubs

Glenolden Youth Club  
Glenolden Youth Club (GYC)  
PO Box 7  
Glenolden, PA 19036  
[info@glenoldenyouthclub.org](mailto:info@glenoldenyouthclub.org)  
[www.glenoldenyouthclub.org](http://www.glenoldenyouthclub.org)

The logo consists of the letters "NZOD" in a serif font, with a horizontal line underneath the "Z".

Norwood Athletic Club (NAC)  
[www.norwoodac.com](http://www.norwoodac.com)



Prospect Park Youth Club (PPYC)  
PO Box 139  
Prospect Park, PA 19076  
610-522-9174 (President) [info@prospectparkyouthclub.com](mailto:info@prospectparkyouthclub.com)  
[www.prospectparkyouthclub.com](http://www.prospectparkyouthclub.com)



Tinicum Township Youth Organization (TTYO)  
610-757-7737  
[www.eteamz.com/TTYO](http://www.eteamz.com/TTYO)  
[j\\_isreal@yahoo.com](mailto:j_isreal@yahoo.com) (President)



# INTERBORO SCHOOL DISTRICT

93uc,s

900 WASHINGTON AVENUE

PROSPECT PARK, PA

MAINTAINED BY THE BOROUGHES OF GLENOLDEN, NORWOOD, PROSPECT PARK AND TINICUM

OFFICE OF THE SUPERINTENDENT .

PHONE: 610-461-6700tFAX: 610-957-6500

RE: Parents Needing Clearances

Dear Volunteer:

The Board recognizes that the services of a parent/guardian and community volunteers can enrich the educational program, assist teaching staff members in the performance of their duties and enhance the relationship between the school district and the community. The use of community volunteers is endorsed by the Board, subject to legal requirements and administrative regulations.

All volunteers, as a condition of active participation within the District's schools in activities such as but not limited to: class parties, field trips, kid writing, after prom, booster's etc.. , shall complete a Volunteer Information and Certification form that provides a sworn statement that the volunteer is not disqualified from volunteering for any Dist-ict programs and/or activities.

Clearances required:

- Volunteers vv'ho have resided in Pennsylvania for the previous ten consecutive years or more must submit a Pennsylvania Criminal Record Check (Act 34) at: <https://epatch.state.pa.us/> • Pennsylvania Child Abuse History Clearance (Act 151) at: <https://www.compass.state.ba.us/cxvis/public/home>
- Volunteers who have not resided continuously in Pennsylvania for the previous ten consecutive years, in addition to the above clearances, will also have to submit a report of FBI Criminal Check (Act 114). Volunteers shall renevv their background checks and clearances every sixty (60) months from the date of the oldest certification.

Volunteer Clearances can be obtained at no cost for Acts 34 and 151. There is a cost, if needed, for the FBI Criminal Check. For more information, please visit the IdentoGo Website at: <https://uenroll.identogo.com/>

Volunteers should enter service code: 1KG6Y3

Please note the followin° :

- A Photo ID will be required when submitting the Volunteer Information and Certification Fornz.
- Please visit the Announcements page located on the main page of the District website at [www.interborosd.org](http://www.interborosd.org) for more information and forms.
- Parents/Guardians' will only be required to submit clearances per family.
- These clearances will be reviewed and maintained with Interboro School District Administration.

Should you have any questions or concerns, please feel free to contact my office.

Sincerely,

*Bernadette Reilly*

Bernadette C. Reiley  
Superintendent

cc: Human Resources

~~VOLUNTEER INFORMATION AND CERTIFICATION~~

1. Name: \_\_\_\_\_

2 I have lived continuously in Pennsylvania for the past \_\_\_\_\_ years.

Complete 3 and 4. if applicable:

3. I obtained an FBI criminal background check in Pennsylvania since establishing residency here in \_\_\_\_\_(date/year). A copy of any previous FBI check must be provided.

4. I obtained state clearances in \_\_\_\_\_(state) in \_\_\_\_\_

(date/year); a copy of clearance documentation must be attached.

5. The following may disqualify an individual from volunteering in a school setting and/or in direct contact with children under Pennsylvania law:

- a. Being named in a founded report committed within the previous 5 years;
- b. A conviction of any of the following offenses under Title 18, or similar foreign, federal, state, territory or local law:

- (i)Chapter 25 (relating to criminal homicide).

- (ii) Section 2702 (relating to aggravated assault)

- (iii) Section 2709.1 (relating to stalking).

- (iv) Section 2901 (relating to kidnapping).

- (v) Section 2902 (relating to unlawful

- (vi) restraint). Section 3121 (relating to rape).

- (viii) Section 3122.1 (relating to statutory sexual assault).

- (ix) Section 3123 (relating to involuntary deviate sexual intercourse).

- (x) Section 3124.1 (relating to sexual assault).

- (xi) Section 3125 (relating to aggravated indecent assault).

- (xiii) Section 3126 (relating to indecent assault).

- (xiv) Section 3127 (relating to indecent exposure).

- (xv) Section 4302 (relating to incest).

- (xvii) Section 4303 (relating to concealing death of child).

- (xviii) Section 4304 (relating to endangering welfare of children).

- (xix) Section 4305 (relating to dealing in infant children).

- (xx) A felony offense under section 5902(b) (relating to prostitution and related offenses).
- (xxi) Section 5903(c) or (d) (relating to obscene and other sexual materials and performances).
- (xxii) Section 6301 (relating to corruption of minors).
- (xxiii) Section 6312 (relating to sexual abuse of children).

I have read and understand the above provisions that disqualify one from having direct contact with children in a school setting. I hereby swear and affirm that to the best of my knowledge and belief that I am not disqualified from volunteering that involves direct contact with children. These representations are made subject to the penalties of 18 Pa.C.S.A. 4903, relating to crimes for false sworn statements, which is a misdemeanor of the third degree punishable by up to one year imprisonment.

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PR.-NT NAME

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SIGNATURE

---

DATE

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FEE WAIVER

I hereby swear and affirm that:

1. Background certifications are required of me to volunteer and be in direct contact with children at the Interboro School District;
2. I have not received a background certification free of charge with the previous 57 months (4 years, 9 months); and
3. I understand that the certifications shall not be valid or used for any other purpose.

---

PRINT NAME

---

SIGNATURE

---

DATE

---

WITNESS

I have viewed the above applicant's driver's license or other photo identification, and have witnessed him/her sign the above.

---

PRINT NAME

SIGNATURE

---

DATE

**INTERBORO SCHOOL DISTRICT**

,ßuco

900 WASHINGTON AVENUE

**PROSPECT PARK, PA**

MAINTAINED BY THE BOROUGHES OF GLENOLDEN, NORWOOD, PROSPECT PARK AND  
TINICUM

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OFFICE OF THE SUPERINTENDENT

PHONE: 610-461-6700 IFAX: 610-957-6500

School Volunteer — Family Disclosure

The Interboro Board of School Directors recently approved revisions to Policy #916 at the September 16, 2015 Public meeting, to reflect current changes in Federal Law. The Policy recognizes that the services of a parent/guardian and community volunteers can enrich the educational program, assist teaching staff members in the performance of their duties and enhance the relationship between the school district and the community. The use of community volunteers is endorsed by the Board, subject to legal requirements and administrative regulations.

As a component of this policy, all volunteers, as a condition of active participation within the District's school, shall be required to complete a Volunteer Information and Certification form that provides a sworn statement that the volunteer is not disqualified from volunteering for any District programs and/or activities.

Clearances required:

- Volunteers who have resided in Pennsylvania for the previous ten consecutive years or more must submit a Pennsylvania Criminal Record Check (Act 34); • Pennsylvania Child Abuse History Clearance (Act 151).
- Volunteers who have not resided continuously in Pennsylvania for the previous ten consecutive years, in addition to the above clearances, will also have to submit a report of FBI Criminal Check (Act 1 14). Volunteers shall renew their background checks and clearances every sixty (60) months from the date of the oldest certification.

Families with multiple students attending Interboro School District are only required to submit one set of clearances to be maintained with Interboro School District Administration. With regard to this provision, please carefully complete the section as listed below and submit with your completed clearances. Reminder a Photo ID is required when submitting your clearances to your child's Main Office.

---

Name of Schools for which volunteer services are being provided:

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Name of Child(ren)

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Child's Name

---

Grade

---

Teacher's  
Name

---

Child's Name

---

Grade

---

Teacher's  
Name

---

Child's Name

---

Grade

---

Teacher's Name