

Jefferson Township High School Teens and Tots = A Dynamite Learning Advantage

As a part of our Child Development Class and Advanced Child Development Classes, the high school students create thematic lessons for the preschoolers. They are your preschoolers' teachers. Mrs. Lapszynski has over 25 years of teaching experience. Mrs. Lapszynski is a certified Family and Consumer Science teacher as well as a certified preschool and elementary school teacher. She will guide and direct the high school student teachers. Mrs. Lapszynski is the director of the program. The students do an excellent job of planning, preparing and teaching lessons to your children.

Criteria for this program:

- _____ Child is toilet trained
- _____ Child is a minimum of three years old

OR

- _____ Child is a son/daughter of a Jefferson Township School employee
- _____ Copy of birth certificate attached
- _____ Copy of current immunization record which will be reviewed by the school nurse

*******Summary of Enrollment*******

1. Completed application
2. Payment in full to reserve your spot
3. Welcome letter arrives in August
4. Orientation Day –late September
5. Classes begin the last week of September
6. Child bring a healthy snack and drink each day

Please call or email Mary Beth Lapszynski with any questions at (973)-697-3535 ext:5876 or e-mail mlapszynski@jefftwp.org

Application Date _____

Teens 'N Tots Application

Child's Birth Date: _____

Current age: _____

I am interested in starting: _____

Child's Name: _____

Nickname Preference _____

Family Information

Parents Full Name:	Parents Full Name:
Cell Phone #:	Cell Phone #:
Work #	Work #:
Email Address:	Email Address:
Home Telephone #:	Home Telephone #:
Home Address :	Home Address :

Additional Information

Previous and current organized play experience

List year(s) occurred:

Name and Relationships of the other members of the household:

Friend or Relative to be notified in case of emergency:

Name:

Cell Phone:

Work Phone:

Name:

Cell Phone:

Work Phone:

Application Date _____

Child's Physician:

Phone:

Health Information:

€ Toilet Problems

Medication: _____

€ Glasses

Allergies: _____

€ Speech

Other: _____

€ Hearing

Reasons for wanting your child enrolled in Teens 'n Tots:

_____calm

_____fearful

_____friendly

_____excitable

_____jealous

_____shy

_____sensitive

_____negative

_____cries easily

_____uncoordinated

_____cooperative

_____possessive

_____easily angered

_____aggressive

_____happy

Class meets three days a week Tuesday, Wednesday, and Thursday

Two sessions available a.m. 7:55-10:25 p.m. 11:35-2:05 (choose one)