

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 pre-school 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 3 years old
- _____ Child is a resident of Jefferson Township

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 e-mail 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 Care Learning Center

Child's Birth Date _____

I am interested in starting _____/_____/_____ For A.M. Session
For P.M. Session

Child's Name: _____

Parents' Name: _____

Mailing Address: _____

E-Mail Address: _____

Home Telephone: _____

Cell Phone (Mother): _____

Work Phone (Mother): _____

Cell Phone (Father): _____

Work Phone (Father): _____

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: _____

Child's Physician: _____ Phone: _____

Health Information:

Toilet Problems

Glasses

Speech

Hearing

Medication: _____

Allergies: _____

Other: _____

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

Because we want to understand your child’s personality better, we ask that you help us by checking off the words that best apply. In the space below, give a written description or any other comments that you feel we should know regarding your preschooler.

_____calm

_____fearful

_____friendly

_____excitable

_____jealous

_____shy

_____sensitive

_____negative

_____cries easily

_____uncoordinated

_____cooperative

_____possessive

_____easily angered

_____aggressive

_____happy