

ST. MARY SCHOOL

Please Print

PERMANENT RECORD CARD

KINDERGARTEN

					Male	Female
--	--	--	--	--	------	--------

Family Name First Middle Place of Birth Month Day Year

Student must be 5 on or before September 30th

Home Phone _____ Address _____ City _____ Zip _____

Parish _____ City _____ Catholic/Non-Catholic **(Please circle)**

Father Name _____ () Deceased Address _____ Phone(Home) _____ Cell _____ Place of Birth _____ Religion _____ Occupation _____ E-Mail _____	Mother Name _____ () Deceased Address _____ Phone (Home) _____ Cell _____ Place of Birth _____ Religion _____ Occupation _____ E-Mail _____	Guardian Name _____ Address _____ Phone(Home) _____ Cell _____ Place of Birth _____ Religion _____ Occupation _____ E-Mail _____
--	---	---

Marital Status of Parents: ___ Married ___ Single ___ Separated ___ Divorced

Custody Arrangements: _____

Brothers and Sisters:

Name: _____	Age: _____	Grade: _____
Name: _____	Age: _____	Grade: _____
Name: _____	Age: _____	Grade: _____
Name: _____	Age: _____	Grade: _____

OVER

	Date	Church	City	State
Baptism				

Ethnic Background (optional): Please circle one: Hispanic/Latino or not Hispanic/Latino

Please check one: ___ Caucasian ___ Black ___ Hispanic ___ Asian ___ Other _____

Has your child ever attended Nursery School or a Pre-School Program: Yes _____ No _____

School Attended Address City State Years Attended How many days a week

Has your child ever attended another Kindergarten: Yes _____ No _____

If so, list name and address:

Has your child ever participated in an Early Intervention Program or has had Child Study testing?

_____ Yes _____ No

I will ___ will not ___ require Early Morning Care.

I will ___ will not ___ require After School Care.

Early Intervention/Child Study Team

Name: _____

Has your child ever participated in an Early Intervention Program or has had Child Study testing?

_____ ***Yes***

_____ ***No***

If yes, please supply St. Mary School with a copy of the report.

Telephone Information Form

The Primary Contact Number will be used to call you every time we send a SchoolMessenger call, regardless of the urgency of the message.

The Secondary Contact Number will be called at the same time as the Primary Number on calls where the message we are sending is of a more urgent or time sensitive nature to ensure that we get the call to you as soon as possible.

Other (any additional numbers that you may want to add) will be called at the same time as the Primary Number and Secondary Number on calls where the message we are sending is of a more urgent or time sensitive nature to ensure that we get the call to you as soon as possible.

Please consider these numbers carefully and make an effort to keep us informed as soon as possible if any of the numbers changes for any reason.

Child 1: Last Name: _____ First Name: _____

Grade _____

Primary Contact Number: (____) _____ - _____

Secondary Cont Number: (____) _____ - _____

Other: (____) _____ - _____

Other: (____) _____ - _____

Email: _____

Child 2: Last Name: _____ First Name: _____

Grade _____

Primary Contact Number: (____) _____ - _____

Secondary Cont Number: (____) _____ - _____

Other: (____) _____ - _____

Other: (____) _____ - _____

Email: _____

Child 3: Last Name: _____ First Name: _____

Grade _____

Primary Contact Number: (____) _____ - _____

Secondary Cont Number: (____) _____ - _____

Other: (____) _____ - _____

Other: (____) _____ - _____

Email: _____

Child 4: Last Name: _____ First Name: _____

Grade _____

Primary Contact Number: (____) _____ - _____

Secondary Cont Number: (____) _____ - _____

Other: (____) _____ - _____

Other: (____) _____ - _____

Email: _____

Nonpublic School Transportation Application Form

School Year: 2024-2025 Resident District Board of Education:

Student Name:

Last

First

Middle

Date of Birth (mm/dd/yy):

Parent/Guardian Name:

Daytime Phone:

Email Address:

Area code + number

Home Address:

City:

Zip:

Mailing Address:

City:

Zip:

Full name of school to be attended: St. Mary School

Phone:

Address of School: 32A Carroll Ave. Williamstown, NJ 08094

Area code + number

Student's grade for the coming year:

Shortest one-way mileage between home and school:

(shortest route along public roadways or walkways to the nearest tenth of a mile)

Date school opens (mm/dd/yy): 09/03/24

Date school closes (mm/dd/yy): 06/18/25

School hours: 8:15

AM to 2:45 PM

Name of school of attendance in prior year:

Address:

Signature:

Date (mm/dd/yy):

Public School Use Only (Do not write below this line)

Your application has been reviewed by the resident district board of education. The following determination has been made:

☐ Transportation will be provided

☐ You are eligible for payment in lieu of transportation

☐ Ineligible

Reason:

Title:

Signature:

Date (mm/dd/yy):

(B6T) Nonpublic School Transportation Application (N.J.A.C 6A:27-2.5)

Instructions

It is the obligation of the parent or guardian of nonpublic school students to annually obtain the Nonpublic School Transportation Application from the administrative office of the nonpublic school for each student for which transportation services are being requested. Submit a separate application for each student.

Note:

- If there is a change of home address, a new application shall be submitted to the public school district of residence.
- If there is a change in the nonpublic school of attendance, a new application shall be submitted to the public school district of residence.
- Complete this application and return it to the nonpublic school on or before March 10th preceding the school year in which transportation is being requested.
- Late applications — Any application received after March 10th will be a late application and must be accompanied by a statement of the reason for lateness. Eligible students will receive transportation or aid in lieu of transportation based on the date the application is received by the public school.
- It is the obligation of the nonpublic school administrator to annually collect the application and submit it to the public school district from which transportation is being requested prior to March 15th.
- It is the obligation of the public school administrator to notify the parent or guardian as the determination of each application by August 1st.
- A district board of education shall pay aid in lieu of transportation to the parent or guardian of an eligible student only after receiving a signed "Nonpublic School Transportation Payment" voucher (B7T) as prescribed by the Commissioner of Education.

PHOTO RELEASE AGREEMENT

I, _____, who reside at _____
_____, am the parent/legal
guardian of **(name of child)** _____, and (CHECK ONE)

☐ I hereby agree:

- (1) to allow photographs, videos and interviews of my child to be displayed or published in school, parish, and diocesan publications and websites, including but not limited to, press releases, TV stations, bulletins, newspapers, newsletters, brochures, websites and social media pages;
- (2) to waive, release, and forever discharge any and all claims that I may have with respect to the use of the said photograph by The Diocese of Camden, New Jersey; Catholic Star Herald; Talking Catholic; St. Mary School and their respective agents, servants, employees, officers, trustees, administrators, and volunteers; and
- (3) to indemnify, hold harmless, protect and defend The Diocese of Camden, New Jersey; St. Mary School, Catholic Star Herald; Talking Catholic and their respective agents, servants, employees, officers, trustees, administrators, and volunteers, from any and all claims, losses, liabilities, damages, suits, fines, penalties, costs and expenses, including reasonable attorneys' fees, brought or incurred by or on behalf of any person whomsoever or entity whatsoever, arising out of or in any way connected with the said use of the aforementioned photograph by any person or entity.

OR

☐ I do not agree to allow any interview or photograph of my child to be published in the Star Herald or any school or parish publications, including but not limited to, press releases, bulletins, newsletters, brochures, videos, computer images, web pages.

IN WITNESS WHERETO I have signed this Agreement, effective from this _____ day of _____, 20____, through the 30th day of September, 2024.

(Signature of Parent/Guardian)

(Print Name of Parent/Guardian)

PLEASE NOTE: Unless SMS receives a written request from a parent to exclude your child, their photo will appear in the SMS annual yearbook.

2024-2025

INDIVIDUAL STUDENT REQUEST FOR LOAN OF TEXTBOOKS

Date	
Public School District - Monroe Twp.	Nonpublic School - St. Mary School
Address - 75 East Academy St. Williamstown, NJ	Address - 32A Carroll Ave. Williamstown, NJ 08094

Name of Student

Grade Level for 2024-2025 School Year

Name of Parent

Under the provisions of N.J.S.A. 18A: 58 - 37.1 et seq., I hereby request the _____ Monroe Twp _____

(Public School District) to loan textbooks to the _____ St. Mary School _____ (Nonpublic School)

in which my child is enrolled. I certify that my above named child and I are residents of the State of New Jersey.

I understand that the public school district in which the nonpublic school is located has oversight of the State

funds designated for providing the loan of textbooks to nonpublic school students pursuant to law and

regulations.

Signature of Parent/Guardian: _____

Date: _____

Saint Mary School

2024-2025 School Year

Tuition Policy/Financial Matters

Parents/guardians are obligated to pay tuition in order to obtain educational services for their children. It is the parent's/guardian's responsibility to maintain their financial commitments to the school. In the event of a financial hardship resulting in non-payment, you must contact the principal. The school may, but is not obligated to, send reminders or other notices regarding outstanding bills. Failure to make payments when due, or to make arrangements with the school for payment of delinquent obligations, may result in the termination of RenWeb or discontinuation of educational services to your child, possibly leading to disenrollment. In those cases where students are in eighth grade, documents including transcripts and diplomas will not be provided if you have a delinquent balance with the school. All present year tuition must be paid in full before the last day of the school year or the student's placement for the upcoming school year will not be guaranteed. Unpaid bills may be referred to a collection agency. Costs associated with the collection will be added to the parent/guardian fees. There is no tuition responsibility for withdraw prior to June 30th for the upcoming school year. For withdraws on or after July 1, please see policy on next page.

Tuition payments are collected monthly through FACTS Tuition Management Services. Tuition is paid by automatic deduction from either your checking or savings account. FACTS will also accept payments using MasterCard, Discover or American Express. Please note there is a 2.95% convenience fee charged to the credit card holder. Confidentiality of all account information is guaranteed. Payments are deducted on the 5th or the 17th of each month beginning in July and ending in April. A late fee of \$30.00 will be assessed to your account if any payment is not received within 10 days from the payment due date. FACTS will charge a \$30.00 failed payment fee for any attempt that fails AND they will make a total of three attempts. New admissions during school year will be required to spread their payments over remaining months through April. All initial questions regarding the FACTS Tuition Program should be made to Mary Baron (629-6190 ext.121) in the Finance Office.

Tuition may also be paid in full through **FACTS Tuition only** and payment is expected before June 15th for the next school year. A late fee will be assessed if payment is not received by June 30th.

Tuition Assistance: Applications for tuition assistance must be done on-line only through FACTS. There is a \$30 non-refundable application fee to FACTS to apply for assistance.

**Please review our Tuition Refund Policy Addendum regarding
In-School and Remote Learning found on the last page of
this document**

Tuition Refund Policy

Grades K-8 Refund Policy

In the event of a student leaving St. Mary School during the school year (1st day of school to the last day of school) or during the months of July and August:

1-If tuition has been PAID IN FULL, based on the time of withdraw, only a percentage of tuition will be refunded. See schedule below for the tuition amount that will be owed (therefore not refunded if paid in full) to St. Mary School at time of withdraw.

2- If tuition payments are being done MONTHLY (July-April) or based on the schedule agreed upon at time of enrollment, a percentage of the total amount of tuition for the year will be owed/due to St. Mary School (see table below for specific dates)—there will be no refunds of tuition already paid in the prior months to the withdraw

There is no tuition responsibility for withdraw prior to June 30th for the upcoming school year. For withdraws on or after July 1st, please see policy below.

Withdraw/Transfer Prior to:	% Annual Tuition Refundable If paid in full ONLY-NO REFUNDS FOR THOSE DOING MONTHLY PAYMENTS	% Annual Tuition Owed		
August 1	90%	10%		
September 1	80%	20%		
October 1	70%	30%		
November 1	60%	40%		
December 1	50%	50%		
January 1	40%	60%		
February 1	30%	70%		
March 1	20%	80%		
April 1	0%	100%		

Grades K-8 Partial Year Policy

In the event of a student enrolling at St. Mary School during the year, tuition is due to the school, according to the following schedule:

* Enrollment Prior to:	% Annual Tuition Owed			
Up to September 15	100%			
October 1	90%			
November 1	80%			
December 1	70%			
January 1	60%			
February 1	50%			
March 1	40%			
April 1	30%			
May 1	20%			

** Enrollment refers to when a student registers for St. Mary School not when he/she is scheduled to begin his/her first day at St. Mary School.*

Pre-School Programs

In the event of a student leaving St. Mary School during the school year (1st day of school to the last day of school) or during the months of July and August:

1-If tuition has been PAID IN FULL, based on the time of withdraw, only a percentage of tuition will be refunded. See schedule below for the tuition amount that will be owed (therefore not refunded if paid in full) to St. Mary School at time of withdraw.

2- If tuition payments are being done MONTHLY (July-April) or based on the schedule agreed upon at time of enrollment, a percentage of the total amount of tuition for the year will be owed/due to St. Mary School (see table below for specific dates)—there will be no refunds of tuition already paid in the prior months to the withdraw

There is no tuition responsibility for withdraw prior to June 30th for the upcoming school year. For withdraws on or after July 1st, please see policy below.

For late enrollees, please see K-8 partial year policy from previous page.

Withdraw/Transfer Prior to:	% Annual Tuition Refundable If paid in full	% Annual Tuition Owed		
August 1	90%	10%		
September 1	80%	20%		
October 1	70%	30%		
November 1	60%	40%		
December 1	50%	50%		
January 1	40%	60%		
February 1	30%	70%		
March 1	20%	80%		
April 1	0%	100%		

If there is a change in the number of days a student is enrolled in preschool, the new tuition rate will become effective on the first of the month following the change. There will be no refunds of prior monies paid or increases in the month of change.

Note: For K-8 and Pre-School, registration and other fees are due regardless of date of enrollment.

Tuition Rates are determined by the Finance Committee based on information provided by the Diocesan Office. There is a Catholic and Non-Catholic tuition rate. The definition of each category is below:

Catholic: Parent/Guardian must be registered in a Catholic parish and the child must have a valid Baptismal certificate. At least one parent must be Catholic.

Non-Catholic: Religion other than Catholic. Greek Orthodox will be considered Non-Catholic. Children must still participate in Religion classes and participate in Liturgical events. Non-Catholic students participate in sacramental classes but are not eligible to make the sacrament.

St. Mary School
Tuition Refund Policy
Remote Learning

Remote Learning Tuition Guidelines:

- Learning will continue during times of Remote Learning.
- Tuition will continue to come out as scheduled per your FACTS agreement.
- Tuition is for 180 days of instruction which St. Mary School will continue to provide
- There will be no refunds of previous tuition paid.
- Withdraw guidelines in the current Tuition Refund Policy will remain in effect throughout the time of Remote Learning
- If your child/ren are instructed to go onto Remote Learning because of the need to quarantine, Tuition will continue to come out as scheduled per your FACTS agreement. St. Mary School will continue to provide your child/ren instruction while he/she/they are on Remote Learning and withdraw guidelines in the current Tuition Refund Policy will remain in effect during the entire time of their Remote Learning.

Whether in school or remote learning, St. Mary School is committed to providing excellent education which aligns with your family values.

THANK YOU.



I/We have received and/or were directed to where to find the St. Mary School 2024-2025 Tuition Policy/Financial Matters /Tuition Refund Policy. The policy may be found in our St. Mary School Handbook and on our website at www.smarys.org.

Your signature here, will be used for the 2024-2025 school year and beyond Tuition Refund Policy.

This policy, which may be updated when required and shared with all school families, as well as your signature on this form, will be in affect during the entire time your student/s are registered here at St. Mary School.

Guidelines stated for all withdraws and/or later admissions and/or Remote Learning must be followed.

Official withdraws must be in writing (letter of intent sent home to families used for following year planning is NOT considered an official withdraw).

Parents/Guardians Signature

Date

St. Mary School Kindergarten Grant **2024-2025 School Year**

We are excited to announce the **St. Mary School Kindergarten Grant**. This grant will enable students to experience the many benefits and gifts of a Catholic school education here at St. Mary School. Through this grant, we can further our mission to prepare today's students for tomorrow's world in a faith-filled, welcoming Catholic community committed to academic excellence and service to others. It will also enable us to provide a quality Catholic education to families in our local communities and continue *Learning and Living in Christ* now and in the future.

Important Information about our St. Mary School Tuition Kindergarten Grant

***For those currently enrolled in St. Mary School 4 Year old Preschool Program (2023-2024 school year):**

- Open to students entering Kindergarten for the 2024-2025 school year who are currently enrolled in St. Mary School 4 year old Preschool Program in the 2023-2024 school year.
- The amount of the Kindergarten Grant is **\$750.00/per enrolled Kindergarten student** (as enrolled above states) and is for the Kindergarten year only (2024-2025).
- In order to qualify for this Kindergarten Grant, you need to **register by November 30, 2023**.
- St. Mary School admission requirements apply to all those registering to receive this grant. This includes: confirmation of the Catholic and Non-Catholic tuition rates and reception of all documentation. Administration reserves the right to recommend that a student/s may be ineligible for admission to St. Mary School.
- Kindergarten classrooms above capacity are ineligible.
- St. Mary School administration reserves the right to make continuation of admissions decisions throughout the course of the school year with regard to academics and/or discipline concerns. This also applies to re-registration following the first year at St. Mary School.
- Families receiving this grant **may still apply for Tuition Assistance**
- The Catholic/Non-Catholic current tuition rates will be used as the base tuition for the grant. The \$110.00 non-refundable registration fee per child will still be collected.
- The St. Mary School Tuition Refund Policy will be in effect for this Kindergarten grant. If a withdraw takes place while St. Mary School is on full Remote Learning, the Kindergarten grant will no longer be in place and you will no longer be eligible to receive the grant should you return during the 2024-2025 school year.
- All families applying for this grant are subject to admission acceptance by administration. St. Mary School administration reserves the right to determine the reception of this grant and is subject to approval by administration based on our admission guidelines.

***For those NOT currently enrolled in St. Mary School 4 Year old Preschool Program (2023-2024 school year):**

- Open to students entering Kindergarten for the 2024-2025 school year (who are NOT currently enrolled in St. Mary School 4 year old Preschool Program in the 2023-2024 school year).
- The amount of the Kindergarten Grant is **\$500.00/per enrolled Kindergarten student** (as enrolled above states). and is for the Kindergarten year only (2024-2025).
- In order to qualify for this Kindergarten Grant, you need to **register by November 30, 2023.**
- St. Mary School admission requirements apply to all those registering to receive this grant. This includes: confirmation of the Catholic and Non-Catholic tuition rates and reception of all documentation. Administration reserves the right to recommend that a student/s may be ineligible for admission to St. Mary School.
- Kindergarten classrooms above capacity are ineligible.
- St. Mary School administration reserves the right to make continuation of admissions decisions throughout the course of the school year with regard to academics and/or discipline concerns. This also applies to re-registration following the first year at St. Mary School.
- Families receiving this grant **may still apply for Tuition Assistance**
- The Catholic/Non-Catholic current tuition rates will be used as the base tuition for the grant. The \$110.00 non-refundable registration fee per child will still be collected.
- The St. Mary School Tuition Refund Policy will be in effect for this Kindergarten grant. If a withdraw takes place while St. Mary School is on full Remote Learning, the Kindergarten grant will no longer be in place and you will no longer be eligible to receive the grant should you return during the 2024-2025 school year.
- All families applying for this grant are subject to admission acceptance by administration. St. Mary School administration reserves the right to determine the reception of this grant and is subject to approval by administration based on our admission guidelines.
- If you have withdrawn from our preschool program during the 2023-2024 school year and would like to enroll in our Kindergarten program for the 2024-2025 school year, you will be eligible for the \$500.00 grant ONLY. You would need to register by November 30, 2023 to be awarded this grant.

St. Mary School Kindergarten Grant Information

The 2024-2025 Tuition Rates are not yet available. When they become available they will be posted on our website, www.smarys.org.

These are the current tuition rates for the 2023-2024 school year. Please expect an increase in these rates for the 2024-2025 school year. These tuition rates will NOT be used for the 2024-2025 Kindergarten Grant amount deduction.

Catholic Students:

First Child: \$ 5,995.00

Second Child: \$ 4,545.00

Third (and each additional Child): \$ 3,545.00

(Catholic rate denotes that the child has a valid Baptismal and the parents/guardians are registered in a Catholic parish)

Non-Catholic Students: \$7,450 per child

Registration Fee: \$110.00 per child (NON-REFUNDABLE)

Dollar amount awarded for Kindergarten Grant

For those CURRENTLY enrolled in St. Mary School 4 Year old Preschool Program (2023-2024 school year):

\$750.00—if enrolled for Kindergarten by November 30, 2023

For those NOT currently enrolled in St. Mary School 4 Year old Preschool Program (2023-2024 school year):

\$500.00—If enrolled for Kindergarten by November 30, 2023

- The deduction will be divided over 10 months and deducted monthly for those paying over the 10 month FACTS payment plan.
- Those paying in full by June 15, the grant will be deducted from the total tuition and will come out with this one payment.
- St. Mary School Tuition Refund Policy is in effect for this grant. You will receive a copy of the refund policy at registration and it is available in our handbook on our website. The Tuition Refund Policy is available online (www.smarys.org).

St. Mary School Kindergarten Grant

Agreement

We/I have received, read, and understand all the guidelines pertaining to receiving the St. Mary School Kindergarten Grant.

Name of Student: _____

Grade Entering in September 2024 _____

Student enrolled at St. Mary School 4 year old preschool program (2023-2024 school year) YES NO

School attended if not St. Mary School: _____

Amount of Grant : _____ School Year: _____

This grant may only be applied to tuition for the school year listed above. It is not transferable.

Should the student leave St. Mary School during the school year listed above the grant is forfeited.

Parent/Guardian Signature

Date

Principal Signature

Date

Business Administrator Signature

Date

St. Mary School Administration reserves the right to make ALL FINAL DECISIONS regarding the reception of the St. Mary School Kindergarten Grant.



St. Mary School

32A Carroll Avenue, Williamstown, NJ 08094

Phone: 856-629-6190

Fax: 856-728-1437

E-mail: mainoffice@smarys.org

Web: www.smarys.org

Dear Parents/Guardians:

According to New Jersey State Law a complete physical is required upon entrance into Kindergarten. Attached is the Universal Child Health Record to be completed by your physician and returned upon entrance to school. Physical forms from the physician's office are also acceptable. Along with your physical form, please send in a copy of your child's updated immunization records.

Thank you in advance for your cooperation. If you have any questions, please feel free to contact me.

Sincerely,

Mrs. Karen Ruggeri
School Nurse

Learning and Living in Christ

APPENDIX H

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number () -		Work Telephone/Cell Phone Number () -	
Parent/Guardian Name		Home Telephone Number () -		Work Telephone/Cell Phone Number () -	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted:		Weight (must be taken within 30 days for WIC)			
		Height (must be taken within 30 days for WIC)			
		Head Circumference (if <2 Years)			
		Blood Pressure (if ≥3 Years)			
IMMUNIZATIONS		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> <i>I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.</i>					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
 - **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
 - **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
 - **Head Circumference** - Only enter if the child is less than 2 years.
 - **Blood Pressure** - Only enter if the child is 3 years or older.
 2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860. The Immunization record must be attached for the form to be valid.
 - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.
 3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.
 - a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
 - b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.
 4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
 - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
 - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
 - Scoliosis screenings are done biennially in the public schools beginning at age 10.

This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.
 5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
 - Print the health care provider's name.
 - Stamp with health care site's name, address and phone number.
- Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.*
- c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.
 - d. **Special Equipment** - Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.
 - e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.
 - f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.
 - g. **Behavioral/Mental Health issues** - Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.
 - h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.