



**ST. TERESA OF AVILA PRESCHOOL - KINDERGARTEN**

December 11, 2023

Dear Parents:

Registration begins Wednesday, January 3<sup>rd</sup> through Wednesday, January 31<sup>st</sup> for the 2024-25 school year. All applications must include a \$125 non-refundable registration fee. New students need a copy of their birth certificate along with the registration fee.

All returning students and siblings will be accepted first. A lottery will be used to fill any remaining spaces with parishioners receiving priority. If a class has to be cancelled for lack of students, you will be placed in your second choice class. Acceptance letters will be sent out the beginning of February.

Health forms will also need to be filled with current vaccinations and wellness visit.

Attached are our enrichment classes for next year. Please check off at least one class. This year our enrichment classes filled up quickly with a waitlist.

Thank you and looking forward to a great year!

*Christine Monaco*

Christine Monaco

**School Application for 2024-25 School Year**

**Please Print**

Child's Full Name \_\_\_\_\_

Boy \_\_\_\_ Girl \_\_\_\_

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

**Please indicate program with 1<sup>st</sup> and 2<sup>nd</sup> choice:**

**2-1/2 Year- Olds**

September start (must be 2 by March 31, 2024)

M/T/W (AM) (8:40-11:15) \_\_\_\_\_

TH/F (AM) (8:40-11:15) \_\_\_\_\_

**3-Year Olds**

Children must be the age of the following programs by September 30, 2024:

M/T/W (AM) (8:40-11:40) \_\_\_\_\_

M/T/W/TH (AM) (8:40-11:40) \_\_\_\_\_

M-F AM (8:40-11:40) \_\_\_\_\_

**Please indicate program with 1<sup>st</sup> and 2<sup>nd</sup> choice:**

**4-Year Olds**

Children must be the age of the following programs by September 30, 2024:

M/T/W/TH (AM) (8:30-11:30) \_\_\_\_\_

M-F (AM) (8:30-11:30) \_\_\_\_\_

**Year to Grow Must be 5 by 12/1/24**

M-F (8:15-2:30) \_\_\_\_\_

**Full Day Kindergarten**

M-F (8:15-2:45) \_\_\_\_\_

**Enrichment (pick up for the 3s-2:15 and 4s -2:20)**

**3's and 4's who attend mornings may choose one or more afternoons:**

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

**Please Print**

Mother's Name \_\_\_\_\_

Mother's Address \_\_\_\_\_

Mother's Work Address \_\_\_\_\_

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

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Mother's Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Address \_\_\_\_\_

Father's Work Address \_\_\_\_\_

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

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Father's Email \_\_\_\_\_

Does your child live with both parents?

Mother only? \_\_\_\_\_

Father only? \_\_\_\_\_

Guardian? \_\_\_\_\_

Physician \_\_\_\_\_

Phone \_\_\_\_\_

Parishioner \_\_\_\_\_ Yes \_\_\_\_\_ No

**TUITION:** A non-refundable registration fee of \$125 must accompany this application. The first payment of \$500 (non-refundable) is required by March 1 to secure your place. The remaining tuition is paid in full by 5/31 or in two installments: One -half due by 5/31 and One -half due by 10/31. Enrichment classes will be separate from tuition payment.

<b>Program</b>	<b>Parishioner</b>	<b>Non-Parishioner</b>
2 Day Preschool	\$3090	\$3145
3 Day Preschool	\$4265	\$4355
4 Day Preschool	\$5470	\$5565
5 Day Preschool	\$6320	\$6430
Year to Grow	\$8815	\$9033
All Day Kindergarten	\$8890	\$9155
Enrichment 1 Day	\$1875	\$1910
Enrichment 2 Day	\$3085	\$3130
Enrichment 3 Day	\$3740	\$3800
Enrichment 4 Day	\$4065	\$4135
Enrichment 5 Day	\$4165	\$4235

There will be a 5% discount for each child after the first one from a family. Financial assistance is also available depending on eligibility. A tuition aid form must be turned in with the application.

**NEW APPLICANTS-PLEASE ATTACH A COPY OF THE BIRTH CERTIFICATE.**

**FINANCIAL AGREEMENT**

It is my desire to enroll \_\_\_\_\_ in St. Teresa's Preschool & Kindergarten for the school year

2024-2025. I agree with the policies and financial terms of the school as stated on this form and in other documents.

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

Date \_\_\_\_\_

## **ENRICHMENTS – 3 YEAR OLDS**

### **Monday - Movement Mania**

Students will enjoy a wide range of physical activities while focusing on large and small motor skills, creative and spatial concepts.

### **Tuesday – Preschool Explorers**

Challenge little minds and travel the world in this class exploring countries, cultures, animals and landmarks.

### **Wednesday – Crafty Kids**

Discover art hands-on through sculpture, painting, story time and using our tactile table. We will develop the love of art through language, creativity and abstract reasoning.

### **Thursday – STEAM Students**

Students will STEAM ahead while enjoying science, technology, engineering, art and math.

### **Friday – Smart with Phonics**

Reinforcing all important alphabet skills with exciting experiences for emergent learners through literacy and experimental writing.

## **ENRICHMENTS – 4 YEAR OLDS**

### **Monday – Art Safari**

Each week the students will use different art mediums and learn about native animals around the world. A primary focus remains on the process of creating. Young children learn about art through playing with a variety of art materials as a way of self-expression. Parents will love the unique, special works of art created by their own little artists.

### **Tuesday – Little Chefs Cooking Club**

The children will focus on healthy foods while creating, cooking and baking snacks using their math skills, science concepts and building self-confidence.

### **Wednesday – Author Adventures**

Each week a feature author will be presented. Stories will be brought to life through art, science, math and cooking.

### **Thursday – STEAM Students**

Students will STEAM ahead while enjoying science, technology, engineering, art and math.

### **Friday – Smart with Phonics**

Reinforcing all important alphabet skills with exciting experiences for emergent learners through literacy and experimental writing.

# 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	
<b>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</b>			
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)		
<b>IMMUNIZATIONS</b>	<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due:		
<b>MEDICAL CONDITIONS</b>			
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"/> <b>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.</b>	
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](http://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.

*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](http://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.

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.