ST. TERESA OF AVILA *PRESCHOOL - KINDERGARTEN*

December 15, 2025

Dear Parents:

Registration begins Monday, January 5th through Friday, January 30th for the 2026-27 school year. All applications must include a $125 non-refundable registration fee. All 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 must be cancelled for lack of students, you will be placed in your second-choice class. Acceptance letters will be sent out at the beginning of February.

Health forms will also need to be filled with current vaccinations and wellness visit. There are no longer religious exemptions accepted for vaccinations. Health forms are due in September when school begins.

Attached are our enrichment classes for next year. Once you receive your invoice, tuition and enrichment will need to be paid with separate checks, payable to "St. Teresa Preschool".

Thank you and looking forward to a great year!

Christine Monaco

Christine Monaco

306 MORRIS AVE, SUMMIT NJ 07901 • 908-277-6043

School Application for 2026-27 School Year

Please Print

Child's Full Name _____

Boy ____ Girl____ Child's Date of Birth _____

Please indicate program with 1st and 2nd choice:

2-1/2 Year- Olds

September start (must be 2 by March 31, 2026)

M/T/W (AM) (8:40-11:30) _____

M-F (AM) (8:40-11:30) _____

3-Year Olds

Children must be the age of the following programs by September 30, 2026:

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 1st and 2nd choice:

4-Year Olds

Children must be the age of the following programs by September 30, 2026:

M-F (AM) (8:30-11:30) _____

Year to Grow Must be 5 by 12/1/26

M-F (8:25-2:30) _____

Full Day Kindergarten

M-F (8:25-2:45) _____

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 _____

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.

Program	Parishioner	Non-Parishioner
3 Day Preschool	$5065	$5105
4 Day Preschool	$6220	$6315
5 Day Preschool	$7070	$7180
Year to Grow	$9365	$9600
All Day Kindergarten	$9550	$9725
Enrichment 1 Day	$2325	$2360
Enrichment 2 Day	$3535	$3580
Enrichment 3 Day	$4190	$4250
Enrichment 4 Day	$4515	$4585
Enrichment 5 Day	$4615	$4685

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

2026-2027. I agree with the policies and financial terms of the school as stated on this form and in other documents.

Parent's Signature_____

Date_____

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

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 ☐ Male ☐ Female	Date of Birth / /

Does Child Have Health Insurance? ☐Yes ☐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 give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

Signature/Date	This form may be released to WIC. ☐Yes ☐No

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination:	Results of physical examination normal? ☐Yes ☐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	☐ Immunization Record Attached ☐ Date Next Immunization Due:

MEDICAL CONDITIONS

Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:	☐ None ☐ Special Care Plan Attached	Comments
Medications/Treatments • List medications/treatments:	☐ None ☐ Special Care Plan Attached	Comments
Limitations to Physical Activity • List limitations/special considerations:	☐ None ☐ Special Care Plan Attached	Comments
Special Equipment Needs • List items necessary for daily activities	☐ None ☐ Special Care Plan Attached	Comments
Allergies/Sensitivities • List allergies:	☐ None ☐ Special Care Plan Attached	Comments
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:	☐ None ☐ Special Care Plan Attached	Comments
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:	☐ None ☐ Special Care Plan Attached	Comments
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:	☐ None ☐ 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: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ ***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.***

Name of Health Care Provider (Print)	Health Care Provider Stamp:
Signature/Date	

3-Year-Old Enrichment Program

Welcome to Monday Afternoon Art Enrichment. During our enrichment time together, we will inspire your child's imagination and self-expression with a class full of hands-on art activities. Through painting, sculpture, drawing, and much more, our enrichment class will encourage confidence and artistic exploration. We can't wait to make many happy memories with your child.

Welcome to Tuesday Afternoon Preschool Explorers Enrichment. We are delighted to have your child join our Preschool Explorers class. We hope to awaken your child's inquisitive mind about the world around them. Our topics will include Social Studies, Geography, Travel, Communities, Cultures, and Animals.

Our class will engage in games, crafts, and activities related to the many themes throughout the year. We will expand on their regular curriculum as we incorporate Language Arts and Math skills into our afternoons.

Welcome to Wednesday Afternoon Author Adventures. During our enrichment time together, we will host a different author each week. The benefits of reading books help children develop basic language skills, build a vocabulary, and expand their imagination.

We will begin our lessons by introducing the author of the book and reading the book aloud. Reading will be interactive, and we will ask questions as we read. We will discuss characters, plot points, and settings. Our little bookworms will have fun bringing the stories to life.

Welcome to Thursday Afternoon STEM Enrichment. Together, we will spark your child's natural interest and provide a hands-on environment while exploring everyday math and science concepts through the STEM approach. We will try many experiments, support new vocabulary development, a new curiosity, develop critical thinking skills and persistence, all while having fun with new friends!

Your preschooler will be introduced to Earth, Life, and Physical Sciences, as well as working on age-appropriate math concepts. We will introduce number concepts, one-to-one correspondence, patterning, and simple fractions (whole, half, quarter).

Welcome to Friday Afternoon Phonics Enrichment. During our enrichment time, we will build your child's foundation for reading in a positive, stress-free environment. We will also inspire your child's imagination and self-expression through the wonderful world of books and stories. Your child will engage in a range of activities from art projects and science experiments related to a story, beginning letter identification and letter writing, phonics, all while having fun and enjoying time with friends.

4-Year-Old Enrichment Program

Welcome to Monday Afternoon Art Enrichment. Your child will enjoy creating their own artwork using a variety of mediums and hands-on activities. Our class will use their imagination and self-expression to create some Preschool Works of Art. We will explore colors, color mixing, and textures. We will also incorporate recycling in some of our projects. Creativity will be encouraged, and your child will gain confidence in expressing themselves through art.

Welcome to Tuesday Afternoon Preschool Explorers Enrichment. We are delighted to have your child join our Preschool Explorers class. We hope to awaken your child's inquisitive mind about the world around them. Our topics will include Social Studies, Geography, Travel, Communities, Cultures, and Animals.

Our class will engage in games, crafts, and activities related to the many themes throughout the year. We will expand on their regular curriculum as we incorporate Language Arts and Math skills into our afternoons.

Welcome to our Wednesday Afternoon Author Adventures Enrichment, where each month we will pick a popular children's author and read some of your children's favorite books.

Our Wednesdays will be filled with storytelling as we explore the themes and lessons portrayed in the books. We will compare authors, and your children will vote on their favorite stories. We will also recognize the different types of storytelling, identifying, rhyming, and comparing illustration styles.

Authors will include Laura Numeroff, Eric Carle, Karma Wilson, and Mo Willems, to name a few.

Welcome to Thursday Afternoon STEM Enrichment. Your child will engage in some cool science experiments as we instill a love of science and encourage inquisitive minds. Our STEM class includes Science, Technology, Engineering, and Math. Our curriculum is geared to the appropriate age level, making sure your child experiences hands-on and engaging activities. Children will develop critical thinking skills, learn new vocabulary, and have fun with their friends.

Welcome to Friday Afternoon Phonics Enrichment.

During our Friday enrichment time together, your child will participate in a variety of activities that will help build the foundation for reading. We will read a book each week related to a specific topic. The areas of Language Arts that we will focus on will include letter recognition, rhyming, phonics, and letter sounds. We will inspire your child's imagination and self-expression through the wonderful world of books and stories. Our activities will include art projects, games, songs, letter writing, and theater. We look forward to spending time with your child and encouraging their love of books.

AUTHORIZATION TO ADMINISTER EPINEPHRINE

Name of Student:_____ Grade:_____

(To Be Completed by Physician or Advanced Practice Nurse)

The student named above requires administration of epinephrine for anaphylaxis, and does not have the capability to self-administer the medication.

Dosage: _____

Special Instructions: _____

Description of Emergency Situation: _____

Possible Side Effects: _____

_____
(Date)

_____
(Signature of Physician or Advanced Practice Nurse)

Address: _____
_____

Phone: _____

PARENT/GUARDIAN AUTHORIZATION AND ACKNOWLEDGEMENT

I/We hereby authorize the School to administer epinephrine via epi-pen to the student named above, in accordance with New Jersey law and the school policy stated below, as stated in the orders of the physician/advanced practice nurse above. This authorization includes the school nurse or, in the absence of the School nurse, another school employee designated and trained by the School nurse in accordance with New Jersey law.

I/We acknowledge receipt of written notice from the School that, provided the procedures set forth in New Jersey law and School policy are followed, the School and its employees or agents shall have no liability as a result of any injury arising from administration of the epi-pen to the Student. I/We understand and agree that the School and its employees or agents shall have no liability as stated in the written notice. I/We further agree to indemnify and hold harmless the School and its employees or agents against any claims arising out of administration of the epi-pen to the Student.

I/We understand this authorization and these agreements are effective for the duration of the current school year.

_____
(Signature of Parent/Guardian)

_____
(Signature of Parent/Guardian)

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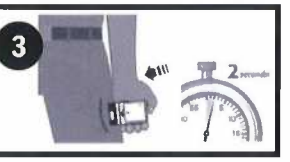
Food Allergy Research & Education

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

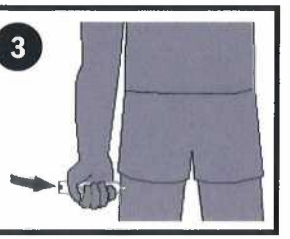
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q® from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q® against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



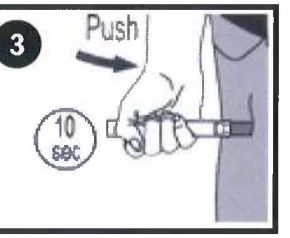
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION

1. (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN
2. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
3. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



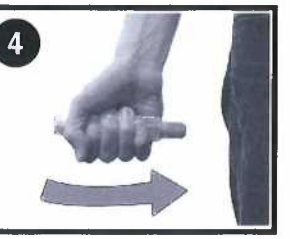
HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



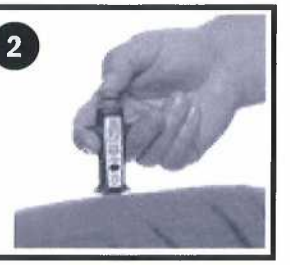
HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI™ by finger grips only and slowly insert the needle into the thigh. SYMJEPI™ can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Epinephrine first, then **call 911**. Monitor the patient and call their emergency contacts right away.

EMERGENCY CONTACTS – CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

Form provided courtesy of **Food Allergy Research & Education** (FARE - FoodAllergy.org) - January 2023

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FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

PLACE PICTURE HERE

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: ☐ **Yes (higher risk for a severe reaction)** ☐ **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

☐ **Special Situation/Circumstance - If this box is checked, the child has an extremely severe allergy to the following food(s) _____.**

Even if the child has MILD symptoms after eating (ingesting) this food(s), Give Epinephrine immediately.

For **ANY** of the following **SEVERE** SYMPTOMS

LUNG
Shortness of breath, wheezing, repetitive cough

HEART
Pale or bluish skin, faintness, weak pulse, dizziness

THROAT
Tight or hoarse throat, trouble breathing or swallowing

MOUTH
Significant swelling of the tongue or lips

SKIN
Many hives over body, widespread redness

GUT
Repetitive vomiting, severe diarrhea

OTHER
Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION
of symptoms from different body areas

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.

- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return

MILD SYMPTOMS

NOSE
Itchy or runny nose, sneezing

MOUTH
Itchy mouth

SKIN
A few hives, mild itch

GUT
Mild nausea or discomfort

FOR **MILD SYMPTOMS** FROM **MORE THAN ONE BODY SYSTEM**, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS** FROM A **SINGLE BODY SYSTEM** (E.G. SKIN, GI, ETC.), FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

_____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE DATE

HEALTHCARE PROVIDER AUTHORIZATION SIGNATURE DATE

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