



ST. TERESA OF AVILA PRESCHOOL - KINDERGARTEN

December 12, 2022

Dear Parents:

Registration begins Tuesday, January 3rd through Monday, January 30th for the 2023-24 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. Due to COVID, there are no longer religious exemptions accepted for vaccinations.

Attached are our enrichment classes for next year.

Thank you and looking forward to a great year!

Christine Monaco

Christine Monaco

Application for the 2023-2024 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, 2023)

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, 2023:

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, 2023:

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

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

Year to Grow Must be 5 by 12/1/23

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? _____

Are you a member of St. Teresa of Avila Parish _____

Envelope # _____

Physician _____

Phone _____

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
2 Day Preschool	\$2885	\$2940
3 Day Preschool	\$4060	\$4150
4 Day Preschool	\$5265	\$5360
5 Day Preschool	\$6115	\$6225
Year to Grow	\$8610	\$8830
All Day Kindergarten	\$8675	\$8950
Enrichment 1 Day	\$1670	\$1705
Enrichment 2 Day	\$2675	\$2720
Enrichment 3 Day	\$3535	\$3595
Enrichment 4 Day	\$3860	\$3930
Enrichment 5 Day	\$3960	\$4030

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

2023-20234. I agree with the policies and financial terms of the school as stated on this form and in other documents.

Parent's 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. I 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. We will engage in a range of activities that foster your child's development and learning, moving, painting, investigating, communication, and problem-solving. We will do all this while having loads of fun and enjoying time with friends.

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. 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 one-to-one correspondence, patterning, and simple fractions (whole, half, quarter).

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.

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 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. <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 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	

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.

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.

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.