



## New Student Checklist

We are so happy you have made the decision to join our family here at Stanworth School! Please make sure that we have all of the following prior to your child's first day. All forms must be completed in their entirety.

- ☐ Registration Fee
- ☐ First Tuition Payment
- ☐ Registration Form signed by Parent/Guardian
- ☐ Student and Parent Handbook signed by Parent/Guardian
- ☐ Policy on the Release of Children signed by Parent/Guardian
- ☐ Emergency Medical Consent Form signed by Parent/Guardian
- ☐ Fee Schedule signed by Parent/Guardian
- ☐ Immunization Record Signed by Physician
- ☐ Health Record signed by Physician

Please clearly **mark all of the following items with your child's name:**

- ☐ Meals, snacks, and drinks for children with special dietary preferences.  
Each item must be individually marked with date as well.
- ☐ A 4x6 color photo of your family and child for your child's personal area.
- ☐ Sleeping bag or sheet and blanket for nap time. State regulations require anyone in the infant room to have a fitted mini crib sheet. Infants under 12 months are not permitted to have blankets.
- ☐ Diapers, wipes, and cream if applicable.
- ☐ Extra changes of clothes for messes!
- ☐ Bottle, sippy cup, or water bottle.
- ☐ Bibs for toddlers and infants
- ☐ Parents give Stanworth School permission to apply any skin products (including but not limited to sun protection and bug spray) to children. Parents must supply their own products.

**To submit your child's registration (total of 18 pages), you can:**

- email to: [info@stanworthschool.com](mailto:info@stanworthschool.com)**
- submit hardcopy to the school**

\*Please note, some pages require a signature, and other pages require initialing at the bottom right corner.

Pages 15 & 16 will require your child's healthcare provider to complete.

\*If you have multiple children, a separate application must be completed for each child.



## Child Information (1 of 3)

First Day: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth: \_\_\_\_\_

Child's S.S. #: \_\_\_\_\_ Name child prefers to be called: \_\_\_\_\_

Grade/Class: \_\_\_\_\_

Child's Address (Street, Apt#, etc) \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List any existing medical conditions, allergies, medication and/or special attention your child may require:

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### Parent/Guardian Information

Mother/Guardian First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address (Street, Apt#, etc) \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_



## Child Information (2 of 3)

Employer: \_\_\_\_\_

Employer Address: (Street, Suite#, etc) \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

☐ Custodial Parent (If married, mark both parents)

Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

**Father/Guardian First Name:** \_\_\_\_\_

Last Name: \_\_\_\_\_

Address (Street, Apt#, etc) \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: (Street, Suite#, etc) \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

☐ Custodial Parent (If married, mark both parents)

Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_



## Child Information (3 of 3)

### Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick up Name: \_\_\_\_\_

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

Relationship to the Child: \_\_\_\_\_

2nd Contact/Pick up Name: \_\_\_\_\_

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

Relationship to the Child: \_\_\_\_\_

3rd Contact/Pick up Name: \_\_\_\_\_

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

Relationship to the Child: \_\_\_\_\_

4th Contact/Pick up Name: \_\_\_\_\_

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

Relationship to the Child: \_\_\_\_\_

### Medications

Do you need us to administer any medication? If so, detailed instructions must be provided here. We cannot administer any medication without written authorization.

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



## Policy on the Release of Children

Each child may be released only to the child's parent(s) or person(s) authorized by the parent(s) to take the child from the center and to assume responsibility for the child in an emergency if the parent(s) cannot be reached.

If a non-custodial parent has been denied access, or granted limited access, to a child by a court order. The center shall secure documentation to that effect, maintain a copy on file, and comply with the terms of the court order.

If the parent(s) or person(s) authorized by the parent(s) fail to pick up a child at the center's daily closing, the center shall ensure that:

1. The child is supervised at all times;
2. Staff members attempt to contact the parent(s) or person(s) authorized by the parent(s); and
3. An hour or more after closing time, and provided that other arrangements for releasing the child to his/her parent(s) or person(s) authorized by the parent(s), have failed and the staff member(s) cannot continue to supervise the child at the center, the staff member shall call the Division's 24 hour Child Abuse Hot line (1.800-792-8610) to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) is able to pick-up the child.

If the parent(s) or person(s) authorized by the parent(s) appears to be physically and or emotionally impaired to the extent that, in the judgment of the director and or staff member, the child would be placed at risk of harm if released to such an individual, the center shall ensure that:

1. The child may not be released to such an impaired individual.
2. Staff members attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s)
3. If the center is unable to make alternative arrangements, a staff member shall call the Divisions 24 hour Child Abuse Hotline (1-800-792-8610) to seek assistance in caring for the child.

For school aged child care programs, no child shall be released from the program unsupervised except upon written instruction from the child's parent(s).

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

\*10:122-6. 10:122-6.5 Policy on the release or children may be distributed to parents and staff members.



## Tuition and Payment

First Day: \_\_\_\_\_

One Time Registration Fee: \$95.00 non-refundable

Monthly Tuition Rate: \_\_\_\_\_

Program Schedule Days: \_\_\_\_\_

\_\_\_\_\_

Will you need before and or aftercare for your child? \_\_\_\_ Yes \_\_\_\_ No

If yes, please specify which one or both? \_\_\_\_\_

### Special Arrangements:

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

Name(s) Responsible for Tuition:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

### Tuition Payment

Payments can be made at the school via check (payable to **Stanworth School 2**) or credit card (Visa, MasterCard, Amex)

- Payment is due on the **1st of each month**.
- A late fee of \$15 will be charged for each week payment is late.
- A \$45 dollar fee will be charged for bounced checks.
- If late payment exceeds past 2 weeks, the child(ren) will not be able to attend school until payment on your account is up to date.
- Tuition is not discounted by illness, vacation days, inclement weather, or holidays (including New Year's Day, President's Day, Memorial Day, Juneteenth, 4th of July, Labor Day, Thanksgiving, Black Friday, Christmas). There are no make-up days for any reason.
- We offer a sibling discount of 5% off of the lowest tuition (This discount is only offered to full time students).

Initial \_\_\_\_\_



## Department of Children & Families Office of Licensing INFORMATION TO PARENTS

Department of Children and Families Office of Licensing INFORMATION TO PARENTS Under provisions of the **Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52)**, every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements on the DCF website at <http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf> or obtain a copy by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention, too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the OOL's Inspection/Violation Reports on the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the OOL's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review or you can view them online at <https://childcareexplorer.njccis.com/portal/>.

Initial \_\_\_\_\_



**Department of Children & Families  
Office of Licensing  
INFORMATION TO PARENTS (CONT'D)**

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at <https://www.cpsc.gov/Recalls>. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Central Registry Hotline, toll free at (877) NJ ABUSE/(877) 652-2873. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292- 0422 or go to [www.state.nj.us/dcf/](http://www.state.nj.us/dcf/).

Initial \_\_\_\_\_





## Discipline Policy

Stanworth School will reduce the need for discipline by setting age appropriate, consistent limits, and clearly communicating the rules of the classrooms. Stanworth School's goal is to provide an environment that gives children the opportunity to learn, explore and succeed with the use of praise and positive reinforcement to minimize the need for disciplinary action.

Our staff is trained to be consistent and nurturing towards each child. Reasonable expectations help to keep conflicts to a minimum. Disciplinary action is rarely required when children are kept in a stimulated, nurturing and creative environment.

Stanworth School will NOT permit or tolerate the use of any abusive disciplinary methods, such as yelling, hitting, spanking, slapping, shaking, pinching, using profanity, withholding food or sleep, ridicule, embarrassment or humiliation of any child.

### Methods of Discipline

1. Positive discipline, which shall include the following:
  - Communication to children using positive statements.
  - Encourage children with adult support, and to use their own words and solutions in order to resolve their own interpersonal conflicts.
  - Communicate with children by getting down to their eye level, and talking to them in a calm quiet manner about what behavior is expected.
2. Distraction: Change the child's focus to an acceptable activity without confronting the inappropriate behavior.
3. Redirect: Anticipate problems and intervene beforehand with an appropriate solution. Quiet time should not exceed more than 1 minute for each year of age of the child.
4. Quiet time shall only be used for purposes of allowing the child to regain control.

Initial \_\_\_\_\_

## Expulsion Policy

Unfortunately there are sometimes reasons we have to expel a child from our program, either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child. The following are examples of reasons we may have to expel or suspend a child from this center:

### Immediate Causes:

- The child is at risk of causing serious injury to other children or self.
- A parent threatens physical or intimidating actions toward staff.
- A parent exhibits verbal abuse to staff.

### Parental Actions:

- Failure to pay fees/habitual lateness in payments.
- Habitual tardiness when picking up.
- Failure to complete required forms (including immunization records).

### Child's Actions:

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums or outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Biting.

### A child will NOT be expelled if a parent/guardian:

- Made a complaint to the Office of Licensing regarding a center's alleged violations of licensing requirements.
- Reported abuse or neglect.
- Questioned the center regarding policies and procedures.

### Proactive Actions That Can Be Taken In Order To Prevent Expulsion:

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment, appropriateness of activities, and supervision.
- Staff will always only use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings.
- Child will be given time to regain control.
- Child's disruptive behavior will be documented and maintained in confidentiality.
- Parent/guardian will be notified verbally

- Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
- The director, classroom staff, and parent/guardian will have a conference to discuss how to promote positive behaviors.
- Parent/guardian will be given literature or other resources regarding methods of improving behavior.
- Recommendation of evaluation by professional consultation on premises.
- Recommendation of evaluation by local school district child study team.

### Schedule of Expulsion:

If after the remedial above have not worked, the child's parent will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsive action is meant to be a period of time so that the parent/guardian may work on the child's behavior, or to come to an agreement with the school.

The parent/guardian will be informed regarding the length of the expulsion period.

The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center.

The parent/guardian will be given a specific expulsion date with as much advanced notice as possible.

### Home Language Policy

Stanworth School is proud of its diversity! We make every effort to communicate with children and families whose primary language is not English. Parents are asked to share words in their home language with their child's teacher to help make their child feel more comfortable in the classroom. Teachers will attempt to label some of the classroom materials in the Home Language of the students. Parents are also encouraged to share books or other materials in their home language with the class. Non-English speaking parents are encouraged to bring with them someone who can help interpret and translate questions, concerns, and documents.

Initial \_\_\_\_\_

## Policy on the Management of Communicable Diseases as mandated by the State of New Jersey

If a child exhibits any of the following symptoms, he/she should not attend the center. If such symptoms occur at the center, the child will be removed from the group, and the parent will be called to take him/her home.

- Severe pain or discomfort
- Acute diarrhea or bloody diarrhea
- Episodes of acute vomiting
- Elevated axillary temperature of 100.5 degrees Fahrenheit
- Lethargy that is more than expected tiredness
- Yellow eyes or jaundiced skin
- Red eyes with discharge
- Infected, untreated skin patches
- Difficult rapid breathing or severe coughing
- Skin rashes in conjunction with fever or behavior changes
- Weeping or bleeding skin lesions
- Mouth sores with drooling
- Stiff neck

Once the child is symptom-free, or has a doctor's note stating that he/she no longer poses a serious health risk to himself/herself or others he/she may return to the center.

### Excludable Communicable Diseases

A child who contracts any of the following diseases may not return to the center without a physician's note stating that the child presents no risk to himself/herself or others.

#### Respiratory Illnesses:

- Chicken pox\*\*
- German measles\*
- Hemophilia influenzas\*
- Measles\*
- Meningococcus\*
- Mumps\*
- Strep Throat
- Tuberculosis\*
- Whooping Cough\*

#### Gastro-Intestinal Illnesses:

- Campylobacter\*
- Escherichia coli\*
- Giardia Lamblia
- Hepatitis A\*
- Salmonella
- Shigella\*

#### Contact Illnesses:

- Impetigo\*
- Lice\*
- Scabies\*
- Shingles\*

#### Covid-19

\*Reportable diseases that will be reported to the health department by the center.

\*\*If your child has chicken pox, a doctor's note is not required for re-admitting to the center. A note from the parent is required, stating that all sores have dried and crusted.

If your child is exposed to any excludable disease at the center you will be notified in writing. Children must be kept home if they show any symptom of illness. Children must remain home for twenty-four hours after any fever, diarrhea or vomiting has ended, thus giving him/her a chance to fully recuperate and help prevent the spread to other students and staff. The teachers will send home any child showing any of the symptoms listed or who in the opinion of the teachers is feeling ill enough that he/she cannot participate in classroom activities. We have facilities for isolating the child until arrangements can be made for his/her return home.

Please let us know if your child is to be absent from school for illness or any other reason. Our teachers worry and may be holding up an activity in hope that the child will arrive soon. It is best to call the school before the child's normal starting time. Please report communicable diseases to the school. We in turn, will post a notice on the bulletin board if your child has been exposed to a communicable disease. Medications may be administered only after a written request and instructions from the child's parent or guardian.

Initial \_\_\_\_\_



## Social Media Policy

This policy includes (but not limited to) the following technologies:

- Social networking sites (e.g. Facebook, Bebo, SnapChat)
- Blogs
- Discussion forums
- Collaborative online spaces
- Media sharing services (e.g. YouTube)
- Micro-blogging (e.g. Twitter)

As part of our duty to safeguard children it is essential to maintain the privacy and security of all our families. We therefore require that parents/visitors:

- No photographs taken within the school setting or at school special events with the children, are to be posted for public viewing, except those of your own child. Parents are advised that they do not have a right to photograph anyone else's child or to upload photos of anyone else's child.
- No public discussions are to be held or comments made on social media sites regarding the children, staff, or school that could be construed to have any impact on the school's reputation, or that would offend any member of staff or parent at the school.

We do love to take photos of our children!

- ☐ May we have permission to share photos with you and other parents on our website, social media or other publications? I understand this includes group photos and special events.
- ☐ I do not want pictures of my child(ren) posted on any social media.

Name of Child \_\_\_\_\_

Name of Parent \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Initial \_\_\_\_\_



## Emergency Release Form

For minor injury, First Aid kits are located in each classroom, and will be used to disinfect and bandage the hurt area following Red Cross First Aid instructions. For more serious injuries while under the school's care, the school will take the necessary actions to protect the child from further harm and will immediately attempt to notify the child's parent/guardian by telephone. The emergency medical release form signed by the parent/guardian empowers the school's representative to authorize medical treatment at an emergency medical center, and is required by the State Licensing Agency.

Stanworth School has my permission to obtain immediate medical attention for my child if warranted. I understand I will be notified without delay so that I can be with my child at the emergency medical center of my choice.

Name of Child: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_

### Method of Parental Notification (in an emergency)

☐ Phone Call: \_\_\_\_\_

☐ Email: \_\_\_\_\_

### Please select one:

☐ Saint Peters Medical Center

☐ Robert Wood Johnson University Hospital

☐ Other: \_\_\_\_\_

☐ Special Conditions/Allergies: \_\_\_\_\_

Child's Physician's Name: \_\_\_\_\_

Physician Address (Street, Apt#, etc) \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician's Telephone Number: \_\_\_\_\_

### Child's Health Insurance:

Name of Insurance: \_\_\_\_\_

ID #: \_\_\_\_\_ Group# \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_



## Illness Policy Waiver

We as parents are sending our children to Stanworth School in good faith and understand the risks during these unprecedented times. We recognize that the Stanworth staff is taking every precaution to keep everyone safe and well while attending school. We are making the conscience decision to bring our children around others where it is possible illness can be spread even with the best of precautions. We acknowledge that we must also adhere to the illness policy as stated below.

1. Parents must notify the director by email immediately if anyone in their household has come in contact with someone who has been possibly exposed to a contagious illness. The child must be kept home even if they are not displaying symptoms.
2. Parents must be vigilant in screening their children for signs of illness.
3. Parents agree not to give any medication to mask symptoms their children may be having.
4. At this time parents are not permitted to enter the building. Drop off and pick up instructions will be provided separately.
5. Parents are asked not to linger at the door. Communication with staff is encouraged over email or phone. Lengthier phone calls can be easily scheduled.
6. All adults (parents and staff) must wear face coverings while on school grounds including the parking lot. Children over the age of two are also highly encouraged to wear face coverings.
7. Parents must pick up children within 30 minutes of being contacted. Children who are sent home after displaying symptoms may not return to school without a negative test and/or doctor's note and/or after 5 days have passed depending on what the symptoms are.

The following are screening questions parents must consider every morning before drop off:

1. Does your child have a temperature of 100.4 or higher?
2. Has your child had any fever reducing medication administered?
3. Does your child have at least two of the following symptoms: chills, shivers, muscle aches, headache, sore throat, nausea, vomiting, diarrhea, fatigue, congestion, runny nose?
4. Does your child have at least one of the following symptoms: cough, shortness of breath, difficulty breathing, new loss of taste or smell?
5. Has your child had any close contact (within 6 feet for at least 10 minutes) with anyone diagnosed with Covid-19 in the past 14 days?
6. Is there anyone in your child's household that has these symptoms or has been diagnosed with Covid-19?
7. Has your child or anyone in your child's household traveled to an area of high community transmission?

Name of Child \_\_\_\_\_

Name of Parent \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



## Walking Trips Permission Slip

You must check one of the 2 boxes below:

- ☐ I hereby give permission for my child to participate in walking trips with Stanworth School in the neighborhood around the center. I understand that the walking route is within the center's neighborhood, includes no known safety hazards, and that the walks will not involve entrance into any facility or major roads.
- ☐ I DO NOT give permission for my child to participate in walking trips in the neighborhood around the center. I understand that my child will be left attended and engaged with another teacher in another classroom until his/her classmates returns.

## Sunscreen/Bug Spray/Diaper Cream Permission

You must check one of the 2 boxes below:

- ☐ I am giving Stanworth School teachers permission to apply sunscreen, bug spray, and diaper cream that I have provided for my child when needed.
- ☐ I DO NOT give Stanworth School teachers permission to apply sunscreen, bug spray, or diaper cream on my child.

Name of Child \_\_\_\_\_

Name of Parent \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_



## Parent Receipt of Information

☐ Information to Parents Document

☐ Policy on the Release of Children

☐ Policy on Methods of Parental Notification

(Applicable only if a method other than a phone call is used to notify parents of an injury to a child's head, a bite that breaks the skin, a fall from a height, or an injury requiring professional medical attention.)

☐ Policy on Communicable Disease Management Expulsion Policy

☐ Policy on the Use of Technology and Social Media

I have read and received a copy of the information/policies listed above.

Name of Child \_\_\_\_\_

Name of Parent \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Initial \_\_\_\_\_



# **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)

### **IMMUNIZATIONS**

- ☐ Immunization Record Attached  
☐ 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		

☐ **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	

New Jersey Department of Health and Senior Services  
STANDARD SCHOOL / CHILD CARE CENTER IMMUNIZATION RECORD

NAME OF CHILD (Last, First, MI)		DATE OF BIRTH (Mo./Day/Yr.)		SEX <input type="checkbox"/> M <input type="checkbox"/> F			
NAME OF PARENT/GUARDIAN		TELEPHONE NUMBER(S)					
ADDRESS							
ADDRESS		IMMUNIZATION REGISTRY NUMBER					
VACCINE TYPE	1ST DOSE MO/DAY/YR	2ND DOSE MO/DAY/YR	3RD DOSE MO/DAY/YR	4TH DOSE MO/DAY/YR	5TH DOSE MO/DAY/YR	LEAD SCREENING (Not Required)	
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination (if Td or DT <sup>(1)</sup> Indicate in corner box)						TEST DATE      RESULT	
POLIO-INACTIVATED POLIO VACCINE (IPV) (if oral vaccine, indicate OPV in corner box)							
MEASLES, MUMPS, RUBELLA (MMR)							
HAEMOPHILUS B (HIB) <sup>(2)</sup>						<sup>(5)</sup> Document below single antigen vaccine receipt, serology titers, or Varicella disease history	
HEPATITIS B <sup>(3)</sup>							DATE:      TITER:
VARICELLA <sup>(4)</sup>							DATE:      TITER:
PNEUMOCOCCAL CONJUGATE <sup>(2)</sup>							DATE:      TITER:
INFLUENZA <sup>(6)</sup>							DATE:      TITER:
OTHER, SPECIFY:						DATE:      TITER:	
<input type="checkbox"/> Provisional Admission Attached - Date Granted: _____ <input type="checkbox"/> Medical Exemption Attached <input type="checkbox"/> Religious Exemption Attached							
IMM-8 OCT 08  <sup>(1)</sup> REQUIRES MEDICAL EXEMPTION <sup>(2)</sup> REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (2 Months - 5th Birthday Only) <sup>(3)</sup> REQUIRED FOR K-GRADE 1 (whichever is first). GRADE 6 BEGINNING 9-1-01, AND GRADES 9-12, EFFECTIVE 9-1-04 <sup>(4)</sup> REQUIRED FOR DAY/CHILD CARE ENROLLED (19 Months and older) AND GRADE K-GRADE 1 (whichever is first) EFFECTIVE 9-1-04 <sup>(5)</sup> MMR single antigen receipt requires MO/DAY/YR, serologies require titers, and varicella disease history requires MO/YR. <sup>(6)</sup> REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (6 Months - 59 Months)							

My last examination of this child was on \_\_\_\_/\_\_\_\_/\_\_\_\_ I have found him/her to be in good health, and able to participate in all activities at Stanworth School. **Physician's Signature** \_\_\_\_\_ Date \_\_\_\_\_



## General Information

Name of Child \_\_\_\_\_

Has your child attended preschool or any other academic program previously?

☐ No ☐ Yes If yes, please list where: \_\_\_\_\_

Are there any other information that would be helpful to our management and teaching staff?

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### For Infants Only:

At what times would you like us to feed your child?

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How many ounces per feeding? \_\_\_\_\_

Please provide nap schedule (start and end times):

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Initial \_\_\_\_\_