

# WEST SIDE



## NURSERY SCHOOL

### APPLICATION FOR ENROLLMENT

Date of Enrollment: \_\_\_\_\_

School Year: 2019-2020

Registration Fee: \$100.00

Student's Name			
Date of Birth		Nickname	
Home Address		Sex (Circle )	Male                      Female
City, State, Zip Code			
Student Lives With: (Circle)	Mother      Father      Both      Guardian      Other		
Language(s) spoken at home			
Previous School	Has your child attended any other school? ___ No ___ Yes    School _____ Reason for leaving _____		
Parent/Guardian	Mother		Father
Name			
Home Address			
City, State, Zip Code			
Home Phone			
Cell Phone			
Email Address			
How did you hear Of West Side Nursery School?			
Please identify name of Newspaper, friend, or alumni	___ Internet    ___ Newspaper    ___ Family/Friend    ___ Drive by ___ Student/Alumni		

West Side Presbyterian Church Member? (\$100.00 Per Year Discount)	___ Yes      ___ No
Would you like more information about West Side Presbyterian Church?	___ Yes      ___ No

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NURSERY SCHOOL

Parents Employment	Mother	Father
Company Name		
Address		
Occupation		
Work Phone	Ext.	Ext.

<b><u>Photo Consent</u></b>	<p>In an effort to keep West Side Nursery School in the public eye and for school promotional materials, the school reserves the right to photograph, video and/or audio record students for the purpose of advertising or publicizing events, activities, facilities and different programs of the school. I understand that these items may be distributed to individuals, groups, and the news media and published in, but not limited to, advertisement, newsletters, slide shows, video presentations, and the Internet.</p> <p>I (we), the parent/guardian of _____, have read the above and hereby consent to the use of any photographs, video and or audio recordings taken of my child/children.</p> <p>Parent/GuardianSignature _____</p> <p>Date _____</p>
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## NURSERY SCHOOL

### POLICY ON ACCIDENTS AND EMERGENCIES:

In the case of a minor injury, West Side Nursery Staff will administer first aid. Parent/Guardian will be provided with an accident report. Parent Guardian will be asked to review the report and sign a copy to be kept in child's school records.

In case of a serious injury or illness, your child's safety will be attended to first. Emergency agencies will be contacted immediately and then parent/guardian. If necessary child will be transported to the Valley Hospital in Ridgewood, NJ. If a parent/guardian cannot be reached, we will phone the emergency contact provided. A staff member will stay with your child until you arrive.

### EMERGENCY AUTHORIZATION

I give permission to the **Valley Hospital and/or my Child's Pediatrician** to provide emergency medical treatment for my son/daughter. Medical personnel are granted consent to carry out required emergency treatment for my son/daughter.

As the parent or authorized representative, I hereby give consent to West Side Nursery School to obtain all emergency medical or dental care. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my child. I understand that I am responsible for all costs related to emergency medical treatments.

Students Name: \_\_\_\_\_

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

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## Enrolling In:

**Parent & Me** (18-30 Months Old) 9:00AM–10:15AM \$1,190.00/Year

\*Maximum of 10 per class

\_\_\_ **Thursday** or \_\_\_ **Friday**

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\_\_\_ **Transitional Parent & Me (Must be 2 ½ years old by January)** \$1,700.00/Year

(Mondays: September through December 9:00AM – 10:30AM)

(Mondays & Tuesdays: January through mid-June 9:00AM – 11:00AM)

\*Maximum of 12 students

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**2.5 (Please select preferred option - Must be 2 ½ years old by September 1)** (8:45AM-11:30AM)

\_\_\_ 2 Days (Thursday/Friday) \*Maximum of 12 students \$2,270.00/Year

\_\_\_ 3 Days (Monday-Wednesday) \*Maximum of 12 students \$3,500.00/Year

\_\_\_ 5 Days (Monday-Friday) \*Minimum of 5 students required \$5,200.00/Year

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**3's (Please select preferred option - Must be 3 by October 1)** (8:45AM-11:30AM)

\_\_\_ 3 Days (Wednesday-Friday) \*Maximum of 16 students \$3,500.00/Year

\_\_\_ 4 Days (Tuesday-Friday) \*Maximum of 16 students \$4,500.00/Year

\_\_\_ 5 Days \*Maximum of 16 students \$5,200.00/Year

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\_\_\_ **4's (5 Days – Must be 4 by October 1)** (8:45AM-11:30AM) \$5,200.00/Year

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\_\_\_ **Transitional Kindergarten 5 Days** (8:45AM-11:30AM) \$5,350.00/Year

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**\*Class offerings & Prices are subject to change based on enrollment\***

# WEST SIDE



## Afternoon Enrichment Programs

### Lunch Bunch

11:30 AM – 12:30 PM

Cost: \$195.00 per semester (per day)

Students enrolled in the 3's, 4's and Transitional Kindergarten programs may choose to spend an extra hour at school eating lunch and having some play time with their friends.

Monday    Tuesday    Wednesday    Thursday    Friday

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### Afternoon Programs 11:30 AM – 2:00 PM

Cost: \$850.00 per semester (per day)

These programs are designed to give the children a more concentrated focus on topics using a variety of learning tools and strategies. These will include lunch and run every afternoon from 11:30 AM – 2:00 PM (subject to enrollment).

#### MONDAY:

Phonics Fun I (4's)

Art in the Afternoon (3-5)

#### TUESDAY:

Phonics Fun II-Handwriting

Science (3's)

Music & Movement (3-5)

#### WEDNESDAY:

Book Club (3-5)

Magical Math (3-5)

#### THURSDAY:

Science (4's)

Explore the Arts (3-5) (until 2:30 PM)

#### FRIDAY:

Phonics (3's)

Science(3-5)

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### Multi-Day Program Options: Fours and Transitional K students

Window to our World (4'S & TK) 11:30 – 2:30

\$1,700.00/Semester (2 days Mon & Tues)

STEM for Preschool (4's & TK) 11:30-2:30

\$2,500.00/Semester (3 days Wed - Fri)

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## FINANCIAL AGREEMENT

1. Acceptance of this application is subject to an interview with parent/guardian and perspective student prior to enrollment. Continued enrollment will be evaluated based on the child's readiness and adjustment to the program.
2. Enrollment at West Side Nursery School is on an annual basis. Tuition is quoted for the entire academic year (September through June) or that portion remaining after date of entry.
3. Tuition payment can be paid in 2 or 4 installments per semester.
4. A student's annual tuition is paid with no deductions, credits, refunds nor make-up days for student absences due to illnesses, family vacations, holidays, inclement weather, emergency closings, early withdrawals, or as a result of the end of the program's cycle.
5. **A non-refundable annual registration fee of \$100.00 must accompany this application.**
6. A sibling discount of \$100.00 (per school year) will be offered.
7. **Fall tuition is billed on April 1<sup>st</sup> due on May 1<sup>st</sup>. Spring tuition is billed on November 1<sup>st</sup> due December 1<sup>st</sup>. A \$25.00 per month late tuition fee will apply for payments received after the 15<sup>th</sup> of the month. Returned transactions will be assessed with a \$50 penalty fee.**
8. Tuition payments **must** be current. Payments in arrears may result in expulsion.
9. West Side Nursery School reserves the right to refuse enrollment or request the withdrawal of a student who in the judgment of the Executive Director, is not benefiting from the program or that the association of West Side Nursery School and the student is not conducive to the welfare of the child, the school, its teachers and other attending students as determined by the school Executive Director. If such action is necessary, a prorated refund of paid tuition will be made. All non-refundable fees paid do not apply.
10. Removal of a student from school whether by parental choice or that of West Side Nursery School, will not relieve the parent/guardian and or guarantors financial responsibility of the liability for any outstanding balance due on the account. You will be held responsible for paying any tuition balance and any legal and collection costs including attorney and court fees.
11. All fees and tuition payments processed are non-refundable. Any student unable to attend will forfeit all deposits and fees paid. There will be absolutely no exception to this policy regardless of the reason for withdrawal.
12. West Side Nursery School reserves the right to cancel a class if minimum enrollment is not met. Refunds will be provided in that situation.

**I (We), the parent/guardian of \_\_\_\_\_ have read the above Financial Agreement and accept the financial tuition obligation to West Side Nursery School. I (We) recognize that this is a legal agreement and sign it with full knowledge and understanding for its implementation and consent of its meaning and importance.**

**Parent/Guardian Name Printed:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## NURSERY SCHOOL

### Medical Information

Does your child have any allergies? _____
Does your child have asthma? _____
Does your child take any medications? _____
Does your child have any other health condition that we need to be aware of in order to provide better care? _____

Student's Doctor			
Address			
Medical Insurance		Policy#	
Telephone		Fax	
Student's Dentist			
Address			
Dental Insurance		Policy#	
Telephone		Fax	
<b>*PLEASE ATTACH A COPY OF MOST RECENT IMMUNIZATION RECORD*</b>			

# WEST SIDE



## PARENT RECEIPT OF INFORMATION

- \_\_\_ Information to Parents Document
- \_\_\_ Policy on the Release of Children
- \_\_\_ Positive Guidance and Discipline Policy
- \_\_\_ Policy on Methods of Parental Notification
- \_\_\_ 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.*

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Child(ren)'s Name

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Parent/Guardian'

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Signature

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Date





Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obliged to provide you, as the parent of a child enrolled at our center, with this informational statement.

The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission; the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State's Child Abuse Hotline at **1(877)NJABUSE**.

Please read this statement carefully and, if you have any questions, feel free to contact me at

201-447-3501.

Sincerely,

Melissa Bangash  
Director

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Please complete and return this portion to the center. (Please print)

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

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

I have read and received a copy of the Information to Parents Statement prepared by the Office of Licensing in the Department of Children and Families.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## **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 may 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: NJDC, Office of Licensing, Publication Fees, P.O. 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 concerning the expulsion of children from the enrollment at the center. Please review this policy so we can work together to keep your child at 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://data.nj.gov/childcareexplorer>.

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 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/).



## RELEASE OF CHILDREN POLICY

The child may only be released to the custodial parent(s) or **adult** person(s) authorized by the custodial parent to take the child from the school and to assume responsibility for the child in an emergency, if the custodial parent(s) cannot be reached. A child shall not be released to a non-custodial parent or other individual, unless the custodial parent authorized such release in writing. Authorization is to include the name, address, and telephone number of such individual.

If the parent(s) or person(s) authorized by the parent(s), appear 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 following procedure will be followed:

1. The child will not be released to such an impaired individual.
2. Staff Members will attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s); and
3. If the school is unable to make alternative arrangements, as noted above, a staff member will call the Department's State Central Registry Hotline (1-877 NJABUSE/1-877-652-2873) to seek assistance in caring for the child.



## GUIDELINES FOR POSITIVE DISCIPLINE

Positive discipline is a process of teaching children how to behave appropriately. Positive discipline respects the right of the individual child, the group, and the adult. Methods of positive discipline shall be consistent with the age and developmental needs of the children, and lead to the ability to develop and maintain self-control.

Positive discipline is different from punishment. Punishment tells children what they should not do; positive discipline tells children what they should do. Punishment teaches fear; positive discipline teaches self-esteem.

You can use positive discipline by planning ahead:

- Anticipate and eliminate potential problems.
- Have a few consistent, clear rules that are explained to children and understood by adults.
- Have a well-planned daily schedule.
- Plan for ample elements of fun and humor.
- Include some group decision-making.
- Provide time and space for each child to be alone.
- Make it possible for each child to feel he/she has had some positive impact on the group.
- Provide the structure and support children need to resolve their differences.
- Share ownership and responsibility with the children. Talk about our room, our toys.

You can use positive discipline by intervening when necessary:

- Re-direct to a new activity to change the focus of a child's behavior.
- Provide individualized attention to help the child deal with a particular situation.
- Use time-out – by removing a child for a few minutes from the area or activity so that he/she may gain self-control. (One minute for each year of the child's age is a good rule of thumb).
- Divert the child and remove from the area of conflict.
- Provide alternative activities and acceptable ways to release feelings.
- Point out natural or logical consequences of children's behavior.
- Offer a choice only if there are two acceptable options.
- Criticize the behavior, not the child. Don't say "bad boy" or "bad girl." Instead you might say "That is not allowed here."

You can use positive discipline by showing love and encouragement:

- Catch the child being good. Respond to and reinforce positive behavior; acknowledge or praise to let the child know you approve of what he/she is doing.
- Provide positive reinforcement through rewards for good behavior.
- Use encouragement rather than competition, comparison or criticism.
- Overlook small annoyances, and deliberately ignore provocations.
- Give hugs and caring to every child every day.
- Appreciate the child's point of view.
- Be loving, but don't confuse loving with license.

Positive discipline is NOT:

- Disciplining a child for failing to eat or sleep or for soiling themselves.
- Hitting, shaking, or any other form of corporal punishment.
- Using abusive language, ridicule, harsh, humiliating or frightening treatment or any other form of emotional punishment of children.
- Engaging in or inflicting any form of child abuse and/or neglect.
- Withholding food, emotional responses, stimulation, or opportunities for rest or sleep.
- Requiring a child to remain silent or inactive for an inappropriately long period of time.

Positive discipline takes time, patience, repetition and the willingness to change the way you deal with children. But it's worth it, because positive discipline works.

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## **Methods of Parental Notification**

Parents will be notified of WSNS events, including but not limited to, school closures, calendar dates, Advisory Board events, unusual occurrences and classroom items by email and/or posts on our website. Email communications will come directly from the classroom teacher, Melissa Bangash (Director) or Cindy Hardt (School Administrator). Parents will be notified by phone and/or email in circumstances where immediate attention is required. Parents are free to call the school office at 201-447-3501 or email the Director, Administrator or teacher with any questions or inquiries.

## **Policy on the Management of Communicable Diseases**

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

- Severe pain or discomfort
- Acute diarrhea
- Episodes of acute vomiting
- Elevated oral temperature of 101.5 degrees Fahrenheit
- Lethargy
- Severe coughing
- Yellow eyes or jaundiced skin
- Red eyes with discharge
- Infected, untreated skin patches
- Difficult or rapid breathing
- Skin rashes in conjunction with fever or behavior changes
- Skin lesions that are weeping or bleeding
- Mouth sores with drooling
- Stiff neck

Once the child is symptom-free, or has a health care provider's note stating that the child no longer poses a serious health risk to himself/herself or others, the child may return to the center unless contradicted by local health department or Department of Health.

### **EXCLUDABLE COMMUNICABLE DISEASES**

A child or staff member who contracts an excludable communicable disease may not return to the center without a health care provider's note stating that the child presents no risk to himself/herself or others.

Note: If a child has chicken pox, a note from the parent stating that all sores have dried and crusted is required.

If a child is exposed to any excludable disease at the center, parents will be notified in writing.

### **COMMUNICABLE DISEASE REPORTING GUIDELINES**

Some excludable communicable diseases must be reported to the health department by the center. The Department of Health's Reporting Requirements for Communicable Diseases and Work-Related Conditions Quick Reference Guide, a complete list of reportable excludable communicable diseases, can be found at:

[http://www.nj.gov/health/cd/documents/reportable\\_disease\\_magnet.pdf](http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf).

# WEST SIDE



## **EXPULSION POLICY**

NAME OF CENTER: West Side Nursery School

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 (ren) in order to prevent this policy from being enforced.

The following are reasons we may have to expel or suspend a child from this center:

### **IMMEDIATE CAUSES FOR EXPULSION:**

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parent exhibits verbal abuse to staff in front of enrolled children.

### **PARENTAL ACTIONS FOR CHILD'S EXPULSION:**

- Failure to pay/habitual lateness in payments
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.
- Other (explain)

### **CHILD'S ACTIONS FOR EXPULSION:**

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.
- Other (explain)

### **SCHEDULE OF EXPULSION:**

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion 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 center. The parent/guardian will be informed regarding the length of the expulsion period and 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 that allows the parent sufficient time to seek alternate child care (approximately one to two weeks' notice depending on risk to other children's welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

### **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 the licensing requirements.
- Reported abuse or neglect occurring at the center.
- Questioned the center regarding policies and procedures.
- Without giving the parent sufficient time to make other child care arrangements.

### **PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION:**

- Try to redirect child from negative
- Reassess classroom environment, appropriateness of activities, supervision.
- Always use positive methods and language while disciplining children.
- Praise appropriate behaviors
- Consistently apply consequences for rules.
- Give the child verbal warnings.

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- Give the child time to regain control.
- Document the child's disruptive behavior and maintain confidentiality.
- Give the parent/guardian written copies of the disruptive behavior that might lead to expulsion.
- Schedule a conference including the director, classroom staff, and parent/guardian to discuss how to promote positive behaviors.
- Give the parent literature of other resources regarding methods of improving behavior.
- Recommend an evaluation by professional consultation on premises.
- Recommend an evaluation by local school district study team.

## **POLICY ON THE USE OF SOCIAL MEDIA AND TECHNOLOGY**

In an effort to keep West Side Nursery School (WSNS) in the public eye and for school promotional materials, the school reserves the right to photograph, videotape and/or record students for the purpose of advertising or publicizing events, activities, facilities and different programs of the school. These items may be distributed to individuals, groups and the news media and published in, but not limited to, advertisements, newsletters, slide shows, video presentations and the internet. Internet use includes the school website and Facebook page. Photos and/or recordings will be for professional use only. All images used by WSNS will be approved by the Director and fall within the photo consent guidelines signed by parents at the beginning of the school year. Staff members have a work email address that will be used for communicating with parents. In some cases the teacher will be required to cc the Director on those communications. Teacher email addresses will be distributed at the beginning of the year. Parents and family members of WSNS students are encouraged to be respectful of the privacy of others when posting on social media or distributing personal photos taken at school events. WSNS will not be held responsible for postings made by families on sites not approved by WSNS.



# WEST SIDE



## NURSERY SCHOOL

### 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	Date of Birth
				<input type="checkbox"/> Male <input type="checkbox"/> Female	/ /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted:		Weight (must be taken within 30 days for WIC)			
		Height (must be taken within 30 days for WIC)			
		Head Circumference (if <2 Years)			
		Blood Pressure (if ≥3 Years)			
<b>IMMUNIZATIONS</b>		<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](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.