



Dear Preschool Families,

Hello! Welcome to the Roxbury Community Preschool Program! We are very excited to have you be a part of the Preschool Program here in Roxbury and look forward to being able to work with you and your child!

As experienced educators, we love working with children and seeing them grow and learn as students and people. Our classes are warm, safe environments where children learn through active, engaging lessons. We're looking forward to a fantastic year full of fun, adventures, and learning!

Great Value; High-Quality Preschool

Our seventh year will bring back the premium, high-quality preschool instruction that makes our program attractive, as well as other features that make Roxbury Community Preschool the best program in town:

Convenience:

- ✎ Located within a district elementary school in Roxbury Township.
- ✎ Part of the school culture with PTA memberships, school assemblies, parades, spirit week, etc.

Part of the School District

- ✎ Part of a full-day Kindergarten school district (collaboration with Kindergarten teachers occurs regularly)
- ✎ Part of a technologically progressive district with SmartBoards, Chromebooks, and iPads
- ✎ Field Trips

Curriculum that Strives for Excellence

- ✎ Focus on active, creative learning
- ✎ Certified teachers who specialize in early childhood education
- ✎ Small class sizes with low student-to-teacher ratios
- ✎ Interdisciplinary, differentiated instruction
- ✎ Curriculum aligned with Core Content Standards for Preschool and Common Core
- ✎ Developmentally appropriate practice through Creative Curriculum model
- ✎ Best practices based on NAEYC guidelines
- ✎ Flexible Schedules

We look forward to having your child in our class!

If you have any questions or concerns, feel free to reach out to Ann Rhodes at the Roxbury Community School (comschool@roxbury.org) or at 973-584-7699 or the Preschool staff at 973-584-7586 or via email to Mrs. Spicka (SSpicka@roxbury.org) or Ms. Stanton (KStanton@roxbury.org).



OVERVIEW AND PRICING

The Roxbury Community School Preschool program is a tuition-based program open to children ages 3-5 who are fully toilet trained. Children need to be at least 3 years old by no later than October 1, 2020. This is a 5-day program that runs from 9:00 a.m. to 2:00 p.m. and runs congruently with the district calendar and is open to non-Roxbury residents as well. Classes are made up of mixed age groups.

Preschool Program Tuition

- ✎ The cost per month per student is \$715, that's only \$7.73 an hour for a great education! That's less than \$39 a day!

Preschool Program Possible Discounts

- ✎ Multi-Child Discount = \$35 off per child
- ✎ Roxbury Employee Discount = \$15 off per child
- ✎ Roxbury Emergency Personnel (Police, Fire, EMT) Discount = \$15 off per child
- ✎ US Veteran's Discount = \$15 off per child
- ✎ Previous Student in this Program = \$15 off per child

The Roxbury Community School also offers three different options for an extended day schedule. Discounts are not applicable to the extended day options.

Option 1 – Extended Care (Morning and Afternoon)

- ✎ This extended day schedule covers the mornings beginning at 7:00 a.m. until the start of the school program at 9:00 a.m. and an extended day schedule in the afternoon starting when the preschool program concludes at 2:00 p.m. and runs until 5:00 p.m.
- ✎ This extended day tuition costs \$400 per month and covers morning care from (7:00 a.m. to 9:00 a.m.) AND afternoon care from (2:00 p.m. to 5:00 p.m.). Breakdown for morning and afternoon care is NOT available with this option. This tuition cost is less than \$25 a day for additional five hours of child care!

Option 2 – Kennedy Dismissal Schedule (2:00 p.m. to 3:20 p.m.)

- ✎ The Kennedy School Dismissal Schedule which allows you to pick up your child when Kennedy School dismisses at 3:20 p.m. Students join the extended care program starting when the preschool program concludes at 2:00 p.m. and goes until Kennedy School dismisses at 3:20 p.m.
- ✎ The Kennedy Dismissal Schedule tuition costs \$277.50 per month and covers from 2:00 p.m. to 3:20 p.m. That's just \$15 a day for added child care coverage and convenience

Option 3 – Choose Your Hours

- ✎ New this year too, is an option to choose your own Extended Care Schedule based on your needs within the extended care hours. The Choose Your Hours tuition plan costs \$12.00 an hour. Hours are paid for by the month based on your particular schedule. Schedules need to be provided at time of registration.



CURRICULUM

Our unique program, taught by NJ State Certified teachers, utilizes a blended approach of the Creative Curriculum®, with additional supplements specifically designed for early childhood to deliver developmentally appropriate instruction to ages 3 to 5 years old. It is distinctly grounded in the National Association for the Education of Young Children's 12 Principles of Child Development and Learning that inform Practice (<http://www.naeyc.org/dap/12-principles-of-child-development>) along with renowned Work of Piaget and Vygotsky and other current research-based best practices in early childhood education.

These best practices are ultimately aligned with the NJ Department of Education Preschool Standards (<http://www.nj.gov/education/ece/guide>), which drive our program's learning goals.

The primary goal of our curriculum is to foster a love of learning in a safe, welcoming environment through fun, active, engaging lessons with purposeful, developmentally appropriate teaching.

The way a child approaches learning is a strong predictor of later success in school. Our job is to help prepare your child for future educational success. Here are some of the ways we will effectively support their learning in our program:

- ✎ Engage children in individual, small and whole group learning
- ✎ Utilize learning "centers" that provide a structured play approach to learning
- ✎ Provide hands-on activities utilizing materials such as: building blocks, dramatic play items (i.e. dress-up or puppets), math manipulatives, literacy materials, science discovery and social studies resources, art supplies, fine motor tools and musical instruments
- ✎ Offer learning opportunities that foster cultural diversity and tolerance through literature, games and character education
- ✎ Ensure a technology infused setting with SmartBoard and computers
- ✎ Foster physical wellness through daily indoor/outdoor unstructured play that focuses on building gross motor skills such as running, jumping, climbing, hopping, and skipping.
- ✎ Include parents as partners, increasing teacher effectiveness for each student.
- ✎ Cultivate social-emotional development through the use of role modeling, teacher modeling and peer collaborations

The academic concentration will focus on foundational skills essential for kindergarten. The needs of your individual child will be met whether he or she needs to deepen or enrich his or her understanding of a concept, or if he or she needs additional support.

Find Registration Information:
www.Roxbury.org/preschool



PHILOSOPHY

Preschool is such a unique time for children and their families. Children are beginning to see themselves and their world in a whole new way. At our Preschool, we believe that this time in a child's life is very precious and we enthusiastically welcome the opportunity to be a part of it! Many things such as sense of self, language development, independence and other social-emotional skills need to be developed and cultivated in a positive, caring and engaging learning environment. Beginning your child's early learning in this unmatched program will ensure their seamless transition into the district's elementary school setting.

A balance of student and teacher driven learning activities support our teaching strategies that inspire a Constructivist approach to learning. This research-based theory suggests that we create our own knowledge through active, hands-on lessons where we can explore, ask questions, and connect to what we already know. Learn more about this approach here:

<http://www.thirteen.org/edonline/concept2class/constructivism>

Our goals:

- ✎ Develop strong social emotional skills by modeling appropriate behavior
- ✎ Offer real life experiences that help children connect to their learning
- ✎ Ensure a safe, exciting, fun and content rich learning environment
- ✎ Provide each child with a foundation and readiness to learn for current and future school success.
- ✎ Cultivate a lifelong love of learning

Roxbury Community School Preschool is dedicated to provide a multitude of opportunities for your child to grow and maximize his/her potential. We meet your child where they are in their learning through differentiated instruction to focus on individual and diverse needs.

We encourage...

- ✎ Curiosity through inquiry
- ✎ Conversation and self-expression through small and large group activities
- ✎ Problem solving and critical thinking through scaffolding questions during authentic learning opportunities
- ✎ Exploration of the world around us through experimenting with materials and manipulatives
- ✎ Purposeful play that facilitates learning
- ✎ Ongoing opportunities to use language to share, cooperate and interact with their peers and teachers

We provide opportunities for your children to...

- ✎ Feel valued as an integral part of the classroom community
- ✎ Progress at their own pace
- ✎ Be challenged by thinking out of the box



PRESCHOOL SCHEDULES

Preschool Program*

9:00-9:20	Arrival/Unpack/Table Play (Fine Motor Activity)
9:20-9:40	Large Group
9:40-10:15	Gross Motor Time (Inside or Outside)
10:15-10:45	Wash Hands/Snack/Bathroom
10:45-11:05	Small Group/Independent Small Group
11:05-12:00	Center/Choice Time
12:00-12:15	Story
12:15-12:45	Lunch/Clean Up/Bathroom
12:45-1:15	Rest Time/Quiet Activities
1:15-1:40	Small Group (Limited Choice Activities)
1:40-1:50	Clean Up/Pack Up
1:50-2:00	Large Group Round-Up/Dismissal
2:00	Dismissal

We are able to have Library time with the school Librarian once a week and we are able to utilize the gym for gross motor time once a week as well.

Morning Extended Care Schedule*

7:00-7:15	Arrival Routine (Unpack, Eat Breakfast)
7:15-8:50	Choice Activities, including music and movement and story time
8:50-9:00	Clean Up
9:00	Transition to Preschool Daily Program

Afternoon Extended Care Schedule*

2:00-2:20	Limited Choice Time
2:20-2:35	Large Group Time
2:35-3:00	Wash Hands/Snack/Bathroom
3:00-3:45	Choice Activities
3:45-3:55	Clean Up/Pack Up
3:55-4:35	Gross Motor/Outside
4:35-5:00	Limited Choice/Story Time
5:00	Dismissal

* Please be advised, all schedules are subject to change due to programmatic needs.



TUITION PAYMENT SCHEDULE

Your monthly invoice will be electronically shared with you at time of registration which includes your monthly payment schedule to the Roxbury Community School. Your invoice will be electronically shared with you as it is updated. ***Installment payments are due the 15th of each month.***

Payment processing methods:

- ✎ Pay by check, money order, or credit card.
- ✎ Submit credit card payment by mail (Roxbury Community School, 42 North Hillside Avenue, Succasunna, NJ 07876), by phone at 973-584-7699 (leave message regarding payment and you will be called back to provide your payment details), or online at www.roxbury.org/preschool, Pay Tuition. Credit card payments not through auto-billing will incur a 3% convenience fee charge for the preschool program tuition. This fee isn't applied to extended care payments.
- ✎ Auto-bill options for credit cards means never having to worry about forgetting a bill. Sign up for auto-billing and the 3% convenience fee will be waived.

Online account management:

Your monthly invoice will be electronically shared with you via Google Sheets.

- ✎ You will be able to Comment on your profile online, including your preferred contact information, payment options, questions, etc.
- ✎ Access and print monthly billing details, payment history, and tax receipts.
- ✎ Review your payment history, including when your last payment was received.

Reminder Email:

A monthly reminder email be sent to all families regardless of billing set up 5-10 days prior to payment be due.

If you have any questions or concerns, please the Community School at 973-584-7699 or comschool@roxbury.org. We look forward to working with both your family in the upcoming year.

Registration Fee and Deposit

There is a \$50 non-refundable registration fee per child. This fee along with the deposit is due at time of registration. The deposit amount is the amount of your first month's full tuition (program cost plus extended care, if applicable).

We ask you to monitor your email accounts, including the junk/spam folder, to look out for monthly emails from Ann Rhodes (arhodes@roxbury.org).



PRESCHOOL PROGRAM REGISTRATION

Please complete all fields.

Student Information

- Student Name: _____
(Last) (First) (Middle Initial)
Age (as of October 1, 2020): _____ Sex: _____ Birthdate (mm/dd/yy): _____
Place of Birth (City, State): _____
Ethnicity (check one): White Black Hispanic
 Pacific Islander Asian Native American/Alaskan
Language Spoken at Home: English Other (specify): _____
- Mailing Address: _____
City: _____ State: _____ Zip Code _____
- Daily dismissal for this student. Who is authorized to sign them out? _____

Guardianship Information

- Parent/Guardian Name (First Last): _____
Mailing Address: _____
City: _____ State: _____ Zip Code _____
Phone (H): _____ (C): _____ (W): _____
Parent/Guardian E-mail Address:* _____
*Your email is used to communicate updates, invoices, & other important information.
- Parent/Guardian Name (First Last): _____
Mailing Address: _____
City: _____ State: _____ Zip Code _____
Phone (H): _____ (C): _____ (W): _____
Parent/Guardian E-mail Address:* _____
*Your email is used to communicate updates, invoices & other important information.
- Student resides with: #1 #2 Both Guardian – Name: _____

Emergency Contact Information (Individual who will assume temporary care if parent can't be reached)

- _____
Name (First Last) Address Phone
- _____
Name (First Last) Address Phone

Insurance Information:

1. Does your child have Health Insurance?

Yes Primary Cardholder's Name: _____
Insurance Company: _____
ID#: _____ Group#: _____

No NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 1-800-701-0710 or visit www.njfamilycare.org to apply online.

Roxbury Community School - Preschool Policies

By submitting this form you agree to abide by all policies of the Roxbury Preschool program. Please write your initials by each "I understand," statement to the right.

1. **PROGRAM SCHEDULE:** I understand that this program will run in coordination with the district school calendar. I also understand that we will follow the district policy in regards to early dismissals and snow days. There are no makeup days scheduled in addition to the days already scheduled in the school district calendar. If snow days are not used or school is not in session there will be no program scheduled for that day. _____ I understand.
2. **REGISTRATION FEE AND DEPOSIT:** To register, parents will pay a \$50 (non-refundable) registration fee per child to the Roxbury Community School along with a deposit of the first full month's tuition (program cost + extended care, if applicable). _____ I understand.
3. **MONTHLY CHILDCARE PAYMENT DUE DATE AND LATE PAYMENT FEE:** I understand the monthly fee is due on the 15th of each month and paid directly to the Roxbury Community School. If this fee is received after that date by the Community School, a late fee of \$10 will be incurred and added to my invoice unless auto-billing is set up with a different agreed upon date. _____ I understand.
4. **COMMUNITY SCHOOL LOCATION:** The Roxbury Community School is located in the Roxbury Board of Education building on the second floor at 42 North Hillside Avenue in Succasunna, NJ 07876. Hours are Monday through Friday, 9 a.m. to 3 p.m. The office follows the school calendar and is closed on the days schools are scheduled to be closed. _____ I understand.
5. **RECEIPTS:** A monthly invoice will be shared with you showing your payments and balances. This invoice should be used for your receipt and tax purposes as it includes our Tax ID number. _____ I understand.
6. **REFUNDS AND WITHDRAWALS.** I understand that withdrawals can only be made at the end of the month and I will send notice in writing 14 school days in advance of the date of withdrawal from the program. I understand that any fees owed plus a \$150 administrative fee will be deducted from all refunds. Refunds take approximately 6 to 8 weeks from receipt of signed refund form. _____ I understand.
7. **RETURNING TO THE PROGRAM:** I understand that if I leave the Community School program there is no guarantee my child may return to the program if enrollment increases to its maximum. _____ I understand.
8. **SCHOOL CLOSINGS, DELAYS AND EARLY DISMISSALS:** I have read the program closings and delayed opening procedures. I fully understand that it is my responsibility to make emergency arrangements for my child and to ensure my child knows what to do in case of an unscheduled emergency school dismissal. I understand that the Community School will NOT call me and that I have been strongly advised to sign up for Honeywell Alerts. _____ I understand.

9. **MEDICAL EMERGENCY PROCEDURES:** I understand that the Community School staff will first attempt to contact me. If I cannot be reached, the staff will contact emergency persons named on my child's information form. If hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital. I will keep all contacts and phone numbers up to date with the program staff. I understand that the Community School staff will assume responsibility for my child during program hours only. Staff members are not permitted to drive/walk my child home. I understand that a school nurse is not on duty during the extended care program. _____ I understand.

10. **NO REFUNDS FOR ABSENCES, SUSPENSIONS OR EXPULSION:** I understand that in the event of any absences, suspensions or expulsion during program hours or activities, I will be responsible for fees for time reserved, not actual time spent at the program. _____ I understand.

11. **SIGN OUTS & LATE PICKUPS:** I understand that my child must be signed out each day by an authorized adult, 18 years or older. If my child is not picked up by 2:00 p.m. I will be considered late. There will be a charge of \$10 if I arrive after 2:10 p.m. and are not enrolled in an extended care program. Please try and be on time. _____ I understand.

12. **MEDICAL POLICY/IMMUNIZATIONS:** Children entering preschool will need all the Preschool Health Requirements and Records completed as mentioned in this packet before entering the program. _____ I understand.

13. By submitting this form, I give permission for my child to participate in the Roxbury Community School Preschool program. I have read and understand the policies and procedures of the Roxbury Community School Preschool Program as stated here. I understand the information provided in the contract and agree to adhere to them. I understand that participation in Roxbury Community School activities is at my own risk. The Roxbury Township Board of Education assumes no liability. _____ I understand.

REGISTRATION INFORMATION: For your registration to be complete you must pay the registration fee and deposit to the Roxbury Community School. _____ I understand.

The Community School is located on the second floor of the Roxbury Board of Education at 42 North Hillside Avenue in Succasunna, NJ 07876. Hours are 9:00 a.m. to 3:00 p.m., Monday through Friday. The email address is comschool@roxbury.org and phone number is 973-584-7699.

Registration for Preschool/Extended Care Selection (check all that apply):

- Preschool Program (9:00 a.m. – 2:00 p.m.) - \$715/month
This amount is subject to change based on any applicable discounts.
- Extended Care Option 1: (7:00 a.m. – 9:00 a.m. and 2:00 – 5:00 p.m.) - \$400/month
- Extended Care Option 2: (Kennedy Dismissal Schedule) - \$277.50/month
- Extended Care Option 3: (Choose Your Hours) - \$12/hour – Hours are paid for by the month based on your particular schedule. Schedules need to be provided at time of registration.

Signature: _____ **Date:** _____

RCS OFFICE USE ONLY:

Reg. Date:		Reg.Fee/Deposit Rec.		Amt. Rec.	
Extended Care Option/Schedule:					

☺ **THANK YOU FOR REGISTERING! WE LOOK FORWARD TO PARTNERING WITH YOU IN YOUR CHILD'S GROWTH AND LEARNING!**

MEDIA CONSENT FORM

The Roxbury Township School District is proud of the many successes that students and staff achieve every day within Roxbury Township's seven area schools. The Roxbury Township School District regularly announces and publicizes achievements, activities, and events. Achievements, activities, and events include, but are not limited to, academic presentations, art exhibits, athletic events, awards, community service activities, concerts, contests, district presentations, honors, honor roll(s), music, outstanding academic work, outstanding educational initiatives, plays, special programs, sports, student(s) of the month, and/or teams.

At various points throughout the school year, or during summer programs, your child may have an opportunity to be photographed or videoed for publicity and/or announcement purposes. Achievements, activities, and events are announced through area publicity and media outlets, as well as presentation venues. Publicity and media outlets include, but are not limited to, printed and/or on-line newspapers and/or magazines, radio and/or television news sites and/or social media platforms, as well as the Roxbury Township Public Schools' website, teacher webpages, the district's newsletter, email and social media platforms, and/or public presentations or displays in buildings throughout the district and the greater community, such as, but not limited to, your child's school, other district buildings, government buildings and/or area malls and/or universities.

Media Consent Grants:

-  Permission for a photo/image that includes student without any other personal identifiers to be published on the district and/or school's website and social media platforms, as well as sent in press releases to area media and publicity outlets and publications, and/or public presentation venues or displays.
-  Permission for photo/image, name, and/or school, and/or grade to be published on the district and/or school's website and social media platforms, as well as in press releases to area media and publicity outlets and publications and/or public presentation venues or displays.
-  Permission for student name, photo/image, and/or school, and/or grade, as well as images of student's outstanding art work and/or outstanding academic work to be published on the district and/or school's website and social media platforms, as well as sent in press releases to area media and publicity outlets and publications and/or public presentation venues or displays.

By granting permission, you also: 1) Release the school district from any liability that might be incurred as a result of granting this permission, as well as waive and give up any and all claims related to the foregoing; 2) Understand the district is not responsible or liable for another person's postings or online sharing of your child's likeness or personally identifiable information; 3) Understand that no home address, email address, or telephone number will appear with your child's picture or work on any district communication platforms. Additionally, locations and times of class trips will not be released.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian, unless as part of an athletic and/or academic team, performing arts group, and/or other public performance based activity, or as part of a large group photograph submitted without names. As you are aware, there are potential dangers associated with the posting of personally identifiable information on a website since global access to the Internet doesn't allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for your permission to use information about your child. This Media Consent Form is to both inform you and to give you the option to "opt-out" of giving Media Consent permission.

(Check One)

YES, I DO grant permission to acknowledge my child's achievements, activities, and/or event participation, through media, websites, publicity, presentations and/or within school and/or district and community presentation venues.

NO, I DO NOT grant permission to acknowledge my child's achievements, activities, and/or event participation, through media, websites, publicity, presentations and/or within school and/or district and community presentation venues.

Student Name: _____ Grade: _____ Date: _____

Parent/Guardian (print): _____ Signature: _____

Relation to Student: _____

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing. This signed consent form shall be in effect for the time period in which the student is enrolled in the district. In the event the student is an adult, all references to "my (our) child" shall be deemed to apply to the adult student.



PRESCHOOL HEALTH REQUIREMENTS

Dates must be provided and signed by your physician and attached to the physical exam prior to your child being permitted to enter school. (The exception being the influenza vaccination, to be submitted between September 1 and December 15).

1	DTaP/DTP	Four (4) doses of DTaP/DPT
2	Polio	Three (3) doses of Polio vaccine
3	Measles	One (1) dose of a Measles containing vaccine <u>given on or after the 1st birthday</u> (preferable MMR)
4	Mumps	One (1) Mumps vaccine <u>given on or after the 1st birthday</u> (Part of MMR)
5	Rubella	One (1) Rubella vaccine <u>given on or after the 1st birthday</u> (Part of MMR)
6	Hib	One (1) dose of Haemophilis B vaccine (DTP/Hib and Hib/Hep B also valid Hib doses) <u>after the age of one year</u> (Usually have three)
7	Varicella	One (1) varicella (Chicken Pox) vaccine <u>given on or after the 1st birthday</u> .
8	Hepatitis B	Required for entrance to Kindergarten
9	Influenza	One vaccination is required between September 1 and December 15, of that year for all Preschool students age six months to 59 months.
10	Pneumocccal conjugate vaccine	One dose of PCV on or after their first birthday.
11	Recent Physical	Certifying your child's health status <i>done within one (1) year of the student's actual start date into the school (not the registration date into the program)</i> . Physical must be done on the Universal Child Health Record.

In compliance with N.J.A.C. 18A:40-4, each student must obtain a physical examination upon entry in school. This examination must be done no more that 365 days prior to entry and must state what, if any, modifications are required for full participation in the school program.

Chapter 14 NJ State Sanitary Code N.J.A.C.8:57-4.2 Proof of Immunization-a principal, director or other person in charge of a school, preschool, or child care facility shall not knowingly admit or retain any child whose parent or guardian has not submitted acceptable evidence of the child's immunization, according to the schedules specified in this subchapter.



MEDICATION POLICY

Effective August 7, 1995, Roxbury Township Board of Education has revised policy #5330 regarding the administration of medication to students. According to the policy, “medication” means any prescribed or over-the-counter medicine. This also includes such medication as Tylenol, aspirin, or coach drops.

The following guidelines **must** be followed when the administration of medication in school is necessary:

1. The parent or guardian **and** private physician must provide a written request for the administration of the prescribed medication at school.

The Physician’s written order must include the following:

- a. Diagnosis or type of illness involved
 - b. Name of the medication
 - c. Dosage
 - d. Time of administration
 - e. Time when its use will be discontinued
 - f. Side effects
2. Currently dated **medication must be brought to the Health Office by the parent/guardian in the original labeled container.** (Most pharmacies will provide you with an extra bottle properly labeled for school.)
 3. Medication no longer required must be promptly removed by the parent/guardian.
 4. The school nurse or parent/guardian are the only persons to administer medication in school. Students with asthma or other potentially life threatening illness will be allowed to self-administer medication when a nurse is not physically present at the scene. Permission for such administration must be on file in the office of the school nurse and comply with the conditions for granting permission.

Medication permission slips may be obtained from your school nurse.

UNIVERSAL CHILD HEALTH RECORD

*Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services*

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>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)

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	

Kennedy School Medication Administration Daily Log (to be completed for each medication)

School Year _____

Name of Student _____ Date of Birth _____ Sex _____ Grade/Teacher _____

* **Parent signature granting permission for administration of medication** _____ **Date** _____

Name and Dosage of Medication _____ Route _____ Time(s) Given in School _____

Start date _____ End date _____ **(Medication must be in the original container as dispensed by the pharmacy or physician)**

Reason for medication _____

* **Physician signature** _____ **Date** _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Sept																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
June																															

INITIAL SIGNATURE
(of person administering medication)

- _____
- _____
- _____
- _____

CODES*

- (A) Absent
- (E) Early Dismissal
- (F) Field Trip
- (N) No Medication Available
- (O) No Show
- (W) Dosage Withheld
- (X) No School
(e.g., holiday, weekend, snow day, etc.)

* See reverse side for reporting significant information.