St George Preschool
Excellence in Early Education
1200 Klockner Road, Hamilton, NJ 08619 (609) 586-2223
www.stgeorgepreschool.org

Registration Form 2022-2023

A non-Refundable $100.00 Registration fee must accompany this form.
The Fee will be applied to the tuition.

Student Information

Name: _____ Date of Birth: _____ Sex: Male___ Female___

Address: _____

_____

With whom does the child reside? _____

Parent/Guardian Information

Mother/Guardian's name: _____

Address (if different from above): _____

_____

Employer: _____ Phone (W): _____

Phone (H): _____ Phone (C): _____

Email: _____

Father/Guardian's name: _____

Address (if different from above): _____

_____

Employer: _____ Phone (W): _____

Phone (H): _____ Phone (C): _____

Email: _____

Schedule Selection

Prices are per Month and include yearly supply fees

Days	Full Day (7:30 – 5:30) (Pending Enrollment)	Preschool Day (9:00 – 3:00)	1/2 Day (7:30 - 12:30)	Class Only (9:00-12:00)	Choices(circle)
5	☐ $950.00	☐ $820.00	☐ $525.00	☐ $440.00	
4	☐ $810.00	☐ $715.00	☐ $475.00	☐ $390.00	M Tu W Th F
3	☐ $700.00	☐ $600.00	☐ $425.00	☐ $345.00	M Tu W Th F
2	☐ $540.00	☐ $485.00	☐ $350.00	☐ $310.00	M Tu W Th F

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Parental Authorization for Emergency Treatment

Student Information

Name: _____ Sex: Male___ Female___

Date of Birth: _____ Address: _____

Allergies: _____

Medical Conditions: _____

Food Allergies: _____

Current Medications: _____

Parent / Guardian Information

Father's name: _____ Phone (H): _____

Phone (C): _____ Phone (W): _____

Mother's name: _____ Phone (H): _____

Phone (C): _____ Phone (W): _____

Emergency Contact name: _____ Phone (H): _____

Phone (C): _____ Phone (W): _____

Authorized Pick

1: _____

Phone (H): _____ Phone (C): _____ Phone (W): _____

2: _____

Phone (H): _____ Phone (C): _____ Phone (W): _____

Insurance Information

Provider: _____ Subscriber: _____

Group #: _____ ID #: _____

I am the parent / guardian with legal custody of the above mentioned child and attest that the information provided is correct. I authorize St George Preschool's Director or Director's designee to obtain any and all necessary medical treatment for said child, as necessary, in a recognized medical facility, under the care of a licensed physician.

Medical Emergency Procedures:

1. **Contact Emergency personnel (911)**
2. **Contact Parent / Guardian (or designee) and give a detailed description of the situation**
3. **Accompany injured / ill student to a medical facility if transportation is necessary**

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Parent / Guardian Signature: _____ Date: _____

Payment Policy Agreement

1. All tuition payments are due the FIRST day of each month.
2. Families with more than one student enrolled will receive a 10% discount for each additional child.
3. Payments may be made by cash, check (**payable to St. George Preschool**), or Credit Card kept on file.
4. Postdated checks will not be accepted.
5. Tuition that is not paid by the 15th of each month will assessed a $25.00 Late Fee. Credit card payments will be processed the 1st of each month.
6. Failure to keep payments up to date can result in denial of participation in the program. Children will not be allowed to attend the program where an outstanding tuition payment becomes more than 1 month overdue.
7. All schedule changes must be made prior to the 1st of the upcoming month. No tuition refunds issued for changes made after the 1st of the month.
8. In the case of your child's extended absence from school or early withdrawal, payments are non-refundable and may not be altered.
9. The school will adhere to the opening/closing/early dismissal schedules of the Hamilton Township Public Schools. There will be no tuition refunds issued or make-up days scheduled for any emergency closings.

Please sign and date indicating you have read and agree to the St. George Preschool's Payment Policy.

Parent's Signature: _____ Date: _____

Student Schedule Policy Agreement

1. All families agree to adhere to the schedule they have chosen. We are unable to accommodate make-up days due to a child's absence. All schedule changes must be made prior to the 1st of the upcoming month. No tuition refunds issued for changes made after the 1st of the month.
2. Please be on time in picking up your child. Parents who arrive late to pick up their child will be charged $5 for every 5 minutes late after their scheduled pick up time. This is not limited to our 5:30 closing time and applies to all schedules offered at St. George Preschool.
3. Schedule changes must be made one month in advance, approved by the director and are dependent on availability.

Please sign and date indicating you have read and agree to the St. George Preschool's Student Schedule Policy.

Parent's Signature: _____ Date: _____

Along with the completed Universal Child Health Record, please submit a copy of your child/ren's IMMUNIZATION RECORDS, no later than the first week of school. Children must receive Flu shots by December 31st or cannot return to 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 ☐ Male ☐ Female	Date of Birth / /

Does Child Have Health Insurance? ☐Yes ☐No	If Yes, Name of Child's Health Insurance Carrier

Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number
Parent/Guardian Name	Home Telephone Number	Work Telephone/Cell Phone Number

I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.

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

SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER

Date of Physical Examination: | Results of physical examination normal? ☐Yes ☐No

Abnormalities Noted:		
	Weight *(must be taken within 30 days for WIC)*	
	Height *(must be taken within 30 days for WIC)*	
	Head Circumference *(if <2 Years)*	
	Blood Pressure *(if ≥3 Years)*	

IMMUNIZATIONS	☐ Immunization Record Attached ☐ Date Next Immunization Due:

MEDICAL CONDITIONS

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

PREVENTIVE HEALTH SCREENINGS

Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: ☐ Capillary ☐ Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		

☐ ***I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.***

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

Instructions for Completing the Universal Child Health Record (CH-14)

Section 1 - Parent

Please have the parent/guardian complete the top section and sign the consent for the child care provider/school nurse to discuss any information on this form with the health care provider.

The WIC box needs to be checked only if this form is being sent to the WIC office. WIC is a supplemental nutrition program for Women, Infants and Children that provides nutritious foods, nutrition counseling, health care referrals and breast feeding support to income eligible families. For more information about WIC in your area call 1-800-328-3838.

Section 2 - Health Care Provider

1. Please enter the date of the physical exam that is being used to complete the form. Note significant abnormalities especially if the child needs treatment for that abnormality (e.g. creams for eczema; asthma medications for wheezing etc.)
   - **Weight** - Please note pounds vs. kilograms. If the form is being used for WIC, the weight must have been taken within the last 30 days.
   - **Height** - Please note inches vs. centimeters. If the form is being used for WIC, the height must have been taken within the last 30 days.
   - **Head Circumference** - Only enter if the child is less than 2 years.
   - **Blood Pressure** - Only enter if the child is 3 years or older.
2. **Immunization** - A copy of an immunization record may be copied and attached. If you need a blank form on which to enter the immunization dates, you can request a supply of Personal Immunization Record (IMM-9) cards from the New Jersey Department of Health, Vaccine Preventable Diseases Program at 609-826-4860.
   - The immunization record must be attached for the form to be valid.
   - "Date next immunization is due" is optional but helps child care providers to assure that children in their care are up-to-date with immunizations.
3. **Medical Conditions** - Please list any ongoing medical conditions that might impact the child's health and well being in the child care or school setting.
   a. Note any significant medical conditions or major surgical history. **If the child has a complex medical condition, a special care plan should be completed and attached for any of the medical issue blocks that follow.** A generic care plan (CH-15) can be downloaded at www.nj.gov/health/forms/ch-15.dot or pdf. Hard copies of the CH-15 can be requested from the Division of Family Health Services at 609-292-5666.
   b. **Medications** - List any ongoing medications. Include any medications given at home if they might impact the child's health while in child care (seizure, cardiac or asthma medications, etc.). Short-term medications such as antibiotics do not need to be listed on this form. Long-term antibiotics such as antibiotics for urinary tract infections or sickle cell prophylaxis should be included.

      PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration. *Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.*
   c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.
   d. **Special Equipment** – Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.
   e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.
   f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.
   g. **Behavioral/Mental Health issues** – Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.
   h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.
4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public heath 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.

St. George Preschool 2022 – 2023

SEPTEMBER 2022

				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	

Aug 22, 2022 Student Orientation 5:00 pm Preschool & Pre-K

5 Labor Day (School Closed)

Sept 6 - 1st Day of School

TBD Back to School Night 6:00

OCTOBER 2022

S	M	T	W	Th	F	S
						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					

13-14 Fall Festival (Tentative) (School Closed)

31 Halloween Party 9am-12, Parade 11:30am

NOVEMBER 2022

S	M	T	W	Th	F	S
		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			

23 Reduced Day (School Closes Noon)

24-25 Thanksgiving (School Closed)

DECEMBER 2022

S	M	T	W	Th	F	S
				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

22nd Reduced Day (School closes at Noon)

23 -30 Winter Break (School Closed)

JANUARY 2023

S	M	T	W	Th	F	S
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				

2nd Winter Break (School Closed)

3rd Return to school

16 M.L.K. Observance (School Closed)

FEBRUARY 2022

S	M	T	W	Th	F	S
			1	2	3	43
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				

20 Presidents' Day (School Closed)

MARCH 2023

S	M	T	W	Th	F	S
			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	

APRIL 2023

S	M	T	W	Th	F	S
						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						

7-14 Spring Break (School Closed)

MAY 2023

S	M	T	W	Th	F	S
	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			

17 Reduced Day (School Closes at Noon)

18-19 Spring Festival (School Closed)

29 Memorial Day (School Closed)

JUNE 2023

S	M	T	W	Th	F	S
				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	

16 Graduation/Party 11:00 and Last Day of School

Summer Camp dates: June 26-July 28 (tentative)

JULY 2023

S	M	T	W	Th	F	S
						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					

Summer Camp dates: June 26-July 28 (tentative)

4 4th of July (Camp Closed)

AUGUST 2023

S	M	T	W	Th	F	S
		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		

School Closed for Summer Break

21 Orientation 5:00 pm Preschool & Pre-K

EMERGENCY CLOSINGS DUE TO INCLEMENT WEATHER The school will adhere to the opening/closing/early dismissal schedules of the Hamilton Township Public Schools. Information may be obtained by checking www.hamilton.k12.nj.us , local radio or by signing up for rainedout.net notifications. (There will be no tuition refunds issued for emergency closings.)