Preschool 2019-2020
PRE-REGISTRATION Packet
St. Joseph Grade School Welcomes You!

PreK 3 (Child must be 3 by Oct. 1st.)
PreK 4 (Child must be 4 by Oct. 1st.)
All Preschool children must be fully potty trained.

Surround your child early in a safe, positive, nurturing environment that establishes a love of learning.
Our Preschool Program will bring your child closer to God and our Roman Catholic Faith.

STEP 1: Complete ONLINE PreK-8th Grade APPLICATION on our Website.

STEP 2: Download the PreK PRE-REGISTRATION Packet on our Website.

1. Medical Information Sheet
2. Universal Child Health Record Physical and Immunization Form
   (A copy of the Immunization is REQUIRED at Registration.
   All students new to Preschool must have a Physical turned in by the time school
   begins in September along with the updated Immunization Record.
3. 2019-2020 Pre K St. Joseph Grade School Tuition Contract
4. SMART Tuition Enrollment Form. (One per family)

Please be sure to attach: Birth Certificate
Baptismal Certificate
Updated Immunization Record (REQUIRED)
Universal Child Health Record

A Non-Refundable Registration fee of $100.00 is due with your completed application.

Once your Pre-Registration Packet is completed and you have all additional documents:
1. Attend In Person Registration: Wednesday, February 6, 2019 10AM-12 Noon OR
   5PM-7PM
2. After Feb. 6th contact Ms. James to set up an appointment to drop off your
   Pre-Registration Packet.

   Acceptance will be determined AFTER review of ONLINE Application,
   Pre-Registration Packet, and additional documentation.

   If you have any questions completing this information please contact Ms. Juliann James,
   Vice Principal, jijames@stjoeschooltr.org or 732-349-2355 Ext. 2012.
Preschool Medical Requirements

All students at St. Joseph Grade School are required to have the following medical information handed in to the Health Office before the start of school in September.

**Physical** – 1-year current (see attached Universal Health Record)

**Updated Immunization Record**

**Influenza Vaccine due by December 31**

SJGS does not accept Religious Exemptions.

Medical Exemptions must be in the form of a medical doctor order, in the current year and according to the AAP/OCHD guidelines.

The following are the required immunization for admission to preschool.

- DPT – 4 doses
- Polio – 3 doses
- MMR – 1 dose
- HIB – 1 dose
- Varicella – 1 dose
- PCV – 1 dose
- Influenza – 1 current year dose

________________________________________________________________________
Student Last Name                                    First Name                     Date of Birth

________________________________________________________________________
Address (Street)                                     (City, State)                  (Zip)

Entering Grade                                       Current School

I understand that my child will not be fully accepted for enrollment into Saint Joseph Grade School without verification of immunizations, which meet the requirements of the Diocese of Trenton and the State of New Jersey.

________________________________________________________________________
Parent/Guardian Signature
## SECTION I - TO BE COMPLETED BY PARENT(S)

<table>
<thead>
<tr>
<th>Child’s Name (Last)</th>
<th>(First)</th>
<th>Gender</th>
<th>Date of Birth</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Does Child Have Health Insurance?**
- Yes
- No

If Yes, Name of Child’s Health Insurance Carrier:

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Home Telephone Number</th>
<th>Work Telephone/Cell Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Parent/Guardian Name**

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<tr>
<th>Home Telephone Number</th>
<th>Work Telephone/Cell Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**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:**

<table>
<thead>
<tr>
<th>Weight (must be taken within 30 days for WIC)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Height (must be taken within 30 days for WIC)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Head Circumference (if &lt;2 Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Blood Pressure (if ≥3 Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### 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
- Medications/Treatments
  - List medications/treatments:
    - None
    - Special Care Plan Attached
- Limitations to Physical Activity
  - List limitations/special considerations:
    - None
    - Special Care Plan Attached
- Special Equipment Needs
  - List items necessary for daily activities:
    - None
    - Special Care Plan Attached
- Allergies/Sensitivities
  - List allergies:
    - None
    - Special Care Plan Attached
- Special Diet/Vitamin & Mineral Supplements
  - List dietary specifications:
    - None
    - Special Care Plan Attached
- Behavioral Issues/Mental Health Diagnosis
  - List behavioral/mental health issues/concerns:
    - None
    - Special Care Plan Attached
- Emergency Plans
  - List emergency plan that might be needed and the signs/symptoms to watch for:
    - None
    - Special Care Plan Attached

### PREVENTIVE HEALTH SCREENINGS

<table>
<thead>
<tr>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Record Value</th>
<th>Type Screening</th>
<th>Date Performed</th>
<th>Note if Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hgb/Hct</td>
<td></td>
<td></td>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead: Capillary</td>
<td>Venous</td>
<td>Vision</td>
<td>Dental</td>
<td></td>
<td>Developmental</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td>Other:</td>
<td></td>
<td></td>
<td>Scoliosis</td>
</tr>
</tbody>
</table>

**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:**

---

CH-14 OCT 17 Distribution: Original-Child Care Provider Copy-Parent/Guardian Copy-Health Care Provider
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 prophylaxis should be included.
   
   PRN Medications are medications given only as needed and should have guidelines as to specific factors that should trigger medication administration.

   Please be specific about what over-the-counter (OTC) medications you recommend, and include information for the parent and child care provider as to dosage, route, frequency, and possible side effects. Many child care providers may require separate permissions slips for prescription and OTC medications.

c. **Limitations to physical activity** - Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted. Note any special considerations such as avoiding sun exposure or exposure to allergens. Potential severe reaction to insect stings should be noted. Special considerations such as back-only sleeping for infants should be noted.

d. **Special Equipment** – Enter if the child wears glasses, orthodontic devices, orthotics, or other special equipment. Children with complex equipment needs should have a care plan.

e. **Allergies/Sensitivities** - Children with life-threatening allergies should have a special care plan. Severe allergic reactions to animals or foods (wheezing etc.) should be noted. Pediatric asthma action plans can be obtained from The Pediatric Asthma Coalition of New Jersey at www.pacnj.org or by phone at 908-687-9340.

f. **Special Diets** - Any special diet and/or supplements that are medically indicated should be included. Exclusive breastfeeding should be noted.

g. **Behavioral/Mental Health issues** – Please note any significant behavioral problems or mental health diagnoses such as autism, breath holding, or ADHD.

h. **Emergency Plans** - May require a special care plan if interventions are complex. Be specific about signs and symptoms to watch for. Use simple language and avoid the use of complex medical terms.

4. **Screening** - This section is required for school, WIC, Head Start, child care settings, and some other programs. This section can provide valuable data for public health personnel to track children's health. Please enter the date that the test was performed. Note if the test was abnormal or place an "N" if it was normal.
   
   - For lead screening state if the blood sample was capillary or venous and the value of the test performed.
   - For PPD enter millimeters of induration, and the date listed should be the date read. If a chest x-ray was done, record results.
   - Scoliosis screenings are done biennially in the public schools beginning at age 10.

   This form may be used for clearance for sports or physical education. As such, please check the box above the signature line and make any appropriate notations in the Limitation to Physical Activities block.

5. Please sign and date the form with the date the form was completed (note the date of the exam, if different)
   - Print the health care provider's name.
   - Stamp with health care site's name, address and phone number.
St. Joseph Grade School

PRESCHOOL TUITION CONTRACT

PreK 3 and PreK 4 2019-2020 Tuition Contract

**Please Print:**

Father’s Name

Mother’s Name

Student Resides With:  ☐ Both Parents  ☐ Mother  ☐ Father  ☐ Other

Father’s Cell # ____________________________ Mother’s Cell # ____________________________

Father’s Address __________________________ Mother’s Address ____________________________

__________________________________________

Father’s Home # ____________________________ Mother’s Home # ____________________________

Name of Roman Catholic Parish Where Registered: _________________________________________

Catholic Not Registered______ (Please Initial)  Non Catholic_________ (Please Initial)

Please complete the box below with the name or names of the students you are registering for the 2019-2020 School Year for PreK 3 and/or PreK 4 and please check the box of the program of choice.

<table>
<thead>
<tr>
<th>Print First/Last Name of Student</th>
<th>Check the Program of choice:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3 Year Old Program</strong></td>
<td></td>
</tr>
<tr>
<td>☐ PreK 3 2 Day Program: Tues. and Thurs. $3250</td>
<td></td>
</tr>
<tr>
<td>☐ PreK 3 3 Day Program: Mon., Wed., and Fri. $4250</td>
<td></td>
</tr>
<tr>
<td>☐ PreK 3 5 Day Program: Mon. thru Fri. $6250</td>
<td></td>
</tr>
<tr>
<td><strong>4 Year Old Program</strong></td>
<td></td>
</tr>
<tr>
<td>☐ PreK 4 2 Day Program: Tues. and Thurs. $3250</td>
<td></td>
</tr>
<tr>
<td>☐ PreK 4 3 Day Program: Mon., Wed. and Fri. $4250</td>
<td></td>
</tr>
<tr>
<td>☐ PreK 4 5 Day Program: Mon. thru Fri. $6250</td>
<td></td>
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</tbody>
</table>

**Extended Care Program Fees**

Before Care: (6:30-8:45): $10.00 per day per child, $13.00 per day for 2 or more children of the same family.

After Care: (2:45-6:00): $7.00 per hour, $13.00 per day for 2 or more children of the same family.
A 2% Paid in Full Tuition Discount by June 1st will be extended to families as follows:
5 Full Days: $125.00  3 Full Days: $85.00  2 Full Days: $65.00

Additional Fees:
- $15.00 PTA Membership Fee (per family)
- Registration Fee: $100.00 due at the time of registration
- All paid tuition and fees are non-refundable.

TUITION PAYMENTS – TERMS & CONDITIONS
Smart Tuition provides tuition collection services on behalf of St. Joseph Grade School. If you are already registered with Smart, you are not required to fill out a Smart Agreement. If you are new to SJGS, please complete and sign the Smart Tuition Agreement. Agreement terms, Conditions and Parent Instructions are located on the reverse side of the Smart Tuition Agreement. Please call Mrs. Burritt, Tuition Administrator, 732-349-0018 or Smart Tuition, 1-888-868-8828 should you have any questions regarding your new account or wish to make changes to your existing account.
- A Smart administrative fee of $50.00 (per family) will be added to your first tuition payment.
- Monthly tuition payments received more than 3 days after the due date will incur a late fee of $40.
- Failed payments will incur a $35 failed payment fee.

Late registrants are required to submit a check along with this tuition contract for those payments missed as a result of their late registration. The billing year begins July 2019 and continues for 10 months through April 2020. Please contact the school office at 732-349-2355 for the amount that must accompany this contract if you are registering after June 1, 2019.

<table>
<thead>
<tr>
<th>Tuition Withdrawal Charges:</th>
<th>July-Aug 20%</th>
<th>Sept. 30%</th>
<th>Oct. 40%</th>
<th>Nov. 50%</th>
<th>Dec. 60%</th>
<th>Jan. 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>These percentages reflect the participant’s base tuition to be paid. They do not reflect the additional billable fees.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Full Tuition will be charged if a student withdraws after January 1, 2020.</td>
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</table>

We accept full legal responsibility for the above named student and agree to pay in full on the date due all tuition and fees payable with respect to such student. We understand that any failure to meet the foregoing obligations may result in our child not being permitted to attend classes and that until all financial obligations with respect to the student have been satisfied in full, the School will have no obligation to transfer credits, grant a diploma, or release interim or end-of-year records or transcripts. Additionally, I/we understand that the School reserves the right to use collection agencies and other legal means to collect unpaid tuition/fees (plus 35% collection and attorney fees.)

We understand that this enrollment agreement is for the entire school year, and agree that the School may require the withdrawal of or dismissal of any student if, in its sole discretion, it concludes that such student’s attitude, influence, or behavior does not serve the best interests of the School. We further understand that a positive and constructive working relationship between the School and a student’s parents (or guardian) is essential to the fulfillment of the school’s mission, and agree that the School may terminate enrollment, or decline to re-enroll a student, if the School, in its sole discretion concludes that the actions or inactions of a parent (or guardian) make a positive and constructive working relationship impossible, or interferes with the School’s accomplishment of its mission. We agree that in accordance with the school’s tuition policy, no portion of any tuition or fees for a student be either refunded or canceled upon early withdrawal or dismissal of the student.

I/We agree to advise the tuition office of circumstances that affect my/our ability to meet my obligation under this contract.

EACH LEGALLY RESPONSIBLE PARTY MUST SIGN BELOW ACKNOWLEDGING THIS AGREEMENT.

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
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<tbody>
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</table>
**TERMS AND CONDITIONS**

Smart Tuition receives, processes and deposits your payments into your school's bank account. Our secure website and 24/7 parent help center are available to families that have questions about their tuition payment plans.

**Late Enrollment:** If Smart Tuition does not receive your enrollment form on time, your first payment date will be moved forward. Your school may require you to catch up any missed payments on your first due date or may establish a plan with a smaller number of larger payments.

**Refunds:** Smart Tuition does not issue cash refunds. Overpayments will be carried on your account and credited to future tuition payments. All reimbursements or refunds must be arranged with your school.

**Follow Up Fees:** Any payment that is not received by Smart Tuition by your due date is considered late and may receive a follow up fee. In the event that your account becomes delinquent, Smart Tuition may provide your school a follow up service which will contact you via mail, telephone, or e-mail. Your account may be charged $40.00 as a result of this service. This fee is in addition to any late fees charged by your school.

**Dishonored Payments:** A fee of $30.00 will be applied to your account for any failed auto-debit and failed check payments. Your bank may impose additional fees.

**Auto-debit Terms (Applies to auto-debit enrollees only):** By signing this enrollment form you agree to authorize Smart Tuition to debit your account on the scheduled dates as described on the reverse side. If your auto-debit due date falls on a weekend or holiday, your account will be debited on the following business day. You agree that if any such debit is dishonored, for any reason, Smart Tuition shall have no liability for any fees charged to you by your financial institution. Smart Tuition will automatically reattempt any failed debits approximately 10 days after their failure. This authority will remain in effect until Smart Tuition receives your written instruction to cancel auto-debit service. To cancel or stop a scheduled auto-debit payment, you must contact Smart Tuition no later than 3 business days prior to the scheduled payment at (888) 868-8828.

**Amendments**

By signing this enrollment form you acknowledge and agree that such terms and conditions may be amended from time to time by Smart Tuition and such amendments will be reflected on Smart Tuition’s website.

**Smart Tuition Privacy Policy**

We do not disclose any personal information about our families to anyone, except as permitted by law. Smart Tuition has adopted numerous procedures to protect the confidentiality of school and family information. We adhere to the Payment Card Industries Standard for storing family information.

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**PARENT INSTRUCTIONS**

Please use capital letters and print clearly.

1. **ENTER FAMILY INFORMATION:** Provide us with all of the requested contact information. If desired, use the “Additional Authorized Party” field to allow another person to access your tuition account information and make payments on the account. Be sure to include your email address, as we may contact you regarding important account information.

2. **SELECT A PAYMENT METHOD:** If you choose to pay by mail you will receive a bill that will be due on the date selected. Please mail your payment at least seven days prior to the due date. If you select Auto-Debit, Smart Tuition will debit your bank or credit card account on the debit date selected. If you choose to pay from your checking account, please include a voided check to ensure the accuracy of your information. On the bottom of every check, there is a 9 digit routing number that represents your bank (example below). It is typically located on the left side of the bottom of the check. Smart Tuition can not process automatic payments if the routing number is missing.

   ![Check Example]

   Please choose one of the due dates from the available dates provided. If you choose a due date not approved by your school, your account will default to the latest due date available.

3. **SELECT A PAYMENT PLAN:** Please choose one of the plans offered by your school by putting the letter of the plan in the box. Payment plans are made available by your school and cannot be changed by Smart Tuition without school permission.

4. **ENTER STUDENT INFORMATION:** Please write the name and grade of the children who will attend this school.

5. **PLEASE READ AND SIGN:** Please review the terms and conditions. The Primary Bill Payer must sign the form.

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parent.smarttuition.com