One Family in Christ Jesus

Dear Parents/Guardians,

We are happy that you are choosing A Catholic Education for your child and that you wish to register him/her in Saint Joseph Regional School Pre-K Program.
For our Pre-K 3 Program your child must be 3 years old and bathroom independent.
For our Pre-K 4 Program your child must be 4 on or before September 30, 2017.

In order for us to prepare for your child's placement in our Pre-K Program, please complete all the enclosed forms for registration and return to the school office.

1. Information/Application for Admission
2. Immunization Information/Universal Child Health Record
3. Tuition Agreement
4. FACTS Payment Agreement Forms. 2 Forms are enclosed-If you plan on paying the tuition MONTHLY OR QUARTERLY, SEMI-ANNUAL, ANNUAL. CHOOSE THE PAYMENT PLAN AND COMPLETE THAT FORM.
5. CREDIT CARD OPTIONS ARE AVAILABLE FOR REGISTRATION FEE.
6. License, Release and Hold Harmless Agreement
7. Emergency Calling Form

A Registration Fee of $100.00 per student if paid by March 1, 2017. After March 1, 2017, Registration Fee will be $150.00. A copy of the Student's Birth and Baptismal Certificate must accompany the Application.

If you have any questions, please call the school office 927-2228x11.

Ted Pugliese
Principal

For more information about Saint Joseph Regional School, please like us on Facebook at www.facebook.com/saintjosephregionalschool or visit our website - sjrs.org

Saint Joseph Regional School, 11 Harbor Lane, Somers Point, NJ 08244
Phone 609 927-2228 ~ Fax 609 927-7834

SAINT JOSEPH REGIONAL SCHOOL
INFORMATION/ APPLICATION GRADES PK-8
2017-2018 SCHOOL YEAR

FAMILY NAME______________________________ PARISH______________________________
(PLEASE PRINT)
IF PRE-K: HALF DAY ___FULL DAY ___ DAYS ATTENDING: M T W TH F
(please circle)

STUDENT'S NAME	GRADE	BIRTHDATE
______________________________	_______	______________
______________________________	_______	______________
______________________________	_______	______________
______________________________	_______	______________

ADDRESS____________________________________HOME PHONE #__________________________
____________________________________MOM'S CELL#__________________________
DAD'S CELL#__________________________
MOTHER'S E-MAIL ADDRESS____
FATHER'S E-MAIL ADDRESS____
MOTHER'S NAME ______________________________ADDRESS______________________________
(include maiden name) (if different from above)
OCCUPATION/PLACE OF WORK______________________________WORK PHONE #___________
FATHER'S
NAME____ADDRESS______________________________
(if different from above)
OCCUPATION/PLACE OF WORK______________________________WORK PHONE #___________
** IF PARENTS ARE DIVORCED OR SEPARATED, WHO HAS LEGAL CUSTODY OF THE CHILDREN? ____
EMERGENCY PERSON IF OTHER THAN PARENTS ____
RELATIONSHIP TO CHILD______________________________
ADDRESS______________________________________PHONE #______________________________
STUDENT'S RACE ____________ ETHNICITY____________RELIGION__________________________
IS MOTHER &/OR FATHER A GRADUATE OF SJRS? NO__ YES__ WHAT YEAR?___________
****
FOR INCOMING STUDENTS:
FOR GRADES ONE THROUGH EIGHT: STUDENT HAS TRANSFERRED FROM:
SCHOOL:____________________________
CITY______________________________STATE_____________ZIP____________________

FOR ALL NEW STUDENTS PRE-K THROUGH EIGHT-PLEASE INCLUDE A COPY OF STUDENT'S BIRTH & BAPTISMAL CERTIFICATE. INFORMATION FOR FIRST COMMUNION & FIRST EUCHARIST ALSO .

DATE:__________PARENT/GUARDIAN SIGNATURE____

St. Joseph Regional School

Dear Parents/Guardians,

The following immunizations are required **prior** to starting Pre-Kindergarten. Please submit proper documentation of all immunizations prior to the start of school in September. Only copies of the official immunization record from your child's chart will be accepted.

***DTP 4 doses for PreK**

***Polio 3 doses for PreK**

***MMR 1 dose....given after 1st birthday**

***HIB Age appropriate...minimum 1 dose after 1st Birthday**

***CHICKENPOX....one dose on/after 1st birthday or documentation of having had the disease**

***PNEUMOCOCCAL...one dose after 1st birthday**

As required by the New Jersey State Code, students **SHALL NOT** be admitted without documentation of the minimum requirements for immunizations.

Also, one dose of influenza vaccine MUST BE administered between September 1st and December 31st.

Thank you for your cooperation in this matter.

School Nurse

SAINT JOSEPH REGIONAL SCHOOL
11 HARBOR LANE
SOMERS POINT, N. J. 08244
609 927-2228 FAX: 609 927-7834

Dear Parents/Guardians,

The NJ Department of Health and Senior Services has issued a new form called the Universal Child Health Record (CH-14) as of October, 2004, which will be a part of a ***PRESCHOOL*** child's school records and will be audited by the local health departments at the time of immunization audits.

We are enclosing this form for you to provide to your child's health care provider for completion. The purpose of this is to ensure that all preschool age children receive annual physical examinations. ***A COMPLETED IMMUNIZATION RECORD FROM YOUR PHYSICIAN IS ALSO REQUIRED.***

If you have any questions, please contact the school or your health department.

Thank you for your cooperation in this matter.

Sincerely yours,
Ted Pugliese
Principal

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

Condition		Comments
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	

 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 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.

SAINT JOSEPH REGIONAL SCHOOL
PRE-K 2017-2018 - TUITION POLICY & AGREEMENT

FAMILY NAME______________________________ PARISH___________________________

Please provide proof of registration if not a member of St. Joseph Parish.

☐ **PARISHIONER RATE** Per Child	☐ **PARISHIONER WITH SIBLING(S) @ SJRS,** Per Child	☐ **NON-CATHOLIC RATE** Per Child
____**4 or 5 Days - $5350**	____**4 or 5 Days - $4300**	____**4 or 5 Days - $6000**
____ **3 Days - $3700**	____ **3 Days - $3700**	____ **3 Days - $4500**
____ **2 Days - $3200**	____ **2 Days - $3200**	____ **2 Days - $3500**
Please Specify: FULL DAY / HALF DAY	**Please Specify: FULL DAY / HALF DAY**	**Please Specify: FULL DAY / HALF DAY**
FULL DAY (8:00am to 2:30pm) HALF DAY (8:00 am to 11:30 am) (Same rate applies)	**FULL DAY (8:00am to 2:30pm) HALF DAY (8:00 am to 11:30 am) (Same rate applies)**	**FULL DAY (8:00am to 2:30pm) HALF DAY (8:00 am to 11:30 am) (Same rate applies)**

I will pay my Registration Fee with: ☐ CASH ☐ CHECK ☐ CREDIT CARD

Name on Card:_____________________________; ☐VISA ☐MC ☐AMEX ☐DISCOVER

Card #____; Exp.__________

TUITION PLANS

ALL PAYMENTS MADE THROUGH FACTS MANAGEMENT SYSTEM

☐ Plan A - **Annual**: Full payment on or before **August 1, 2017**

☐ Plan B - **Semi-Annual**: Half payment on or before **August 1, 2017**;
half payment on or before **Jan. 15, 2018**

☐ Plan C - **Quarterly** on or before **August 1, 2017**; on or before **October 1, 2017**,
on or before **Jan. 15, 2018** and on or before **March 15, 2018**

☐ Plan D - **Monthly** (10 payments, beginning **August 1, 2017** and ending **May 1, 2018**

Choose Monthly Payment Date: ______ (Options are: 5th, 10th, 15th, 16th, 20th, 25th or last day of the month)

TUITION AGREEMENT – PARENTAL ACKNOWLEDGEMENT

By signing below, I hereby acknowledge and understand my obligation to pay all tuition due and owing to St. Joseph Regional School ("School") according to the plan selected above. I further acknowledge and understand that this is a legally binding Agreement between me and the School. I understand and agree that if I fail to make any payment required by this Agreement within (30) days after the due date, the School may declare that I am in default under this Agreement and seek any and all legal remedies available, up to and including the submission of my account to a collection agency and/or the expulsion of my child(ren) from the School. With the execution of this Agreement, and for good and valuable consideration, I have submitted a non-refundable registration fee of $100 per child intending to be bound by the terms and conditions set forth above. ***I have also completed the FACTS Management form for tuition payments.***

All Families are encouraged to purchase gifts cards through our Scrip Program, which raises funds for our Development Fund. Families can earn 50% of the profit from the purchase of gift cards toward their tuition bill.

______________________________ ________________

Parent or Guardian Signature Date

SAINT JOSEPH REGIONAL SCHOOL
11 HARBOR LANE
SOMERS POINT, NEW JERSEY 08244

LICENSE, RELEASE AND HOLD HARMLESS AGREEMENT

I, ________________________________, who resides at ________________________

am the parent/legal guardian of ______________________, _____________________,
_____________________, ________________________.

CHECK ONE

____ I hereby agree:

1. to allow my child/children to be photographed or interviewed for the Star Herald and any school or parish publications, including but not limited to, press releases, bulletins, newsletters, brochures, videos, computer images, web pages;

2. to waive, release, and forever discharge any and all claims that I may have with respect to the use of the said photograph by The Diocese of Camden, New Jersey, Saint Joseph Regional School, Somers Point, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators, and volunteers; and

3. to indemnify, hold harmless, protect and defend The Diocese of Camden, New Jersey, Saint Joseph Regional School, Somers Point, New Jersey, administrators, and volunteers, from any and all claims, losses, liabilities, damages, suits, fines, penalties, costs and expenses, including reasonable attorneys' fees, brought or incurred by or on behalf of any person whomsoever or entity whatsoever, arising out of or in any way connected with the said use of the aforementioned photograph by any person or entity.

OR

____ I do not agree to allow any interview or photograph of my child/children to be published in the Star Herald or any school or parish publications, including but not limited to, press releases, bulletins, newsletters, brochures, videos, computer images, web pages.

IN WITNESS WHERETO the parties have signed this Agreement on this ____ day of _________________, 2017.

________________________________ ________________________________
SIGNATURE OF PARENT/GUARDIAN PRINT NAME OF PARENT/GUARDIAN

SAINT JOSEPH REGIONAL SCHOOL
11 HARBOR LANE
SOMERS POINT, NEW JERSEY 08244
609 927-2228

Dear Parents/Guardians,

St. Joseph Regional School utilizes a school-to-parent communications system called Blackboard Connect which helps us with keeping parents informed regarding meetings and activities reminders, program/sports changes and cancellations, school closings or other dismissal issues including bus-related problems. Blackboard Connect enables SJRS to send a recorded message to all parents at the same time.
This system **does not** replace our current school communication ***web-site www.sjrs.org***. The Blackboard Connect system is intended to provide better and more timely information, when needed.
The information that you provide on the attached Emergency Calling Form is the information that is used for this system.
All families are able to provide six telephone numbers that will be called. Your home telephone number should be on line 1. Please note that for an emergency, such as a late school bus or an early emergency school closing, all numbers provided will be called, as the call is computer generated and all numbers are dialed at the same time. In the case of an early emergency school closing, regular school buses will be operating. If your child/children normally take the school bus, then they will be dismissed on the school bus. You are being notified so that you are aware your child will be dismissed at an earlier time and arrangements can be made. If any of the numbers that you have furnished go to friends and/or relatives, please advise them that they may receive a phone call that is designed to provide information.
If you are working, you must make the necessary arrangements for your child, and your child must be aware of these arrangements. In an early emergency school closing, the school phone lines must be kept open; therefore, we request that you do not call school once you have received a message that the students are being dismissed early.

Families will be put into groups so that the system will generate calls only to those impacted such as families with children in Grade 2 only, or on a certain bus or on the basketball team.
For general information and school closings that are announced prior to the beginning of the school day, call will only go to student homes.

BLACKBOARD CONNECT IS NOT PERMITTED TO SELL THIS INFORMATION TO ADVERTISERS OR ANY OTHER ORGANIZATION OR COMPANY.
I hope this system will enhance our ability to communicate with our school families.

Sincerely,

Ted Pugliese
Principal

EMERGENCY CALLING FORM
PLEASE PRINT

FAMILY NAME ______________________________

E-MAIL ____________________ *BUS #(STUDENTS K-8)* __________

HOME TELEPHONE # ____________________

STUDENT'S NAME ____________________ *GRADE* __________

STUDENT'S NAME ____________________ *GRADE* __________

STUDENT'S NAME ____________________ *GRADE* __________

STUDENT'S NAME ____________________ *GRADE* __________

STUDENT'S NAME ____________________ *GRADE* __________

NUMBERS TO BE CALLED:	*NAME & RELATIONSHIP*
1. ____________________	________________________
2. ____________________	________________________
3. ____________________	________________________
4. ____________________	________________________
5. ____________________	________________________
6. ____________________	________________________

SAINT JOSEPH REGIONAL SCHOOL

11 HARBOR LANE

SOMERS POINT, NJ 08244

609-927-2228

All Uniforms can be purchased at:

Flynn & O'Hara School Uniforms

www.flynnohara.com

1-800-441-4122

FLYNN & O'HARA WILL HAVE A TRUNK SALE IN THE SCHOOL GYM ON THURSDAY, JULY 27, 2017 FROM 2-7PM

Lands' End, Inc.

www.landsend.com/school

Preferred School #9000-7537-5

1-800-469-2222

Our school web-site is www.sjrs.org.

Dress code for Grades Pre-K through 8 are on the school web-site.