SAINT MARY'S CATHOLIC CHURCH | A FRANCISCAN COMMUNITY
EXPLORER ACADEMY

REGISTRATION CHECKLIST

Pre Kindergarten

STUDENT'S NAME:_____ PK3_____ PK4_____

The following items are required at the time of registration:

	Received
Registration Form	_____
Universal Child Health Record	_____
Emergency Contact Form	_____
Publicity Release Form	_____
Birth Certificate	_____
Proof of Faith Direct Enrollment for payment (10 payments)	_____

	Check#	Cash
Registration Fee $250 (non-refundable) per family	_____	_____

I acknowledge that registration fees are non-refundable _____

Received by:_____ Date_____

25 Pompton Avenue I Pompton Lakes, NJ 07442 I (973)835-2010

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REGISTRATION FORM

PLEASE PRINT Date_____

Class PK3_____ PK4_____ Family Name_____

_____

Child's Last Name First Name Middle Social Security#

_____

Full Address

_____

Phone Number (home) (cell)

Date of Birth (month, day, year)_____ Child's Religion_____

_____

Father's Full Name Father's email address

_____

Father's Occupation Place of Employment

_____

Mother's Full Name Mother's email address

_____

Mother's Occupation Place of Employment

_____

Language Spoken in the Home

Is either or both parents members of St. Mary's Parish?_____

Parent Signature _____

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HEALTH REQUIREMENTS

PHYSICAL EXAMINATIONS

N.J.A.C. 6A: 16-2.2 requires students to receive a medical exam upon school entry and recommends at least one exam during each developmental stage (early childhood, pre-adolescence, and adolescence). Upon enrolling in a NJ school, parents/guardians are required to provide physical examination documentation to the school. Students entering school for the *for the first time* are required to have a physical examination form completed by their healthcare provider. Transfer and returning students who do not have physical exam documentation in their health records are also required to have this form completed by their healthcare provider. A yearly physical exam is critical to your child's growth and development.

IMMUNIZATIONS

Immunization requirements are issued by the NJ Department of Health, N.J.A.C. 8:57-4. Parents/guardians are required to provide the school with documentation of all required immunizations.

Immunization Requirements for 3 and 4 year old children

* DTP/DTaP — 4 doses
* Polio — 3 doses
* Measles — 1 dose on or after the 1st birthday
* Mumps — 1 dose on or after the 1st birthday
* Rubella — 1 dose on or after the 1st birthday
* Varicella — 1 dose on or after the 1st birthday **OR**
  Documentation from healthcare provider indicating history of chicken pox disease
* Hib — 1 dose (minimum) on or after the 1st birthday
* Pneumococcal — 1 dose (minimum) on or after the 1st birthday
* Influenza — 1 dose given between September 1st and December 31st

All Health Requirements are due by the first day of school in September

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 ☐ 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	

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EMERGENCY CONTACT FORM

Kindly fill in the following information for each of your children. This form will be kept on file at the academy. Please list only relatives, neighbors, or friends who are willing and available to pick up your child in case of illness or accident or are willing and available to take responsibility for your child in the rare instances of unscheduled early dismissals, for example, due to a snow storm. **Please be sure that these neighbors or relatives are aware of their responsibility.**

Family Name _____ Home Phone_____

Family Address_____

(Street) (Town) (Zip Code)

Child's Name _____ Birthdate_____

_____ Birthdate_____

_____ Birthdate_____

_____ Birthdate_____

Where can parents be reached during school hours if not at home?

Father/Telephone # _____ Cell#_____

Mother/Telephone# _____ Cell#_____

E-Mail Address_____

In the event that neither father nor mother can be reached, please list two relatives or neighbors.

Name_____ Phone#_____

Address_____

Relationship _____

Name_____ Phone#_____

Address_____

Relationship _____

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may take whatever arrangements deemed necessary.

_____ _____

Signature of Parent/Guardian Date

Physician's Name_____ Phone#_____

Address_____

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PUBLICITY RELEASE FORM

(Please Print)
Student:_____
Last Name First Name

I hereby grant permission to Explorer Academy to use the name and/or likeness of my son/daughter:

_____Yes, I give permission for all news releases, photographs, videotaping, and the St. Mary's Website and Facebook.

(Please indicate with an X if you DO NOT give St. Mary's permission)

_____ A News Release

_____ A Photograph

_____ Videotaping

_____St. Mary's Church Website & Facebook

My permission will remain in effect unless later revoked by me and communicated in writing to the administration of Explorer Academy.

_____
(Please print full name)

_____ _____
Signature of Parent or Guardian Date

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2021-2022 TUITION RATES

5 FULL DAYS (8:15am – 2:45pm)	$7,200/year
5 HALF DAYS (8:15am – 11:30am) (mornings only)	$5,550/year
3 FULL DAYS (8:15am – 2:45pm) (Mon., Wed., Fri.)	$5,550/year

We will also offer Before and After Care*

*Students must attend full days to use this program.

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TUITION PAYMENT FORM

FAMILY NAME_____ Date_____
(please print)

The per-pupil cost for operating the Pre-K3 and Pre-K4 program at St. Mary's Explorer Academy for the 2021-2022 school year has been set at the following amounts:

CHILD'S NAME	TOTAL COST	MONTHLY COST
5 Full Days _____	$7,200	$720/month
5 Mornings _____	$5,550	$555/month
3 Full Days _____	$5,550	$555/month

I hereby agree to the following obligations as I enroll my child/children in St. Mary's Explorer Academy.

1. I will pay the annual amount written indicated for each student.
2. I understand payment is due on the fourth of each month, beginning July 4th and ending April 4th
3. I further understand that a late fee of $65 will be assessed for each month's payment not received by the 15th of each month.

Payment option 1. ____ Payment in full is enclosed (cash or check) with registration materials (Ck#____)
Payment option 2. ____ Monthly payments will be made by enrolling in **Faith Direct**
Register at www.faithdirect.net or call 866-507-8757. The online enrollment church code is NJ23. Payments will be withdrawn from your bank account or credit card. Copy of confirmation email from Faith Direct of payment initiation must be included with registration.

Parents/Guardian Full Name, Address & Telephone Number:

I have read and understand my responsibilities as set forth above. I agree to fulfill these obligations.

_____ _____
Signature of person responsible for making payments Date