

Dear Parent/Guardian:

Welcome to the *Wood-Ridge School District Integrated Pre-School Program (Age 4)*. We look forward to working with your child during the next year.

The Pre-School Program will be open to all Wood-Ridge residents and School District employees only and will provide a complete educational program that is offered to all other students in the Wood-Ridge School District. This is an integrated Pre –School program with two classrooms and a total of 18 students within each classroom. Each classroom will be provided instruction by at least one certified teaching professional as well as a certified para-professional staff member. Families presently attending the 2017-2018 Pre School Program (Age 3) will be offered classroom seats, as 4 year olds, provided deposits and registration materials are received by the intended deadline (February 2, 2018).

Children must be 4 years old by October 1, 2018, toilet-trained and meet all registration requirements. The program provides developmentally-appropriate experiences in a safe, nurturing and child-centered environment. Please be advised the following information is required in order for your child to be enrolled in the Wood-Ridge School District for the 2018-2019 school year:

1. Child's **original** birth certificate or passport
2. Proof of residency( lease/rental agreement or deed) and one additional document (driver's license, gas/electric, mortgage bill, or landline phone bill)
3. Pre-school registration form
4. Health records:
  - a. Current immunization record (*up-to-date immunization records must be submitted at registration*)
  - b. Physical examination completed by a physician
  - c. Medical authorization form (*if your child is required to take prescription/non-prescription medication during school hours*)
5. Completed Tuition Agreement including a deposit of \$550\* for the program (*check or money order made payable to **Wood-Ridge Board of Education**. This deposit will constitute your final month's tuition in the Pre-School program should your child's registration become finalized.*)

The items above are necessary for your child to register for school this September. **ONLY COMPLETE PACKETS WILL BE ACCEPTED.** Registration will take place at the Catherine E. Doyle School, located at 250 Wood-Ridge Avenue, Wood-Ridge, New Jersey, from 9:00 AM -12:00 noon daily, beginning on Monday, February 5, 2018.

Sincerely,

Anthony J. Albro  
Principal, Catherine E. Doyle Elementary School

**WOOD-RIDGE SCHOOL DISTRICT INTEGRATED  
PRE-SCHOOL (AGE 4)  
TUITION AGREEMENT for Wood-Ridge Residents**

WHEREAS, the Board of Education of the Borough of Wood-Ridge (hereinafter referred to as the "Board") operates a tuition-based integrated pre-kindergarten class for students who have reached age four (4) by October 1, 2018. Class hours are 8:15 AM through 2:50 PM (Full Day), enrollment is for a 10-month school year following the calendar of the Wood-Ridge School District.

WHEREAS, \_\_\_\_\_ is desirous of enrolling in the Wood-Ridge School Integrated District Pre-School (Age 4) for the 2018-2019 school year; and

WHEREAS, the Board is willing to enroll said student in the Wood-Ridge School District Integrated Pre-School Program (Age 4), provided the student pays the tuition set forth in this Agreement and complies with all of the rules and regulations of the school in which he/she is enrolled, the Wood-Ridge Board of Education and the State Board of Education, and the laws of the State of New Jersey.

IT IS, THEREFORE, agreed by the parties that the following paragraphs shall constitute the terms and conditions of this Tuition Agreement:

1. The Board hereby agrees to enroll \_\_\_\_\_ in the Wood-Ridge School District Integrated Pre-School (Age 4) for the 2018-2019 school year and allow the student to attend classes associated with his/her level and participate in all activities of the school.
2. The parent(s)/guardian(s) of \_\_\_\_\_ hereby agree to pay the sum of \$5,500\* (full day) as tuition for the privilege of allowing their child to attend classes in the Wood-Ridge School District Integrated Pre-School (Age 4) for the 2018-2019 school year.
3. A non-refundable deposit of \$550\* is due with submission of this agreement at registration. This deposit will be applied to the June 2019 tuition. The first payment of \$550\* is due on or before August 1, 2018. Each additional payment shall be paid on a monthly basis (due the first day of each month). Failure to make timely payments pursuant thereto shall result in the immediate exclusion of the student from the Wood-Ridge School District Integrated Pre-School Program (Age 4).

**PAYMENT OPTIONS (Please Check One)**  
***(Checks Made Payable to Wood-Ridge Board of Education)***

Tuition for the Wood-Ridge School District Integrated Pre-School Program (Age 4):

Full Day Program-8:15 am – 2:50 pm

- Full payment of \$5,500\* in advance due upon signing of Agreement and is non-refundable.
- Deposit of \$550\* due with submission of tuition agreement. First payment of \$550\* is due by August 1, 2018 plus 8 monthly payments of \$550\* due the first of each month (October through May).

The student hereby agrees and the parent(s)/guardian(s) hereby agree to ensure that their child complies with the rules and regulations of the Wood-Ridge School District and the State Board of

Education, and the laws of the State of New Jersey. Failure to comply with the foregoing laws, rules and regulations shall result in the imposition of disciplinary action, which may include the exclusion of the student from the Wood-Ridge School District Pre-School.

4. The parties hereto recognize that the student does not have the right to enroll in the Wood-Ridge School District Pre-School. Enrollment is a privilege that may be revoked by the Board at any time.
5. If the parent(s)/guardian(s) of \_\_\_\_\_ do not pay the tuition due under Paragraph 3 when it is due, \_\_\_\_\_ shall be excluded. If excluded for nonpayment of tuition, the parent(s)/guardian(s) of \_\_\_\_\_ must also pay all costs, including reasonable attorney fees, related to the collection of any moneys owed.
6. Nothing contained in the Agreement shall be construed to obligate the Wood-Ridge School District Pre-School to renew this Tuition Agreement in any subsequent school year.
7. Withdrawal requires one month notice. Once the month is paid for, tuition is not refundable.

WITNESS:

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

Dated: \_\_\_\_\_

WITNESS:

\_\_\_\_\_

Wood-Ridge Board of Education  
By:

Print Name: \_\_\_\_\_

\_\_\_\_\_  
*Jenine Murray*  
*Board Secretary/Business Administrator*

**WOOD-RIDGE SCHOOL DISTRICT INTEGRATED  
PRE-SCHOOL (AGE 4)**

**2018-2019 SCHOOL YEAR APPLICATION**

*You will be notified of the status of your application.  
\* Proper medical documentation and school registration are required at registration. \**

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birth Date\* \_\_\_\_\_ Male/Female \_\_\_\_\_  
*\* Attach a copy of child's birth certificate*

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Mailing Address (if different from home) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Is English the primary language in your home? Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL REQUIREMENTS FOR PRE-SCHOOL AGE CHILDREN**

- ✓ Recent physical exam by primary doctor (date of physical must be within 365 days of 1<sup>st</sup> day of school)
- ✓ Required Immunizations:
  - 4 doses of DTap
  - 3 doses of Polio
  - 1 dose of MMR
  - HIB (1 dose after first birthday)
  - Chickenpox (1 dose of Varicella)
  - 3 doses of Hepatitis B
  - Influenza (1 dose must be done annually between September 1 – December 31)
  - Pneumococcal (Prevnar – 1 dose after first birthday)

**WOOD-RIDGE SCHOOL DISTRICT INTEGRATED  
PRE-SCHOOL (AGE 4)**

**REGISTRATION FORM 2018-2019**

**Today's Date:** \_\_\_\_\_ **Enrollment Entry Date:** \_\_\_\_\_

Student Name: \_\_\_\_\_  Male  Female  
*(First) (Last)*

Student's Home Address: \_\_\_\_\_  
*(Street) (PO Box)*  
\_\_\_\_\_  
*(City) (State) (Zip)*

Family Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Birth Place: (City, State or Country) \_\_\_\_\_ Date Entered USA: \_\_\_\_\_

Evidence of Proof of Age: \_\_\_\_\_

Siblings in District: \_\_\_\_\_

Ethnic Group: **\*\*Check all that apply.**  White  Black/African American  Hispanic  Asian  
 American Indian/Alaskan Native  Native Hawaiian/Pacific Islander  2 or more races

What is the primary language spoken at home: \_\_\_\_\_

**PRIMARY - Parent/Guardian Name:** \_\_\_\_\_  
*(Last) (First)*

Relationship to child: Mother  Father  Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
**(if different from student's)**

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**SECONDARY – Parent/Guardian Name:** \_\_\_\_\_  
*(Last) (First)*

Relationship to child: Mother  Father  Other: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
**(if different from student's)**

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian's marital status: Single  Married  Divorced  Separated

Widow  Widower  Civil Union

Comment: \_\_\_\_\_

**MEDICAL INFORMATION**

Does your child have any allergies? Food, medication, latex, bee stings etc.  No  Yes

If **yes**, please list \_\_\_\_\_

Does your child have any medical conditions?  No  Yes

If **yes**, describe: \_\_\_\_\_

Does your child have asthma?  No  Yes

If **yes**, does your child use an inhaler?  No  Yes

Will it be necessary to keep an inhaler in the nurse's office?  No  Yes

Is your child taking any medication?  No  Yes

If **yes**, please list \_\_\_\_\_

In the event of an extreme emergency, if parent, guardian or emergency contacts cannot be reached, I give permission to the school authority to arrange appropriate medical care at \_\_\_\_\_  
\_\_\_\_\_ Hospital or other medical or dental facility.

Person to be called if parent is not available. (Please list in order of preferred contact.)

1. \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Relationship: \_\_\_\_\_

I have arranged for the above to care for my child in case of illness or emergency. You may call our family physician, if necessary.

Physician to call \_\_\_\_\_ Telephone No.: \_\_\_\_\_

**OTHER PERSON(S) AUTHORIZED TO PICK UP YOUR CHILD:**

\_\_\_\_\_ Telephone No.: \_\_\_\_\_

\_\_\_\_\_ Telephone No.: \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**WOOD-RIDGE SCHOOL DISTRICT INTEGRATED  
PRE-SCHOOL (AGE 4)  
PHYSICAL EXAMINATION FORM**

*(Must be completed and signed by a physician prior to registration)*

Student's Name \_\_\_\_\_ Date of Examination \_\_\_\_\_  
*(Last/First/MI)*

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ Resting Pulse: \_\_\_\_\_

Vision R 20/\_\_\_\_ L 20/\_\_\_\_ *(without correction)* Hearing: Right Ear \_\_\_\_\_

Vision R 20/\_\_\_\_ L 20/\_\_\_\_ *(with correction)* Hearing: Left Ear \_\_\_\_\_

EXAMINATION			
	Normal	Abnormal	Description
Appearance, Nutrition			
Head, Neck <i>(masses, ROM)</i>			
Eyes <i>(conjunctive)</i>			
Ears <i>(infection, perforation, tubes)</i>			
Nose <i>(obstruction), Throat</i>			
Mouth, Teeth			
Lymph Nodes			
Chest and Lungs			
Cardiac <i>(murmurs, clicks)</i>			
Abdomen <i>(scars, liver, spleen, masses)</i>			
Back, Spine <i>(deformity, ROM, scoliosis)</i>			
Extremities <i>(muscle weakness, injuries)</i>			
Testes <i>(presence, descent)</i>			
Genitalia <i>(hernia)</i>			
Level of Maturation			
Neurological <i>(reflexes, balance)</i>			

General Condition: \_\_\_\_\_

May  May Not participate in all physical activities.

Other Medical Conditions or Restrictions: \_\_\_\_\_

\_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Last/First/MI)

IMMUNIZATIONS					
	1 <sup>st</sup> Dose	2 <sup>nd</sup> Dose	3 <sup>rd</sup> Dose	4 <sup>th</sup> Dose	5 <sup>th</sup> Dose
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
Diphtheria, Pertussis, Tetanus, DPT, Tdap (if DT or TD please indicate)					
Polio Vaccine (indicate OPV or IPV)					
Measles, Mumps, Rubella (MMR)					
H Influenzae, Type, HIB					
Hepatitis B					
Varicella					
Pneumococcal					
Influenza					
Meningococcal					

Mantoux Test Date: \_\_\_\_\_

Mantoux Test Results: \_\_\_\_\_

**HEALTH HISTORY – DATES**

Asthma \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_

Diabetes \_\_\_\_\_ Chicken Pox \_\_\_\_\_ German Measles \_\_\_\_\_

Epilepsy \_\_\_\_\_ Convulsions \_\_\_\_\_ Tuberculosis \_\_\_\_\_

Fractures \_\_\_\_\_ Operations \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

Allergies (food/drug): \_\_\_\_\_

Current Medications: \_\_\_\_\_

Emotional Problems: \_\_\_\_\_

Lead Levels: \_\_\_\_\_ Results: \_\_\_\_\_

Print Physician's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Physician's Address: \_\_\_\_\_

Physician's Phone #: \_\_\_\_\_ Physician's Fax #: \_\_\_\_\_



**PRE-SCHOOL (AGE 4)  
MEDICATION AUTHORIZATION FORM**  
*(Non-Prescription and Prescription Drugs)*

Dear Parent/Guardian:

In accordance with school policy and state mandates, if your child needs to take any prescription or over the counter medications during school, the following procedure must be followed before the school nurse will administer medication to your child. The four necessary requirements are:

- A. Provide written physician statement identifying the type, dosage and purpose of the medication.
- B. Provide written parent/guardian permission for nurse to give the medication prescribed by physician.
- C. Provide medication in original-labeled pharmacy container (pharmacies will provide an extra labeled container) with child's name, date, name of medication, dosage schedule and physician's name.
- D. Parent/guardian (not the child) must bring in all medication to the school nurse.

**PHYSICIAN'S AUTHORIZATION**

I request that the Wood-Ridge School District's School Nurse administer the following medication as prescribed to:

Name of Pupil (*please print*): \_\_\_\_\_ Grade: \_\_\_\_\_

<u>MEDICATION</u>	<u>DOSAGE</u>	<u>HOURS OF ADMINISTRATION</u>	<u>DATE TO START</u>	<u>DATE TO DISCONTINUE</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Diagnosis/reason medication is being administered: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHYSICIAN'S NAME/ADDRESS STAMP: \_\_\_\_\_

PHYSICIAN'S PHONE #: \_\_\_\_\_ PHYSICIAN'S FAX #: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION**

*I authorize the Wood-Ridge School District School Nurse to administer the above medication as prescribed.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**SUBMISSION OF DOCUMENTATION CHECKLIST**  
**\* SCHOOL USE ONLY \***

- Child's original birth certificate
  
- Proof of Residency
  
- Pre-School Registration Form
  
- Health records:
  - a. Current immunization record (*up-to-date immunization records must be submitted before a child can attend school*)
  - b. Physical examination completed by a physician
  - c. Medical authorization form (*if your child is required to take prescription/non-prescription medication during school hours*)
  
- Completed Tuition Agreement including a deposit of \$550\* (Full Day) or (*check or money order made payable to **Wood-Ridge Board of Education***)