



Miracle Kids Learning Academy  
586 Heilprin Street  
Millville NJ 08332

**REGISTRATION FEE: \$60.00**

### ENROLLMENT APPLICATION

<b>ENROLLMENT APPLICATION</b>	<b>DATE OF ENROLLMENT:</b>
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#### CHILD

Name:	Date of Birth	Age	Sex
Home Address:	City:	State	Zip Code:

#### MOTHER

#### FATHER

Name:	Name
Home Phone:	Home Phone:
Home Address if Different:	Home Address if Different:
Email Address:	Email Address:
How would you like to be contacted? EMAIL/ PHONE	How would you like to be contacted? EMAIL /PHONE

#### MOTHER

#### FATHER

Name of Business:	Name of Business:
Business Address & Phone:	Business Address & Phone:
Cell Phone Number:	Cell Phone Number:

**PERSONS AUTHORIZED TO PICK UP YOUR CHILD AND/OR CONTACT IN CASE OF EMERGENCY  
AND NEITHER PARENTS IS AVAILABLE TO ASSUME RESPONSIBILITY AOR THE CHILD.**

CONTACT NAME	PHONE NUMBER	RELATIONSHIP	ADDRESS

# TUITION CONTRACT

Full Time:	Monday – Friday	6:30 a.m. – 6:00 p.m.
Part Time:	3 Days	6:30 a.m. – 6:00 p.m.

## Tuition

Full Time	Monday – Friday	\$260.00 per/week
4 Days		\$208.00 per/week
3 Days		\$156.00 per/week

## Emergency Care

Drop In (Full Day Only)	As needed	\$60.00 per day
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## Home Schooling

Full Time	Monday - Friday	\$260.00 per/wk. with Curriculum
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Please Circle Your Selection

## Before Care / After Care

6:30 - 8:30 a.m. / 2:30 – 6:00 p.m.

Enrolled in Daycare/ Elementary school	Monday – Friday	\$130.00 per week (Before & After care) \$50.00 am/ \$80.00 pm (per session)
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**After School Program (PM)** – dismissal from school until 6:00pm/  
Early Dismissal days 4:00 PM unless optional early dismissal add-on is purchased. \$10.00 per day

√ The registration fee is due upon the return of completed registration forms.

√ Payments are to be made payable to: MIRACLE KIDS LEARNING ACADEMY

I agree to pay \_\_\_\_\_ per \_\_\_\_\_. I understand payment is due the first day of service and thereafter.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **LATE PICK-UP POLICY**

Miracle Kids Learning Academy closes at 6:00pm. If you are in the building at 6:01pm you are considered late. In case of a regular scheduling conflict, please make arrangements for another authorized adult to pick up your child.

Please do not include your late fee payment with your tuition payment. Late fee payments are to be made in the form of cash or money order to the staff member that stayed with your child.

### **MIRACLE KIDS LEARNING ACADEMY LATE FEE IS:**

6:01pm - 6:15pm \$10.00 per child

6:16pm - 6:30pm \$15.00 per child

6:31pm - 6:45pm \$20.00 per child

6:46pm - 7:00pm \$25.00 per child

#### **Note:**

- Late fees are to be given to the staff member that cared for your child upon pick-up.
- Late fees are to be paid no later than the next business day upon arrival of your child. NO EXCEPTIONS!

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CUSTODIAL INFORMATION

If a non-custodial parent is not included among these persons authorized by the custodial parent to pick up your child, please explain below and attach a copy of the appropriate documents. (Court Order).

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery. There is no handwriting or other markings on the page.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

CHILD'S NAME \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT(S) NAME \_\_\_\_\_

PARENT(S) ADDRESS \_\_\_\_\_

## CHILD'S MEDICAL INFORMATION

MEDICAL PROBLEMS \_\_\_\_\_

Allergies

Medicine(s) Child is taking \_\_\_\_\_

Medicine(s) Child is allergic to \_\_\_\_\_

Name of Child's Doctor \_\_\_\_\_ Telephone # \_\_\_\_\_

Child's Insurance

Company/HMO \_\_\_\_\_

Group # \_\_\_\_\_ Identification# \_\_\_\_\_

I (we) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (we) authorize the above child care center director's designee to obtain emergency treatment for my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

### The following steps will be followed in an emergency:

1. The parent/guardian will be contacted immediately.
2. The child's physician will be contacted.
3. We will attempt to contact you through all of the emergency room persons listed on the child's application form.
4. If we cannot contact you or your child's physician, we will do any or all of the following.
  - a.) Call for emergency first aid assistance/transportation.
  - b.) Call another physician.
  - c.) Have the child transported to an emergency hospital in the company of a staff member.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICATION ADMINISTRATION POLICY AND PROCEDURES

This policy has been written to encourage communication between you, your child's health care provider and your child's daycare to assure the maximum safety in administering medication to your child during the time they are in our care.

Medications given in the Center are administered by a staff member designated by the Center Director and will have been informed of your child's health needs related to the medication and will have had training in the safe administration of medication.

### NOTE:

- The Center will not administer any over the counter medication without instruction of administration specific to the age of your child; in addition the dosage must be in conjunction with the dosage requirements according to the age, indicated on the instructions.
- Under no circumstances, will the Center be held liable or responsible for medication not administered due to an incomplete form.
- The Center will only administer medication on time per day; normally after lunch.
- Unused or expired medication will be returned to the parent/guardian when it is no longer needed or be able to be used by the child.
- If your child is ill due to communicable disease that requires medication as treatment. We require that your child is on the medication for 24 hours before returning to the Center.
- The Center is not responsible for the cleaning of medical supplies (including nebulizer tubes, masks, breathing chambers, bandages or measuring instruments). Your child's medicine and medical supplies are to be taken home every day for proper cleaning and returned each day as needed.

Parent/Guardian signature on this policy indicates that you accept the guidelines and procedures listed in this policy, and will follow them to safeguard the health and safety of your child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **GUIDELINES FOR POSITIVE DISCIPLINE**

POSITIVE DISCIPLINE IS A PROCESS OF TEACHING CHILDREN HOW TO BEHAVE APPROPRIATELY. POSITIVE DISCIPLINE RESPECTS THE RIGHTS OF THE INDIVIDUAL CHILD, THE GROUP AND THE ADULT. METHODS OF POSITIVE DISCIPLINE SHALL BE CONSISTENT WITH THE AGE AND DEVELOPMENTAL NEEDS OF THE CHILDREN, AND LEAD TO THE ABILITY TO DEVELOP AND MAINTAIN SELF-CONTROL.

POSITIVE DISCIPLINE IS DIFFERENT FROM PUNISHMENT. PUNISHMENT TELLS CHILDREN WHAT THEY SHOULD NOT DO; POSITIVE DISCIPLINE TELLS CHILDREN WHAT THEY SHOULD DO. PUNISHMENT TEACHES FEAR; POSITIVE DISCIPLINE TEACHES SELF ESTEEM.

### **YOU CAN USE POSITIVE DISCIPLINE BY PLANNING AHEAD:**

ANTICIPATE AND ELIMINATE POTENTIAL PROBLEMS.

HAVE A FEW CONSISTENT, CLEAR RULES THAT ARE EXPLAINED TO CHILDREN AND UNDERSTOOD BY

ADULTS. HAVE A WELL-PLANNED DAILY SCHEDULE

PLAN FOR AMPLE ELEMENTS OF FUN AND HUMOR

INCLUDE SOME GROUP DECISION-MAKING

PROVIDE TIME AND SPACE FOR EACH CHILD TO BE ALONE

MAKE IT POSSIBLE FOR EACH CHILD TO FEEL HE/SHE HAS HAD SOME POSITIVE IMPACT ON THE

GROUP PROVIDE THE STRUCTURE AND SUPPORT CHILDREN NEED TO RESOLVE DIFFERENCES.

SHARE OWNERSHIP AND RESPONSIBILITY WITH THE CHILDREN. TALK ABOUT OUR ROOM, OUR

### **TOYS YOU CAN USE POSITIVE DISCIPLINE BY INTERVENING WHEN NECESSARY:**

RE-DIRECT TO A NEW ACTIVITY TO CHANGE THE FOCUS OF A CHILD'S BEHAVIOR

PROVIDE INDIVIDUALIZED ATTENTION TO HELP THE CHILD DEAL WITH A PARTICULAR SITUATION.

USE TIME-OUT BY REMOVING A CHILD FOR A FEW MINUTES FROM THE AREA OR ACTIVITY SO THAT HE/SHE MAY GAIN SELF CONTROL. (ONE MINUTE FOR EACH YEAR OF THE CHILD'S AGE IS A GOOD RULE OF THUMB)

DIVERT THE CHILD AND REMOVE FROM THE AREA OF CONFLICT.

PROVIDE ALTERNATIVE ACTIVITIES AND ACCEPTABLE WAYS TO RELEASE FEELINGS

POINT OUT NATURAL OR LOGICAL CONSEQUENCES OF CHILDREN'S BEHAVIOR

OFFER A CHOICE ONLY IF THERE ARE TWO ACCEPTABLE OPTIONS

CRITICIZE THE BEHAVIOR, NOT THE CHILD. DON'T SAY "BAD BOY" OR "BAD GIRL." INSTEAD YOU MIGHT SAY "THAT IS NOT ALLOWED HERE"

## **BITING POLICY**

Our Program recognizes that biting is, unfortunately not unexpected when toddlers are in group care. We are always concerned when biting occurs, and we recognize how upsetting it is for parents. Our teachers express strong disapproval of biting. They work to provide a safe environment for the children and to help the child who bit learn appropriate behavior. While we feel that biting is never the right thing for toddlers to do, we know that they bite for a variety of reasons.

### **PROCEDURE:**

- (1) At the first biting incident a written plan with specific strategies, techniques, and timelines to work on the problem are implemented. This written plan is shared with the parent/guardian, with expectancy that such strategies will be enforced at home. During this time of correction, an Aide is assigned to buddy or mirror the movements of the child as much as possible; however, the health and safety of all children remains the responsibility of all classroom Teachers and Aides.
- (2) When a child is bitten, parents/guardians are informed personally on the day of the incident. An incident report will be completed by the caregiver and signed by the Director. The original must be signed by the parent/guardian and kept in the child's folder. A copy of the report is given to the parent upon request.

The Center will notify parents immediately when the skin has been broken. We keep the name of the child who bit confidential.

### **POLICY:**

- (1) After the third biting incident the child will immediately be suspended from school for three days. This time is allotted providing parent/guardians opportunity to seek additional outside resources and one on one time with their child. Upon returning to the program, if the child continues to exhibit biting, the Center will terminate enrollment immediately. This policy is enforced to protect all children. It is the Center's mission to become an effective component in the training of children.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



other children's welfare or safety). Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center.

#### **A CHILD WILL NOT BE EXPELLED**

If a child's parent (s):

1. Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements
2. Reported abuse or neglect occurring at the center
3. Questioned the center regarding policies and procedures
4. Without giving the parents sufficient time to make other child care arrangements.

#### **PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION**

Staff will try to redirect child from negative behavior

Staff will reassess the classroom environment, activities, and supervision.

Staff will always use positive methods and language while disciplining children.

Staff will praise appropriate behaviors

Staff will consistently apply consequences for rules.

Child will be given verbal warnings

Child will be given time to regain control

Child's disruptive behavior will be documented and maintained in confidentiality

Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion

The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors

The parent will be given literature or other resources regarding methods of improving behavior.

Recommendation of evaluation by professional consultation on premises

Recommendation of evaluation by local school district child study team

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department of Children and Families**  
**Office of Licensing**  
**INFORMATION TO PARENTS**

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 10:122), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent's signature attesting to his/her receipt of the information

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Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/lifesafety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements on the DCF website at [www.state.nj.us/dcf/providers/licensing/laws/index.html](http://www.state.nj.us/dcf/providers/licensing/laws/index.html) or obtain a copy by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the OOL's Inspection/Violation Reports on the center, which are issued after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the OOL's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of

## Social Media Policy

### Introduction

Social media are powerful communication tools that can impact Miracle Kids Learning Academy professional reputation. Social media can blur the line between personal and institutional opinions. The following policy is designed to clarify how best to protect personal and professional reputations when participating in social media. The goal is to establish practical and enforceable guidelines by which we can conduct ourselves in a constructive, positive and official capacity.

Social media are defined as media designed to be circulated through social interaction, using accessible online forums. Examples include but are not limited to Facebook, Instagram, LinkedIn, YouTube, and SnapChat. Both in professional and institutional roles, employees need to follow the same behavioral standards online as they would in real life. The same laws, professional expectations, and guidelines for interacting with families, coworkers and the community apply online as they do while on the job. Employees are liable for anything they post to social media sites.

### Section 1: Policies and Guiding Principles

Only those officially designated can use social media to speak on behalf of Miracle Kids Learning Academy in an official capacity, though employees may use social media to speak for themselves individually or to exercise their legal rights under the National Labor Relations Act.

When engaging in social media activity:

Protect confidential and proprietary information: Do not post confidential or proprietary information about Miracle Kids Learning Academy, students, families or your coworkers. Examples include but are not limited to pictures of students, negative comments about coworkers, and personal information about families. You must adhere to all applicable privacy and confidentiality policies. Employees who share confidential information do so at the risk of disciplinary actions or termination.

Exercise personal responsibility: Miracle Kids Learning Academy trusts and expects employees to exercise personal responsibility when using social media, which includes not violating the trust of those with whom they are engaging. Employees should never use social media for covert advocacy and marketing when acting in a professional capacity. If and when employees use social media to communicate on behalf of Miracle Kids Learning Academy, they should clearly identify themselves as employees.

Respect Miracle Kids Learning Academy time and property: Miracle Kids Learning Academy computers and time on the job are reserved for center related business as approved by supervisors and in accordance with teacher/staff job descriptions. Abuse and misconduct associated with use of center computers and time will be done at the risk of disciplinary action.

Don't use Miracle Kids Learning Academy logos for endorsements: Do not use the Miracle Kids Learning Academy logo or any other center images or iconography on personal social media sites. Do not use Miracle Kids Learning Academy's name to promote a product, cause, or political party or candidate.

Respect copyright and fair use: When posting, be mindful of the copyright and intellectual property rights of others and of Miracle Kids Learning Academy

### Section 2: Best Practices

This section applies to those posting on behalf of Miracle Kids Learning Academy, though the guidelines may be helpful for anyone posting on social media in any capacity.

Think twice before posting: Privacy does not exist in the world of social media. Consider what could happen if a post becomes widely known and how that may reflect both on the poster and the center. Search engines can turn up posts years after they are created, and comments can be forwarded or copied. If you wouldn't say it at a staff meeting or to a member of the media, consider whether you should post it online. This includes pictures of yourself in compromising situations or displaying

## PERMISSION TO PHOTOGRAPH

- ☐ I give permission to Miracle Kids Learning Academy to photograph my child.
- ☐ I do not give permission to Miracle Kids Learning Academy to photograph my child.

CHILD'S NAME: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

# MIRACLE KIDS LEARNING ACADEMY

## Termination Policy

Reasons for termination could be one of the following (but not limited to):

- Payments
  - Miracle Kids Learning Academy requires that all tuition and copay payments are due the Friday prior to services being rendered.
  - Any payment made after the due date will result in a \$25.00 late fee. Your child will be terminated if your account is 2 weeks delinquent.
  - Payments can be made in advance for future weeks.
- Rutgers (all subsidy programs)
  - In order for your child to attend daily, you MUST successfully swipe your child in and take your approved receipt to your child's classroom teacher.
  - Teachers will deny access if you do not have a receipt or if your receipt was denied. (You may go to the front desk for assistance.)
- Late Fees
  - The center closes promptly at 5:00 PM. You will be charged \$5.00 for every 5 minutes late for **EACH** child(ren). The fee will be collected at the time of pickup or by the latest, the next morning. Your child will not be permitted to stay until the late fee is paid.

The undersigned agrees to abide by this policy.

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Signature of Parent/Guardian

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Date

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Signature of Witness

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Date

# MIRACLE KIDS LEARNING ACADEMY

586 Heilprin Street  
Millville, NJ 08332  
Phone: (856) 378-4437  
miraclekidsbrown@gmail.com

## **Forbidden Items**

Do not allow your child to bring in candy, chewing gum, cough drops, lollipops, chap stick, any outside food, or toys to the center. Children are not permitted to wear any jewelry including earrings, rings, pins, bracelets, necklaces, small barrettes, watches and/or beads braided into their hair. We are trying to keep the center as safe as possible and all of these items present a hazard. Once your child is in the building, these items are allowed (except outside food), only if your child is no longer in an oral fixation stage of development. Please ask staff if they feel your child is ready. Miracle Kids Learning Academy will NOT be held responsible for any lost items, this includes jewelry.

Please sign below agreeing that you understand this policy.

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

Witness: \_\_\_\_\_

Date: \_\_\_\_\_



Miracle Kids Learning Academy  
586 Heilprin Street  
Bridgeton NJ 08332

## Property Damage Policy

When one cares for young children, it only stands to reason that NORMAL WEAR AND TEAR will occur to toys and property.

If deliberate or destructive damaging behavior occurs after warning from staff(s), the parent(s) will be notified and asked to take appropriate action at home. All instances where a parent is notified of such behavior will be documented.

If a child has demonstrated the above behavior repeatedly and this results in the damaging of toys, equipment, furniture or any other property at the daycare location, the parent(s) of said child will be financially responsible for the replacement or repairing of said items.

Parents will have ONE WEEK to make financial restitution to Miracle Kids Learning Academy for the replacement or repair of the damaged item.

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Parent/ Guardian Signature

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Date

Miracle Kids Learning Academy  
586 Heilprin Street  
Millville, NJ 08832  
Phone: 856-378-4437

Child's Name: \_\_\_\_\_

Parent or Legal guardian: \_\_\_\_\_

Has your child shown any allergic symptoms to PEANUT PRODUCTS?

YES \_\_\_\_\_ NO \_\_\_\_\_

Has anyone in your family had a PEANUT allergy?

YES \_\_\_\_\_ NO \_\_\_\_\_

Has your child shown any allergic symptoms to DAIRY PRODUCTS?

YES \_\_\_\_\_ NO \_\_\_\_\_

Has your child show any allergic symptoms to ANY OTHER PRODUCTS?

YES \_\_\_\_\_ NO \_\_\_\_\_

Is yes what is the allergy \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian Signature.

\_\_\_\_\_  
Date



## **PARENT RECEIPT OF INFORMATION:**

- ☐ Information to Parents Document
- ☐ Policy on the Release of Children
- ☐ Policy on Methods of Parental Notification  
(Applicable only if a method other than a phone call is used to notify parents of an injury to a child's head, a bite that breaks the skin, a fall from a height, or an injury requiring professional medical attention.)
- ☐ Policy on Communicable Disease Management
- ☐ Expulsion Policy
- ☐ Policy on the Use of Technology and Social Media

I have read and received a copy of the information/ policies listed above.

I (we) attest that all of the information on this application is accurate and that I (we) have received the following information for my (our) home records.

Child(ren)'s Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Home Language Survey/Family Information Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Country of Birth \_\_\_\_\_

What language does the child speak at home? \_\_\_\_\_

What other languages are spoken at home? \_\_\_\_\_

Please check one      English      Spanish      Other

Mother (Guardian) \_\_\_\_\_

Father (Guardian) \_\_\_\_\_

Grandparent's \_\_\_\_\_

Brothers/Sisters \_\_\_\_\_

Friends \_\_\_\_\_

How shall we communicate with you? English      Spanish      (Circle One)

Do you need an interpreter? Yes or No (Circle One)

Does your child usually nap? \_\_\_\_\_ Time \_\_\_\_\_ How Long? \_\_\_\_\_

Does your child have any difficulty communicating with you or other family members? \_\_\_\_\_

Does your child enjoy looking at books? \_\_\_\_\_

Do you have books available in his/her home language? \_\_\_\_\_

**REQUIRED IMMUNIZATIONS**  
**NEEDED FOR**  
**PRE-SCHOOL 3 & 4 YEARS OLD:**

DTaP – 4 DATES

POLIO – 3 DATES

MMR – 1 DATE AFTER 1<sup>st</sup> BIRTHDAY

HIB – 1 DATE AFTER 1<sup>st</sup> BIRTHDAY

PCV 1 DATE AFTER 1<sup>st</sup> BIRTHDAY

VARIVAX – 1 DATE AFTER 1<sup>st</sup> BIRTHDAY  
OR WRITTEN PROOF OF CHICKEN POX DISEASE

FLU BETWEEN 9/1 & 12/31 EACH YEAR

**COMPLETE HEALTH HISTORY FORM**

**\*PHYSICAL EXAM BY DOCTOR  
OR NURSE PRACTITIONER**

**\*A CURRENT PHYSICAL EXAM MUST BE SUBMITTED  
WITHIN 30 DAYS OF START DATE TO BE ACCEPTED AS  
CURRENT**

**ALL RECORDS MUST BE SIGNED AND STAMPED BY  
PHYSICIAN**

# 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 <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth _____ / _____ / _____	
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination: _____		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> 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)			
<b>IMMUNIZATIONS</b>		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> 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: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> 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 _____					

