PATERSON PUBLIC SCHOOLS
REGISTRATION FORM

Student Information

Student's Name: _____
First Name *Middle Name* *Last Name*

Home Address: _____ Phone#: _____
House # *Street* *City* *Zip Code*

Date of Birth: _____ Gender ☐ M ☐ F Place of Birth: _____
Month/Day/Year *City, State & Country, if not USA*

Race/Ethnicity (*Please select all that apply*):

☐ African American/Black ☐ American Indian/Alaskan Native ☐ Asian
☐ Hawaiian Native/Pacific Islander ☐ Hispanic ☐ White/Caucasian

Date entered the Country _____ Date entered US School _____
Has the student ever attended a Paterson Public School? ☐ Yes ☐ No
Transferred from *(School, City, State)*: _____
Does your child have an: ☐ IEP (Individualized Education Plan) ☐ 504 Accommodation Plan
Does your child receive services for ☐ Bilingual/ESL
☐ None of the Above

Parent/Legal Guardian Information

Mother/Legal Guardian: _____ DOB _____
First Name *Last Name*

Home Address: _____ ☐
House # *Street* *City* *Zip Code* *Resides with child?*

Mobile #: _____ Email: _____

Father/Legal Guardian: _____ DOB _____
First Name *Last Name*

Home Address: _____ ☐
House # *Street* *City* *Zip Code* *Resides with child?*

Mobile #: _____ Email: _____

Name of Person registering child: _____ Relationship to child: _____
Language preferred for receiving communications ☐ English ☐ Spanish ☐ Other *(specify)* _____

List the name, date of birth, school and grade of siblings attending a Paterson Public School or Charter:

Sibling(s) Name	DOB	School Attending	Grade

Emergency Contacts

Name/Relationship	DOB	Home Address	Phone #

Residence Information

Per the McKinney-Vento Act 42U.S.. 17435, the following questions will help us to determine if your child is eligible for additional services.

1. Is your current address a temporary living arrangement? ☐ Yes ☐ No
   (a month to month lease is not considered temporary)
2. If yes, is this temporary living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No

If you answered No to both questions above, please sign and date below and **DO NOT** fill out the remainder of this form.

Signature of Parent/Guardian: _____ Date: _____

If you answered Yes to both questions above, please sign and date above **AND** complete the remainder of this form.

Where is the student presently living? (check one)

☐ In a hotel/motel ☐ With more than one family in a house or apartment ☐ In a shelter
☐ In a place not designated for ordinary sleeping accommodations (such as a car, park or campsite)

Declaration of Residency

This is to inform Paterson Public Schools that my child(ren) _____

_____ and I (parent/guardian) _____

is/are temporarily residing at the following address: _____.

We are living with (name & relationship) _____.

My last address that I rented, leased or owned was _____.

The school district which my child(ren) attended while living at the address above was _____

_____. My child(ren) attended _____ school. The causes of

my becoming displaced/homeless are _____.

Please select an option below:

☐ I request to register my child(ren) in the Paterson Public School District.
☐ I prefer for my child(ren) to attend school in the former school district _____.
(name of former district)

Presenting a false record or falsifying records is an offense under Section 37.10 Penal Code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

Parent/Legal Guardian (please print): _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature: _____ Date: _____

Updated 9/30/2021

PATERSON PUBLIC SCHOOLS

FORMULARIO DE INSCRIPCIÓN

Información del Estudiante

Nombre del Estudiante: _____
Nombre *Segundo Nombre* *Apellido*

Dirección: _____ Teléfono #: _____
 # de Casa *Calle* *Ciudad* *Codigo Postal*

Fecha de Nacimiento: _____ Género ☐ H ☐ M Lugar de Nacimiento: _____
Mes/Dia/Ano *Cuidad, Estado y Pais, si no es EU*

Raza/Origen *(Por favor seleccione todos los que aplican):*

☐ Afro Americano/Negro ☐ Asiático ☐ Blanco/Caucásico
☐ Hawaiano/Isla del Pacifico ☐ Hispano ☐ Indio Americano/Alaskan Native

Fecha de entrada al pais _____ Fecha de ingreso a la escuela _____
¿Este estudiante ha asistido alguna vez una Escuela Pública de Paterson? ☐ Si ☐ No
¿Transferido de *(Escuela, Cuidad, Estado)*: _____
¿Tiene su hij@ un: ☐ IEP(Plan Educativo Individualizado) ☐ 504 Plan de Alojamiento
¿Recibe su hij@ servicios para: ☐ Bilingüe/ESL
☐ Ninguna de las anteriores

Información Sobre los Padres o Tutor Legal

Madre/Tutor Legal: _____ Fec de Nac _____
Nombre *Apellido*

Dirección de Madre: _____ ☐
 # de Casa *Calle* *Ciudad* *Codigo Postal* *¿Vive con el Estudiante?*

Móvil #: _____ Correo Electronico: _____

Padre/Tutor Legal: _____ Fec de Nac _____
Nombre *Apellido*

Dirección de Padre: _____ ☐
 # de Casa *Calle* *Ciudad* *Codigo Postal* *¿Vive con el Estudiante?*

Móvil #: _____ Correo Electronico: _____
¿Nombre de Persona Inscribiendo al Niñ@: _____ Relacion del Niñ@: _____
¿Idioma preferido para recibir comunicación: ☐ Ingles ☐ Español ☐ Otro *(Especificar)* _____

Enumere el nombre, la fecha de nacimiento, la escuela y el grado de los hermanos que asisten a una Escuela Publica de Paterson o una Escuela de Charter:

Nombre de los Hermano(s)	Fech de Nac	Asistente Escolar	Grado

Contactos de Emergencia

Nombre/Relación	Fech de Nac	Dirección	# de Telefono

Información Residencial

Por la ley de McKinney-Vento Act 42U.S.17435, las siguientes preguntas nos ayudarán a determiner si su hij@ es elegible para servicios adicionales.

1. ¿Su domicilio es actual una vivienda temporal? ☐ Si ☐ No
   (un contrato de mes a mes no se considera temporal)
2. ¿Si es asi, es este arreglo de vida temporal debido a la perdida de vivienda o dificultades económicas? ☐
   Si ☐ No

Si respondió <u>No a ambas preguntas anteriores</u>, firme y fecha a continuación y <u>NO llene el resto de este formulario.</u>

Firma de Padre/Tutor: _____ Fecha: _____

Si respondió <u>Sí a ambas preguntas anteriores</u>, firme y fecha arriba <u>Y</u> complete el resto de este formulario.

¿Dónde vive actualmente el estudiante? (marque uno)

☐ En un hotel/motel ☐ Con más de una familia en una casa o apartamento ☐ En un refugio
☐ En un lugar no designado para alojamientos normales (como un coche, un parque o un camping)

<u>Declaración de Residencia</u>

Esto es para informar a las Escuelas Públicas de Paterson que mi(s) hijo(s) _____
_____ y yo (padre/tutor) _____

reside temporalmente en la siguiente dirección: _____.

Estamos viviendo con (nombre y relación) _____.
Mi última dirección que alquilé, arrendado o propiedad fue _____.

El distrito escolar al que asistió mi(s) hijo(s) mientras vivía en la dirección anterior fue _____

_____. Mi(s) hijo(s) asistieron _____ Escuela. Las causas de la mi ser desplazado/sin hogar son _____.

Seleccione una opción a continuación:

☐ Solicito registrar a mi(s) hijo(s) en el Distrito Escolar Público de Paterson.
☐ Prefiero que mi(s) hijo(s) asistan a la escuela en el antiguo distrito escolar _____.
(nombre del antiguo distrito)

Presentar un registro falso o falsificar registros es un delito bajo el Código Penal de la Sección 37.10, y la inscripción del niño bajo documentos falsos somete a la persona a responsabilidad por la matrícula u otros costos. TEC Sec. 25.002(3)(d).

Padre/Guardián Legal (por favor imprima): _____ Fecha: _____

Firma del padre/tutor legal: _____ Fecha: _____

Certifico que el estudiante mencionado anteriormente califica para el Programa de Nutrición Infantil bajo las disposiciones de la Ley McKinney-Vento.
Firma de enlace McKinney-Vento: _____ Fecha: _____

Actia;ozado 9/30/2021

Mission Statement:
"Our mission is to foster the development of the community, the family and enhance the quality of life for our children"

bjWilkerson
Memorial Child Development Center, Inc.
"The Ultimate Learning Experience"

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Email: rwilliams@bjwilkerson.com
www.bjwilkerson.com
Rose Williams, Executive Director

B.J. WILKERSON EMERGENCY CONTACT & MEDICAL RELEASE INFORMATION

Child's Name: _____ **D.O.B.:** _____
(Nombre del nino) (Fecha de Nacimiento)

Child Resides with: ☐ **Both Parent:** ☐ **Father** ☐ **Mother** ☐ **Other:** _____
(Niño(a) vive con) (Los dos Padres) (Padre) (Madre) (Otra Persona)

Mother Name: _____
(Nombre de Madre)
Address: _____
(Dirección)
City: _____ **State:** _____ **Zip:** _____
(Ciudad) (Estados) (Postal)
Home# _____ **Cell#** _____
(#Telefono de Casa) (# Celular)
Email: _____
(Coreo Electronico)

Father Name: _____
(Nombre de Padre)
Address: _____
(Dirección)
City: _____ **State:** _____ **Zip:** _____
(Ciudad) (Estados) (Postal)
Home# _____ **Cell#** _____
(#Telefono de Casa) (# Celular)
Email: _____
(Coreo Electronico)

Employer Name: _____
(Nombre de Empleó)
Employer Address: _____
(Direcion de Empleo)
Work Number: _____
(Número de Trabajo)

Employer Name: _____
(Nombre de Empleó)
Employer Address: _____
(Direcion de Empleo)
Work Number: _____
(Número de Trabajo)

PERSONS TO BE NOTIFIED FOR EMERGENCY ALSO AUTHORIZED TO PICK UP CHILD WHEN PARENT IS NOT AVAILABLE:

(PERSONAS A NOTIFICAR EN CASO DE EMERGENCIA Y TAMBIEN AUTORIZADAS PARA RECOGER AL NINO(A) CUANDO LOS PADRES NO ESTEN DISPONIBLES)

Name: (Nombre)	**Relationship:** (Relación)	**Home Number:** (# Telefono de casa)	**Work/ Cell:** (Número celular/trabajo)
1.			
2.			
3.			

Parent/Guardian Signature: _____ **Date:** _____
(Firma del Padre/Tutor) (Fecha)

In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) To file a complaint, complete the USDA Program Discrimination Complaint Form or write a lette to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800)845-6136 (Spanish). USDA is an equal opportunity provider and employer.

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www.bjwilkerson.com

Enrollment Agreement
Acuerdo de inscripción

I _____ Parent/Guardian of: _____
Yo Padres/Tutor de:

By Registering my child at B.J. Wilkerson Memorial Child Development Center, I agree to the following: Al inscribir a mi hijo en B.J. Wilkerson Memorial Child Development Center, acepto lo siguiente:

To Participate:
A participar:
Attend a minimum of (3) Three workshops during the year. (July – June)
Asistir un mínimo de (3) Tres reuniones durante el año escolar. (Julio – Junio)
Attend meeting mandated by the Executive Director, Ron Williams.
Asistir las reuniónes ordenadas por el Director Executivo, Ron Williams.
Adhere to the attendance policy. (After three unexcused absences must have a doctor's note to return)
Adhérir a la política de la atendencia escolar. (Despues de tres ausencias debe tener una nota del medico para regresar)
Participate in 3 Home Visits mandated by the State of New Jersey under the Preschool State Mandated Program
Participar en 3 visitas al hogar asignadas por mandato por el Estado de Nueva Jersey bajo el Programa Estatal Preescolar
Adhere to the arrival time
Adherirse a la hora de llegada
Preschool State Mandated Program Hours 8:15am to 3:00pm
Horario del programa obligatorio estatal preescolar de 8:15 a.m. a 3:00 p.m.
Extended Care 7:00am to 8:15am and 3:00pm to 5:00pm
Cuidado extendido de 7:00 a.m. a 8:15 a.m. y de 3:00 p.m. a 5:00 p.m.
All parties picking up must be 18 or over and arrive with photo identification showing their age
Todas las personas que recojan deben tener 18 años o más y llegar con una identificación con foto que muestre su edad.
After Program hours a late fee will be charges (NO EXCEPTIONS)
Después del horario del programa, se le cobrará un cargo si recoges a su niño tarde (SIN EXCEPCIONES)

We thank you for your anticipated cooperation and we look forward to serving you.
Les agradecemos su cooperación anticipada y esperamos poder servirle.

Parent/Guardian Signature: _____ **Date:**_____
Firma del padre/tutor: Fecha:
Witness Signature: _____ **Date:**_____
Firma del testigo: Fecha:

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10.122-5.6

INFORMATION TO PARENT
INFORMACION A LOS PADRES

Dear Parent:

In keeping with New Jersey's child care center licensing requirements, we are obligated to provide you, as the parent of a child enrolled at our center, with this informational statement. The statement highlights, among other things: your right to visit and observe our center at any time without having to secure prior permission: the center's obligation to be licensed and to comply with licensing standards; and the obligation of all citizens to report suspected child abuse/neglect/exploitation to the State's DHS Child Abuse/Neglect Hotline Toll Free at 1-877-NJ Abuse (1-877-652-2873).

En consonancia con los requisitos de licencia del centro de cuidado infantil de Nueva Jersey, estamos obligados a proporcionarle, como padre de un niño inscrito en nuestro centro, con esta declaración informativa. La Declaración destaca, entre otras cosas: su derecho a visitar y observar nuestro centro en cualquier momento sin tener que asegurar el permiso previo: la obligación del centro de tener licencia y cumplir con las normas estándares; y la obligación de todos los ciudadanos de reportar sospechas de abuso/negligencia/explotación infantil a la línea directa de Abuso/Negligencia Infantil de DHS del estado al 1-877-NJ Abuse (1-877-652-2873).

Please read this statement carefully and, if you have any questions, feel free to contact me at: (973)595-5272.
Por favor lea cuidadosamente esta declaración y si usted tiene alguna pregunta, no dude en contactarme al: (973)595-5272.

Sincerely,

Executive Director

Name of Child: _____ **Date:** _____
Nombre del Nino/a: *Fecha:*

Parent Signature: _____ **Date:** _____
Firma del Padre/Tutor: *Fecha:*

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Name of Child: _____
(Nombre del niño/a):

Name of Parent(s): _____
(Firma del Padre/Tutor):

I have read and received a copy of the Information to Parents document prepared by the Office of Licensing, Child Care & Youth Residential Licensing in the Department of Human Service.

He leído y recibido una copia de la información para los padres preparado por la oficina de licencias, Licencia Residencial en Cuidado de niño y juventud en el Departamento de servicios humanos.

I have also received Documents from the Department of Children and Families office of Licensing Listed: Information to Parents (10:122-3.6), Discipline (10:122-6.6), Policy of Release of Children (10:122-6.5), Illnesses/Communicable diseases (10:122-7.1), a copy of B.J. Wilkerson Enrollment Agreement, B.J. Wilkerson Expulsion Policy. Keep in mind that the pickup and drop off age is 18 and over.

También he recibido documentos de la oficina del Departamento de niños y familias de licencias enumeradas: información para padres (10:122-3.6), disciplina (10:122—6.6), política de la liberación de los niños (10:122-6.5), enfermedades transmisibles/enfermedades (10:122-7.1), una copia del acuerdo de inscripción B.J. Wilkerson, política de expulsión de B.J. Wilkerson. Tenga en cuenta que la edad para recoger y entregar es de 18 años y más.

Parent Signature: _____ **Date:** _____

Family Worker Signature: _____ **Date:** _____

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MY PARENT INVOLVEMENT PLEDGE

As a parent, guardian and caring adult.

- I am committed to giving my child the best education possible and the understanding that a strong school system is essential to this.
- I will remind my child of the necessity of social skills in the classroom, especially self-discipline.
- I will give my child a home that values education and learning as important parts of life.
- I will include stimulating books among the gifts I give my child and help my child build a small, but meaningful library in our home.
- I will insist that all homework assignments are completed each night.
- I will join and/or support the Parent-Teacher Organization/Association offered at my child's school.
- I will sincerely attempt to respond to all school communications, attend family functions related to my child's education and volunteer at my child's school.
- I will help my child appreciate the excitement in learning and the possibilities of a curious mind by providing enriching family experience.

Therefore, as a parent, guardian and caring adult.

I take personal responsibility for the education of my child and the strengthening of the schools in my community.

This is my promise to my child: _____
(Student's Name)

My Signature: _____
(Parent / Guardian)

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MI JURAMENTO COMO PADRE

Como padre, tutor y adulto responsable.

- Yo me comprometo a darle a mi hijo/a la mejor educación posible y la comprensión de que un sistema escolar fuerte es esencial para esto.
- Yo le recordaré a mi hijo/a la necesidad de tener habilidades sociales en el aula, especialmente la autodisciplina.
- Yo le daré a mi hijo/a un hogar que valore la educación y el aprendizaje como partes importantes de la vida.
- Yo Incluiré libros estimulantes entre los regalos que le doy a mi hijo/a y ayudaré a mi hijo/a a construir una biblioteca pequeña pero significativa en nuestro hogar.
- Yo insistiré en que todas las tareas se completen cada noche.
- Yo me uniré y/o apoyaré a la Organización/Asociación de Padres y Maestros que se ofrece en la escuela de mi hijo/a.
- Yo intentaré sinceramente responder a todas las comunicaciones escolares, asistir a funciones familiares relacionadas con la educación de mi hijo/a y participare como voluntario en la escuela de mi hijo.
- Yo ayudaré a mi hijo/a apreciar el aprendizaje y las posibilidades de una mente curiosa proveyendo la experiencia de una familia enriquecida.

Por lo tanto, como padre, tutor y adulto responsable.

Yo asumo la responsabilidad por la educación de mi hijo/a y el fortalecimiento de las escuelas en mi comunidad.

Esta es mi promesa a mi hijo/a: _____
(Nombre del estudiante)

Mi firma: _____
(Padre / Tutor)

naeyc Accreditation

PATERSON PUBLIC SCHOOLS
Division of Academic Services & Special Programs
Department of Bilingual/ESL/World Languages
90 Delaware Avenue, Paterson NJ 07503
Office: (973) 321-2454

Lourdes Garcia
Director
Email: logarcia@paterson.k12.nj.us

Eileen Shafer
State District Superintendent

Home Language Survey

Purpose: The home language survey is used solely to offer appropriate educational services (U.S. ED EL Toolkit, Chapter 1). This survey is the first of three steps to identify whether or not a student is eligible to be identified as an English language learner (ELL). "Home" is defined as a student's current place of residence.

Student Information:

Student Name: _____ Date of Birth (MMDDYYYY): _____

Current Address: _____

Survey Questions:

1.) List all languages used in the student's home.

_____

2.) Was the first language used by the student a language other than English?

☐ **No** ☐ **Yes**

3.) Does the student speak or understand a language other than English?

☐ **No** ☐ **Yes**

4.) When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English **most of the time**?

☐ **No** ☐ **Yes**

5.) When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English **most of the time**?

☐ **No** ☐ **Yes**

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Eileen Shafer
State District Superintendent

Encuesta sobre el idioma que se habla en casa

Objetivo: la encuesta sobre el idioma que se habla en casa se utiliza únicamente con el fin de ofrecer servicios educativos adecuados (de acuerdo con el capítulo 1 de la Herramienta EL del Departamento de Educación de EE. UU.). Esta encuesta es el primero de los tres pasos para determinar si un estudiante es elegible para ser identificado como estudiante de inglés (ELL, por sus siglas en inglés). En este sentido, se entiende por "Casa" el lugar de residencia actual del estudiante.

Información del estudiante:

Nombre del estudiante: _____Fecha de nacimiento (MMDDAAAA): _____

Dirección actual: _____

Preguntas de la encuesta:

1.) Liste todos los idiomas que se hablan en la casa del estudiante.

_____

2.) ¿El primer idioma hablado por el estudiante fue un idioma distinto del inglés?

☐ **No** ☐ **Sí**

3.) ¿El estudiante habla o entiende un idioma distinto del inglés?

☐ **No** ☐ **Sí**

4.) Cuando se relaciona con otras personas en casa (por ejemplo: padres, encargados, hermanos), ¿el estudiante entiende o habla en un idioma distinto del inglés **la mayor parte del tiempo**?

☐ **No** ☐ **Sí**

5.) Cuando se relaciona con otras personas fuera de casa (por ejemplo, amigos, cuidadores), ¿el estudiante entiende o habla en un idioma distinto del inglés **la mayor parte del tiempo**?

☐ **No** ☐ **Sí**

Early Screening Inventory·Revised™ Meisels et al.

Parent Questionnaire

Date _____

CHILD INFORMATION

CHILD'S NAME _____ ☐ Male ☐ Female

HOME ADDRESS Street _____ Apt _____

City _____ State _____ Zip _____

Phone (_____) _____ Date of Birth _____

Who is completing this Parent Questionnaire? Name _____

Relationship to child _____

FAMILY

With whom has the child lived for most of the past year? _____

_____

Other children in the family – How many older? _____ How many younger? _____

Other people living in the household _____

What language(s) are spoken at home? ☐ English ☐ Other (specify) _____

PRESCHOOL/CHILD CARE HISTORY

Has your child attended preschool/child care before? ☐ Yes ☐ No

If yes, for how long? ☐ 6 months ☐ 1 year ☐ 2 years ☐ more than 2 years

Name of child's present or most recent school _____

PEARSON

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800.627.7271 www.PsychCorp.com

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MEDICAL HISTORY

Birth

Were there any significant problems during pregnancy? ☐ Yes ☐ No

If yes, please explain:

Was your child more than 3 weeks premature? ☐ Yes ☐ No

If yes, how many weeks premature? _____

Baby's birth weight _____

Did the baby stay in the hospital longer than the mother? ☐ Yes ☐ No

If yes, please explain:

At the time of birth, did the baby — have seizures ☐ Yes ☐ No

turn blue? ☐ Yes ☐ No

Child's Health Since Birth

EYES

Has your child ever had trouble seeing? ☐ Yes ☐ No

Does your child hold books and objects close to his or her face? ☐ Yes ☐ No

Have your child's eyes ever looked crossed? ☐ Yes ☐ No

Have you ever suspected that your child has vision problems? ☐ Yes ☐ No

If yes, please explain:

EARS

Has your child had frequent ear infections? ☐ Yes ☐ No

Has your child ever had trouble hearing? ☐ Yes ☐ No

Have you ever suspected that your child has hearing problems? ☐ Yes ☐ No

If yes, please explain:

COORDINATION

Has your child ever had trouble walking, climbing, reaching, holding on to things? ☐ Yes ☐ No

If yes, please explain:

MEDICAL HISTORY (continued)

Child's Health Since Birth continued

Has your child ever had any significant injuries or hospitalizations? ☐ Yes ☐ No

If yes, please explain:

Does your child have allergies? ☐ Yes ☐ No

If yes, please explain:

Is your child presently on any medications? ☐ Yes ☐ No

If yes, please explain:

Please describe any other health concerns: ☐ Yes ☐ No

SOCIAL, EMOTIONAL, AND SELF-HELP SKILLS

Can your child —

- feed him or herself using a spoon and/or a fork? ☐ Yes ☐ No
- wash and dry his or her own hands? ☐ Yes ☐ No
- help with dressing or dress with little assistance? ☐ Yes ☐ No
- stay with a babysitter? ☐ Yes ☐ No
- speak so that he or she can be understood by others? ☐ Yes ☐ No
- express his or her thoughts and needs easily? ☐ Yes ☐ No

Do you have any concerns about your child's appetite or willingness to try different foods? ☐ Yes ☐ No

If yes, please explain:

CHILD'S DEVELOPMENT (continued)

Do you have any concerns about your child's sleeping patterns (going to bed with difficulty or waking often during the night)? ☐ Yes ☐ No

If yes, please explain:

Is your child —	highly active?	☐ Yes ☐ No
	very quiet?	☐ Yes ☐ No
Is your child —	toilet trained during the day?	☐ Yes ☐ No
	in need of help with toileting?	☐ Yes ☐ No
Does your child —	play with blocks, boxes, cups, or other construction toys without help?	☐ Yes ☐ No
	use crayons and/or markers to scribble or draw?	☐ Yes ☐ No
	listen to stories being read?	☐ Yes ☐ No
	turn pages of a book and look at pictures?	☐ Yes ☐ No
	recall stories or events?	☐ Yes ☐ No
	enjoy playing alone or with imaginary friends?	☐ Yes ☐ No
	talk with your friends/relatives who come to visit?	☐ Yes ☐ No
	follow simple, age-appropriate directions?	☐ Yes ☐ No

What are your child's favorite activities?

Does your child have opportunities to play with other children? ☐ Yes ☐ No

How many hours a day does your child spend watching TV? _____

Does he or she sit very close to the TV? ☐ Yes ☐ No

Does he or she turn up the volume very high? ☐ Yes ☐ No

Are there other things you would like to tell us about your child?

Inventario para la Detección Temprana (Revisado)™ Meisels et al.

Cuestionario para Padres

Fecha _____

NIÑO(A)

NOMBRE DEL NIÑO(A) _____ Sexo ☐ M ☐ F

Dirección _____ Apt _____

Ciudad _____ Estado _____ Código Postal _____

Teléfono (_____) _____ Fecha de Nacimiento _____

¿Quién está completando este cuestionario? Nombre _____

Relación con el niño(a) _____

FAMILIA

¿Con quién ha vivido el niño(a) la mayor parte del último año? _____

_____

Otros niños en la familia — ¿Cuántos mayores? _____ ¿Cuántos menores? _____

Otros parientes que vivan con el niño(a) _____

¿Qué idiomas se hablan en la casa? ☐ Inglés ☐ Otro (especifique) _____

HISTORIAL ESCOLAR

¿Ha asistido el niño(a) a la escuela anteriormente? ☐ Sí ☐ No

¿Por cuánto tiempo? ☐ 6 meses ☐ 1 año ☐ 2 años ☐ mas de 2 años

Nombre de la escuela o Centro de cuidado _____

PEARSON

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HISTORIAL MÉDICO DEL NIÑO(A)

Nacimiento

¿Hubo complicaciones durante el embarazo? ☐ Sí ☐ No

Explique:

¿Fue su hijo(a) prematuro? ☐ Sí ☐ No

¿Cuán largo fue el embarazo? _____

Peso del bebé al nacer _____

¿Requirió que el bebé permaneciera en el hospital más tiempo que la madre? ☐ Sí ☐ No

Explique:

Durante el nacimiento, el bebé — ¿tuvo convulsiones? ☐ Sí ☐ No

¿se puso azul? ☐ Sí ☐ No

Salud del niño(a)

OJOS

¿Ha tenido su hijo(a) problemas de la vista alguna vez? ☐ Sí ☐ No

¿El niño(a) sujeta libros u objetos cerca de su cara para mirarlos? ☐ Sí ☐ No

¿Se ha puesto su hijo(a) bizco alguna vez (estrabismo)? ☐ Sí ☐ No

¿Ha sospechado que el niño(a) tenga algún problema de la vista? ☐ Sí ☐ No

Explique:

OÍDOS

¿Ha tenido su hijo(a) infecciones frecuentes del oído? ☐ Sí ☐ No

¿Ha tenido su hijo(a) algún problema para oír? ☐ Sí ☐ No

¿Ha sospechado que el niño(a) tenga algún problema de audición? ☐ Sí ☐ No

Explique:

COORDINACIÓN MOTORA

¿Ha tenido su hijo(a) problemas para caminar, trepar, alcanzar o sujetar objetos? ☐ Sí ☐ No

Explique:

HISTORIAL MÉDICO DEL NIÑO(A) (continuación)

Salud del niño(a) (continuación)

¿Ha sido su hijo(a) hospitalizado o ha tenido alguna herida grave? ☐ Sí ☐ No

Explique:

¿Padece su hijo(a) de alergias? ☐ Sí ☐ No

Explique:

¿Está el niño(a) tomando medicamentos en estos momentos? ☐ Sí ☐ No

Explique:

Describa otros problemas de salud que el niño(a) padezca: ☐ Sí ☐ No

DESTREZA SOCIAL, EMOCIONAL Y AUTOAYUDA

¿Puede su hijo(a):

- usar cuchara y tenedor para comer solo? ☐ Sí ☐ No
- lavarse y secarse las manos? ☐ Sí ☐ No
- vestirse solo(a)? ☐ Sí ☐ No
- quedarse con una niñera sin mayores problemas? ☐ Sí ☐ No
- comunicarse de forma que otros lo entiendan? ☐ Sí ☐ No
- comunicar sus sentimientos o pensamientos con facilidad? ☐ Sí ☐ No

¿Tiene su hijo(a) problemas para comer? ☐ Sí ☐ No

Explique:

DESARROLLO DEL NIÑO(A)

¿Tiene su hijo(a) problemas para dormir? ☐ Sí ☐ No

Explique:

¿Es su hijo(a): muy activo? ☐ Sí ☐ No

callado o tranquilo? ☐ Sí ☐ No

¿Puede su hijo(a) usar el baño solo? ☐ Sí ☐ No

¿Necesita ayuda cuando usa el baño? ☐ Sí ☐ No

¿Puede su hijo(a) — jugar sin ayuda con cubos (bloques), cajas, tazas o algún otro juguete de construcción? ☐ Sí ☐ No

usar crayolas o lápices de colores para dibujar? ☐ Sí ☐ No

escuchar historias cuando se leen oralmente? ☐ Sí ☐ No

pasar las páginas de un libro y mirar a los dibujos? ☐ Sí ☐ No

repetir historias o eventos? ☐ Sí ☐ No

jugar solo o con amigos imaginarios? ☐ Sí ☐ No

hablar con parientes o amistades que estén de visita? ☐ Sí ☐ No

seguir instrucciones apropiadas para su edad? ☐ Sí ☐ No

¿Cuál es la actividad favorita de su hijo(a)?

¿Tiene su hijo(a) oportunidades para compartir con otros niños? ☐ Sí ☐ No

¿Cuántas horas al día el niño(a) mira televisión? _____

¿Se sienta bien cerca del televisor? ☐ Sí ☐ No

¿Lo mira con el volumen alto? ☐ Sí ☐ No

Escriba otra información que crea sea importante:

BJ Wilkerson Memorial Child Development Center

POSITIVE STUDENT PROFILE

Please fill out this form which will provide valuable information about your child.

1. **Who is _____?**

(Describe your child, including information such as sisters/brothers, personality, likes and dislikes.)

_____

_____

2. **What are _____'s strengths?**

(Write about things that our child does well. Include strengths at home, in school, or other settings.)

_____

_____

3. **What are your child's success?**

(What is your child doing now that he/she could not do before.)

_____

_____

4. **What are your child's greatest challenges?**

(List areas that you feel your child has difficulty.)

_____

_____

5. **What support is needed for your child?**

(List supports or ideas that you think will help your child be successful and reach his/her potential.)

_____

_____

6. **What are your dreams for your child?**

(Describe what your hopes are for your child in the future, include both short-term and long-term goals.)

_____

_____

7. **Other helpful information.**

(List any information, including medical/health, that you would like to share about your child.)

_____

_____

Parent/Guardian Signature: _____ **Date:** _____

Family Worker Signature: _____ **Date:** _____

BJ Wilkerson Memorial Child Development Center

REPORTE POSITIVO DEL ESTUDIANTE

Por favor, llene este formulario que proporcionará información valiosa sobre su hijo.

1. ¿Quién es _____?

(Describa a su hijo, incluyendo información como hermanas/hermanos, personalidad, gustos y disgustos).

_____

_____

2. ¿Cuáles son los puntos fuertes de _____?

(Escriba sobre cosas que nuestro hijo hace bien. Incluya las fortalezas en el hogar, en la escuela u otros entornos).

_____

_____

3. ¿Cuáles son los éxitos de su hijo?

(Qué está haciendo su hijo ahora que no podía hacer antes)

_____

_____

4. ¿Cuáles son los mayores desafíos de su hijo?

(Haga una lista de las áreas en las que siente que su hijo tiene dificultades).

_____

_____

5. ¿Qué apoyo se necesita para su hijo?

(Haga una lista de apoyos o ideas que cree que ayudarán a su hijo a tener éxito y alcanzar su potencial).

_____

_____

6. ¿Cuáles son sus sueños para su hijo?

(Describa cuáles son sus esperanzas para su hijo en el futuro, incluya metas a corto y largo plazo).

_____

_____

7. Otra información útil.

(Haga una lista de cualquier información, incluso médica/de salud, que le gustaría compartir sobre su hijo).

_____

_____

Firma del padre/tutor: _____ **Date:** _____

Firma del trabajador familiar: _____ **Date:** _____

Mission Statement:
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Suspension and Expulsion Policy

Parents will review this policy upon enrolling their child. Employees, Support Staff, Administrators, Family Workers, and volunteers will review this policy at orientation. A copy of the policy is provided in family and employee handbook.

BJ Wilkerson seeks to provide each child with a high-quality experience with individualized supports as needed for school success. Children entering preschool programs come from widely divergent backgrounds and typically display a range of social and emotional behaviors. However, there are instances when young children will exhibit challenging behavior, which, if unaddressed, can negatively impact the classroom environment. When this occurs, challenging behaviors exhibited by young children must be addressed with a comprehensive approach to behavior support that is designed to teach, nurture and encourage positive social behaviors, which in turn will eliminate the need for suspension and or expulsion. To address challenging behavior, BJ Wilkerson will implement the following policy:

The purpose of this policy is to promote positive social and emotional growth by implementing developmentally appropriate positive behavior supports. When all supports are in place it should limit—or eliminate—the use of expulsion, suspension and other disciplinary practices that center on excluding children.

This policy outlines key factors in promoting a positive classroom environment where children feel safe, respected and emotionally competent. To establish a positive classroom climate teacher will:

1. Provide a purposeful, engaging environment that represents and supports cultural diversity and the different stages of child development.
2. Encourage children's sense of self, help with self-regulation, supports for conflict resolution and relationship building.
3. Support children's social and emotional development by helping them understand their own (and others') feelings, regulate and express their emotions appropriately, build relationships and support positive interactions with others in group settings.

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4. Implement strategies obtained from The Pyramid Model for promoting the social, emotional, and behavioral development of young children, coaching from Master teachers and PIRT ***(Preschool Intervention and Referral Team),*** and professional development on positive social/emotional and behavioral development to ensure children's developmental needs are being met.
5. Access Child Care Resources, such as The Center on the Social and Emotional Foundations for Early Learning **(CSEFEL),** and the Technical Assistance Center on Social Emotional Interventions **(TACSEI)** with their focus on promoting the social emotional development and school readiness of young children birth to age 5 using the Pyramid model.

Again, when all supports listed above are in place it should limit—or eliminate—the use of expulsion, suspension and other disciplinary practices that center on excluding children. However, there are instances when children's behavior may pose a threat to himself or herself, other children or the immediate environment and suspension and or exclusionary measures must be taken. When this occurs ***BJ Teaching staff and administration will take the following steps listed below:***

1. Provide documentation of ongoing challenging behaviors
2. Contact the child's immediate family and schedule a meeting at school to discuss behavior
3. Provide family with the steps taken by the school to address the challenging behavior
4. Come to a mutual agreement among parents and school as to the need for suspension
5. Assist families with accessing community resources or service, and alternative placement
6. Provide written documentation that exclusionary was a last resort

Exclusionary measures should only be taken when a serious safety threat exists and cannot be addressed with reasonable modifications and/or the use of positive behavioral supports.

BJ Wilkerson complies with all federal and civil rights laws. A child cannot be expelled or discriminated against due to race color or national origin.

Parent Signature:_____ **Date:**_____

Family Worker Signature:_____ **Date:**_____

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Política de suspensión y expulsión

Los padres revisarán esta política al inscribir a su hijo. Los empleados, el personal de apoyo, los administradores, los trabajadores familiares y los voluntarios revisarán esta política en orientación. Una copia de la póliza se proporciona en el manual de familia y de empleado.

BJ Wilkerson busca proporcionar a cada niño una experiencia de alta calidad con apoyos individualizados según sea necesario para el éxito escolar. Los niños que entran en programas preescolares provienen de orígenes ampliamente divergentes y típicamente muestran una gama de comportamiento social y emocional. Sin embargo, hay casos en que los niños pequeños exhibirán un comportamiento desafiante, que, si no se aborda, puede impactar negativamente el ambiente del aula. Cuando esto ocurre, los comportamientos desafiantes expuestos por los niños pequeños deben abordarse con un enfoque integral para el apoyo al comportamiento que está diseñado para enseñar, nutrir y alentar comportamientos sociales positivos, que a su vez eliminará la necesidad de suspensión y/o expulsión. Para hacer frente a un comportamiento desafiante, BJ Wilkerson implementará la siguiente política:

El propósito de esta política es promover el crecimiento social y emocional positivo a mediado de implementación apoyos de comportamiento positivo apropiadas para el desarrollo. Cuando todos los apoyos estén en su lugar, debe limitar — o eliminar — el uso de la expulsión, la suspensión y otras prácticas disciplinarias que se centran en excluir a los niños.

Esta política describe los factores clave para promover un ambiente positivo en el aula donde los niños se sientan seguros, respetados y emocionalmente competentes. Para establecer un aula positivo, el maestro:

1. Proporcionar un entorno útil y atractivo que represente y apoye la diversidad cultural y las diferentes etapas del desarrollo infantil.
2. Alentar el sentido de sí mismo de los niños, ayudar con la autorregulación, apoyos para la resolución de conflictos y la construcción de relaciones.
3. Apoyar el desarrollo social y emocional de los niños ayudándoles a entender sus propios sentimientos (y otros), regular y expresar sus emociones apropiadamente, construir relaciones y apoyar las interacciones positivas con los demás en la configuración del grupo.

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4. Implementar estrategias obtenidas del Modelo Pirámide para promover el desarrollo social, emocional y conductual de los niños pequeños, Coaching de profesores maestros y PIRT ***(intervención preescolar y equipo de referencia),*** y desarrollo profesional en el desarrollo social/emocional y conductual positivo para asegurar que se satisfagan las necesidades de desarrollo de los niños.
5. Acceder a recursos de cuidado infantil, como el centro de las fundaciones sociales y emocionales para el aprendizaje temprano **(csefel),** y el centro de asistencia técnica en intervenciones emocionales sociales **(tacsei)** con su enfoque en la promoción el desarrollo emocional social y la preparación escolar de los niños pequeños nacidos hasta los 5 años usando el modelo Pirámide.

Una vez más, cuando todos los apoyos enumerados anteriormente estén en su lugar, debe limitar — o eliminar — el uso de la expulsión, la suspensión y otras prácticas disciplinarias que se centran en excluir a los niños. Sin embargo, hay casos en que el comportamiento de los niños puede suponer una amenaza para sí mismo, para otros niños o para el entorno inmediato, y se deben tomar medidas de suspensión y de exclusión. Cuando esto ocurre ***el personal de BJ y Administración tomará los siguientes pasos enumerados a continuación:***

1. Proporcionar documentación de comportamientos desafiantes continuos

2. Comuníquar con la familia inmediata del niño y programe una reunión en la escuela para analizar el comportamiento

3. Proporcionar a la familia los pasos que ha tomado la escuela para abordar el comportamiento desafiante

4. Llegar a un acuerdo mutuo entre los padres y la escuela en cuanto a la necesidad de suspensión

5. Ayudar a las familias con el acceso a recursos o servicios comunitarios, y la colocación alternativa

6. Proporcionar documentación escrita que excluyente fue un último recurso

Las medidas excluyentes sólo deben tomarse cuando existe una amenaza de seguridad grave y no se puede abordar con modificaciones razonables y/o el uso de apoyos conductuales positivos.

BJ Wilkerson cumple con todas las leyes federales y derechos civiles. Un niño no puede ser expulsado o discriminado debido al color de la raza o al origen nacional.

Firma del padre: _____ Fecha: _____

Firma del trabajador de la familia: _____ Fecha: _____

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Walking / Playground Permission

Permiso para caminar / Para el patio

I give permission for my child: _____

to participate in walking trips within the center's neighborhood and to utilize our centers playground facility. I understand these walks do not involve entrance into any facility, and the route of our walking trips does not involve safety hazards.

Doy el permiso para mi niño: _____

para participar en caminar dentro del vecindario del centro y para utilizar nuestra facilidad del patio y la ruta de nuestros viajes que caminan no implica peligros de seguridad.

Parent's Signature:_____ Date: _____
Firma de Padre: Fecha:

Witness Signature:_____ Date: _____
Firma de Testigo: Fecha:

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Parent/Guardian Consent Form

This parental consent form is to inform you and to request permission for your child's photo/image and personally identifiable to be published on the school's web site.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a website since global access to the Internet does not allow us to control who may access such information. These dangers have always existed; however, we as schools do want to celebrate your child and his/her work. The law requires that we ask for permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally, identifiable information includes student names, photo or images, locations and times of school trips.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at anytime in writing by sending a letter to your child's family worker and such rescission will take effect upon receipt by the school.

Check one of the following choices:

____ **I GRANT** permission for my child's photo/image that may include any other personal identifiers listed above to be published on the school websites and/or publications.

____ **I GRANT** permission for my child's photo/image that may include any other personal identifiers listed above to be published in school and/or the school yearbook.

____ **I DO NOT GRANT** permission for my child's photo/image to be published on the school's websites and/or publications.

School Year: _____ **Date:** _____

Student's Name:_____

_____ _____

Print Name of Parent/Guardian **Signature of Parent/Guardian**

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Formulario de Consentimiento de los Padres/Tutores

Este formulario de consentimiento parental es para informarle y solicitar permiso para que la foto / imagen de su hijo/a y la identificación personal se publiquen en la página electrónica de la escuela.

Como usted sabe, existen peligros potenciales asociados con la publicación de información de identificación personal en una página electrónica, ya que el acceso global a Internet no nos permite controlar quién puede acceder a dicha información. Estos peligros siempre han existido; Sin embargo, nosotros, como planteles educativos, queremos dar reconocimiento a su hijo/a y su trabajo. La ley requiere que pidamos permiso para usar información sobre su hijo.

De conformidad con la ley, no divulgaremos ninguna información de identificación personal sin el consentimiento previo por escrito de usted como padre o tutor. La información personal identificable incluye nombres de estudiantes, fotos o imágenes, ubicaciones y horarios de viajes escolares.

Si usted, como padre o tutor, desea rescindir este acuerdo, puede hacerlo en cualquier momento por escrito enviando una carta al trabajador/a de familia de su hijo/a y dicha rescisión entrará en vigor una vez que la escuela la reciba.

Marque una de las siguientes opciones:

____ **CONCEDO** permiso para que la foto/imagen de mi hijo/a que puede incluir cualquier otro identificador personal mencionado anteriormente para que se publique en la página electrónica y/o publicaciones de la escuela.

____ **CONCEDO** permiso para que la foto/imagen de mi hijo/a que puede incluir cualquier otro identificador personal mencionado anteriormente se publique en la escuela y/o en el anuario escolar.

____ **NO OTORGO permiso** para que la foto/imagen de mi hijo/a sea publicada en la página electrónica y/o publicaciones de la escuela.

Año escolar:_____ **Fecha:**_____

Nombre del estudiante:_____

_____ _____

Imprimir Nombre del padre/tutor **Firma del padre/tutor**

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FLUORIDE-FREE RINSE PROGRAM

BJ Wilkerson Memorial Child Development Center, Inc. is offering to all students a FLUORIDE-FREE RINSE PROGRAM, to prevent tooth decay. This simple method of applying oral rinses has been demonstrated to be safe and effective in controlling tooth decay. In a classroom setting, children will rinse their mouth with a 0.2% neutral sodium fluoride-free solution for a few seconds each day. The solution is NOT swallowed. If you child should accidentally swallow the solution, it would not produce any adverse reaction.

This program is an important factor for the oral health of your child. All over Paterson children have been participating since 1980. Your child can receive this program only if you sign and return the bottom half of this letter. There is no cost to you. We encourage you to allow your child to participate in this valuable health program.

Please sign and return form to your family worker. If you have any questions regarding the program, please feel free to stop by your family worker's office or contact them at (973) 595-5272 (Haledon Site) or (973) 595-8982 (Chamberlain Site).

PLEASE COMPLETE THIS FORM AND RETURN

YES ☐ I wish for my child to participate in the FLUORIDE-FREE RINSE PROGRAM.

NO ☐ I do not wish for my child to participate in the FLUORIDE-FREE RINSE PROGRAM.

NAME _____ **AGE** _____

SCHOOL BJ Wilkerson Memorial Child Development Center **GRADE** _____

CLASSROOM _____

_____

Parent / Guardian Signature

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www.bjwilkerson.com

PROGRAMA DE ENJUAGUE SIN FLUORURO

BJ Wilkerson Memorial Child Development Center, Inc. ofrece a todos los estudiantes un PROGRAMA DE ENJUAGUE SIN FLUORURO, para prevenir la caries dental. Este método simple de aplicación de enjuagues orales ha demostrado ser seguro y eficaz en el control de la caries dental. En un salón de clases, los niños se enjuagarán la boca con una solución neutra al 0.2% sin fluoruro de sodio durante unos segundos cada día. La solución NO se traga. Si su hijo traga accidentalmente la solución, no produciría ninguna reacción adversa.

Este programa es un factor importante para la salud oral de su hijo. En todo Paterson los niños han estado participando desde 1980. Su hijo puede recibir este programa solo si usted firma y devuelve la mitad inferior de esta carta. No hay ningún costo para usted. Lo alentamos a que permita que su hijo participe en este valioso programa de salud.

Por favor, firme y devuelva el formulario a su trabajador familiar. Si tiene alguna pregunta sobre el programa, no dude en pasar por la oficina de su trabajador familiar o comuníquese con ellos al (973) 595-5272 (Haledon) o (973) 595-8982 (Chamberlain).

POR FAVOR COMPLETE ESTE FORMULARIO Y REGRESE

SÍ ☐ Deseo que mi hijo participe en el PROGRAMA DE ENJUAGUE SIN FLUORURO.

NO __No deseo que mi hijo participe en el PROGRAMA DE ENJUAGUE SIN FLUORURO.

NOMBRE _____

ESCUELA BJ Wilkerson Memorial Child Development Center **GRADO**_____

AULA _____

_____

Firma del padre / tutor

naeyc Accreditation

Take Root Home Visitation

Client ID _____

Date _____

Protective Factors Survey: Short Form

Part 1. Please *circle* the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time. The number 4 means that the statement is true about half the time.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
1 In my family, we talk about problems.	1	2	3	4	5	6	7
2 When we argue, my family listens to "both sides of the story".	1	2	3	4	5	6	7
3 In my family, we take time to listen to each other.	1	2	3	4	5	6	7
4 My family pulls together when things are stressful.	1	2	3	4	5	6	7
5 My family is able to solve our problems.	1	2	3	4	5	6	7

Part 2. Please *circle* the number that best describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
6 I have others who will listen when I need to talk about my problems.	1	2	3	4	5	6	7
7 When I am lonely, there are several people I can talk to.	1	2	3	4	5	6	7
8 I would have no idea where to turn if my family needed food or housing.	1	2	3	4	5	6	7
9 I wouldn't know where to go for help if I had trouble making ends meet.	1	2	3	4	5	6	7
10 If there is a crisis, I have others I can talk to.	1	2	3	4	5	6	7
11 If I needed help finding a job, I wouldn't know here to go for help.	1	2	3	4	5	6	7

Client ID _____

Date _____

Protective Factors Survey: Short Form

Part 3. This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child's date of birth and then answer questions with this child in mind. Please *circle* how often each of the following happens in your family.

PFS A: Are you currently pregnant?	YES	NO
PFS B: Do you have a child 3 yrs or younger (5 yrs for Marine Corps) who would benefit from our services?	YES	NO

If currently pregnant with NO eligible child, STOP HERE. Otherwise, complete Child's DOB and Items 12-15.

Child's DOB _____

MO YEAR

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
12 I am happy being with my child.	1	2	3	4	5	6	7
13 My child and I are very close to each other.	1	2	3	4	5	6	7
14 I am able to soothe my child when he/she is upset.	1	2	3	4	5	6	7
15 I spend time with my child doing what he/she likes to do.	1	2	3	4	5	6	7

OFFICE OF THE SUPERINTENDENT OF SCHOOLS
PATERSON PUBLIC SCHOOLS
PATERSON, NEW JERSEY

PHYSICAL EXAMINATIONS AND SCREENINGS
PARENT/GUARDIAN CONSENT FORM

REQUIRED:

N.J.A.C. 6A:16-2.2 & N.J.S.A. 18A:40-4. Parents shall provide documentation that a medical examination has been conducted at the medical home of the student, and a report sent to the school nurse, within 30 days upon enrolling into school. The complete physical examination shall be documented on the approved school district form and shall include the immunizations, medical history including allergies, past serious illnesses, injuries and operations, medications and current health problems, health screenings including height, weight, hearing, blood pressure and vision. This examination must state what, if any, modifications are required for full participation in the school program.

A student shall be examined pursuant to a comprehensive child study team evaluation and when applying for working papers.

SCHOOL ATHLETIC SQUAD OR TEAM:

An examination of each candidate for a school athletic squad or team shall be conducted within 365 days prior to the first practice session. For the purpose of the physical examination required for participation, the student's parent/guardian may choose either the school physician or their own private physician. This examination must be documented on the approved New Jersey Department of Education Athletic Pre-Participation Physical Examination Form.

RECOMMENDED:

Each subsequent medical examination shall be conducted at the student's medical home and a report sent to the school at least one time during each developmental stage in early childhood pre-adolescence, and adolescence. Kindergarten, 4th grade, 8th grade, and 10th grade.

SCREENING:

In preschool, health screenings, including height, weight, vision, hearing and dental will be conducted by the school nurse. In school health screenings, including height , weight, vision, hearing, blook pressure, biennial scoliosis screening and referral will be conducted by the school nurse and/or the school physician.

A copy of this signed consent/notification form will be kept with your child's health records.

Child's
Name_____ DOB_____ Grade _____

Parent/Guardian
Signature_____ Date _____

Paterson Public Schools
Department of Early Childhood Education
and
Preschool State Mandated Programs

Authorization For Release Of Protected Health Information

Child's Information:

Child's Name: _____

Date of Birth: _____

Address: _____

_____

_____

Preschool Center: B.J. Wilkerson Memorial Child Development Center Inc.,

This consent is intended to allow the staff to better serve your child and will be utilized to assure your child's safety in relation to his/her medical condition, allergies, and or medication regimes. The information shall not be used for any other purpose.

I (parent/legal guardian) hereby authorize the release of pertinent medical information that I have provided to the Preschool Center Staff, Paterson Public Schools Staff, and School Nurse (medical conditions, allergies, and/or medication regimes) to be shared with appropriate professional staff involved in the care of the above named student.

_____ _____

Parent's / Guardian Signature **Date**

APPENDIX H

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

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.