SOUTH JERSEY CHRISTIAN ACADEMY

A ministry of the Sicklerville United Methodist Church
406 Church Road, Sicklerville, NJ 08081 . (856) 728-2001 . Fax (856) 728-2022
www.sjchristianacademy.org . info@sjchristianacademy.org
Educating today's children to be tomorrow's Christian Leaders

Welcome to South Jersey Christian Academy!

We are so excited to have this opportunity to share information about our school with you. Making the decision on where your child will receive their education is so important. We want you to know that we are praying with you as you seek God's guidance in this decision.

It is our desire to work in partnership with you to equip and strengthen your student through education and example. We want your child to become an effective servant leader who will impact the world through his or her Christian walk.

Please look over the enclosed application packet. We look forward to answering any further questions you may have about our school. You are invited to schedule an appointment and tour our facilities. All appointments can be scheduled at 856-728-2001.

With Regards,

Judy M. Orme

Mrs. Judy Orme
Principal
South Jersey Christian Academy

SJCA
SOUTH JERSEY CHRISTIAN ACADEMY

MISSION

The mission of SJCA is to make disciples for Jesus Christ by offering an affordable Christian education for students in Pre-school through Grade 7 in the South Jersey area. We accomplish this at SJCA by providing an exciting and safe atmosphere that promotes positive self- esteem, is challenging, motivating, and academically rigorous. We are committed to the enrichment of each child by providing a nurturing Christian setting. Our hope is to build a strong bond between the child, the parent and the school, while encouraging a personal relationship with Jesus Christ. Succinctly, we are *educating today's children to be tomorrow's Christian leaders.*

VISION

Our vision is to become a recognized leader among Christian schools in the greater South Jersey area, with a reputation for academic excellence, demonstrated Christian commitment across the curriculum and noteworthy service and outreach to the community.

WHAT MAKES US SPECIAL

Our academic curriculum is hands-on based and focuses on every area of development, academic, as well as, social. All of our teaching staff are degreed, with most being state certified. Students will enjoy our small class sizes. While praising and rewarding their strengths, every child is encouraged on the strengthening of their weaknesses.

In addition to the hands on classroom work that the children are experiencing, we strive to offer a supplemental activity each month. This may include a field trip or a presentation brought in from an outside source.

SJCA admits students of any race, color, religion, national and ethnic origin to all of the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, national and/or ethnic origin in the administration of its educational policies, its admissions policies, and/or school-administered programs.

SJCA

SOUTH JERSEY CHRISTIAN ACADEMY

DATE: 08/01/18

TO: ALL STUDENTS

FROM: SJCA Administration

RE: POLICY UPDATE – **Standardized Dress Policy**

The below portion of Student Handbook has been revised.

REVISED 8/2018 - This policy is mandatory for all students except Preschool and PreK-4.

• Acceptable Colors for Bottoms: khaki, black or navy only for slacks, shorts, skirts, skorts or jumpers. *Cargo pants, balloon style and multiple pockets are not permitted.*

• Acceptable Colors for Tops: maroon, white, gray or navy polo shirts (long and short sleeved) or white cotton dress shirts and blouses. All tops MUST have collars. **Cardigans, pull-over or zip-front sweaters or sweatshirts must be in appropriate school colors and have a *collared* uniform shirt underneath.**

• Acceptable Gym Wear: any combination of solid gray and/or solid maroon; sweat pants, shirts and shorts; tie or Velcro sneakers MUST be worn on gym days

• Acceptable Foot Wear: Shoes must have closed toe and back.

Some sources for standardized dress: Walmart, Boscov's, Children's Place, Old Navy. (There may be more selections online.)

Also, you can order SJCA logo wear at **CookiesKids.com** if you choose.

Occasionally, we will have a ***Uniform Free / Casual Dress Day***: A uniform free day allows students to wear any clothing of their choice with the following guidelines considered: no spaghetti straps or tank tops, no bare midriffs, no pants with revealing holes, no shirts with advertisements or inappropriate wording and shorts/skirts must be fingertip length.

SJCA
SOUTH JERSEY CHRISTIAN ACADEMY

2019-2020 SJCA Tuitions & Fees Schedules

Preschool Category

		Annual Tuition (Billed Monthly)	Semi-Annual Payment Plan: First Installment	Semi-Annual Payment Plan: Second Installment [2]	Semi-Annual Payment Plan: Discount @ 3%	Annual Payment Plan: Annual Payment (Due 8/1)	Annual Payment Plan: Discount @ 5%
Full Day *(7:00 AM to 3:15 PM)*							
1st Child	5 Days / Week	$ 5,960.00	$ 2,980.00	$ 2,801.20	$ 178.80	$ 5,662.00	$ 298.00
2nd Child [1]	5 Days / Week	$ 3,838.00	$ 1,919.00	$ 1,803.86	$ 115.14	$ 3,646.10	$ 191.90
1st Child	4 Days / Week	$ 4,778.00	$ 2,389.00	$ 2,245.66	$ 143.34	$ 4,539.10	$ 238.90
2nd Child [1]	4 Days / Week	$ 3,075.00	$ 1,537.50	$ 1,445.25	$ 92.25	$ 2,921.25	$ 153.75
1st Child	3 Days / Week	$ 3,597.00	$ 1,798.50	$ 1,690.59	$ 107.91	$ 3,417.15	$ 179.85
2nd Child [1]	3 Days / Week	$ 2,301.00	$ 1,150.50	$ 1,081.47	$ 69.03	$ 2,185.95	$ 115.05
Half Day *(7:00 AM to 12:00 PM)*							
1st Child	5 Days / Week	$ 5,437.00	$ 2,718.50	$ 2,555.39	$ 163.11	$ 5,165.15	$ 271.85
2nd Child [1]	5 Days / Week	$ 3,304.00	$ 1,652.00	$ 1,552.88	$ 99.12	$ 3,138.80	$ 165.20
1st Child	4 Days / Week	$ 4,350.00	$ 2,175.00	$ 2,044.50	$ 130.50	$ 4,132.50	$ 217.50
2nd Child [1]	4 Days / Week	$ 2,645.00	$ 1,322.50	$ 1,243.15	$ 79.35	$ 2,512.75	$ 132.25
1st Child	3 Days / Week	$ 3,262.00	$ 1,631.00	$ 1,533.14	$ 97.86	$ 3,098.90	$ 163.10
2nd Child [1]	3 Days / Week	$ 1,987.00	$ 993.50	$ 933.89	$ 59.61	$ 1,887.65	$ 99.35

Elementary Category
(Kindergarten through Eighth Grade)

	Annual Tuition (Billed Monthly)	Semi-Annual Payment Plan: First Installment	Semi-Annual Payment Plan: Second Installment [2]	Semi-Annual Payment Plan: Discount @ 3%	Annual Payment Plan: Annual Payment (Due 8/1)	Annual Payment Plan: Discount @ 5%
1st Child	$ 5,411.00	$ 2,705.50	$ 2,543.17	$ 162.33	$ 5,140.45	$ 270.55
2nd Child [1]	$ 4,345.00	$ 2,172.50	$ 2,042.15	$ 130.35	$ 4,127.75	$ 217.25
3rd Child [1]	$ 3,843.00	$ 1,921.50	$ 1,806.21	$ 115.29	$ 3,650.85	$ 192.15

Additional Fees, Charges and Provisions

Registration Fees (Payable at time of registration)	Returning Registrant	New Registrant
Single Student	$ 75.00	$ 100.00
Multple Students / Family	$ 125.00	$ 150.00
Late Fee [3]	$ 40.00	
Tutoring	$ 40.00 / Hour	
Book Fee - 7th and 8th Grade Students (per student)		$ 300.00

Additional fees may be assessed, see the Financial Policies Handbook. [4,5]

Extra Care Fees (Billed and payable monthly)	Fee (Per Child)
Before Care 7:00 AM to 8:15 AM	$ 7.00
After Care 3:15 PM to 6:00 PM	$ 9.00
After Care Late Pickup (each 15 minutes starting 6:01)	$ 9.00

Unlimited Extra Care (One time fee payable in full by the 1st day of school)	Fee
Before Care 7:00 AM to 8:15 AM	$ 700.00
After Care 3:15 PM to 6:00 PM	$ 950.00
Before and Aftercare - Unlimited - Combined	$ 1,600.00

(1) Tuition reductions for additional children attending apply within each category, i.e. one elementary and one preschool student from the same family will be charged at the first child rate for each student. Additional students in the category will receive the discounted rates. Rates for 3 or more preschool students may be obtained at the school office.
(2) Semi Annual payments are due and payable on the first business day after January 1. Late payments may result in the forfiture of the Semi Annual Discount.
(3) A $40 Late Fee will be charged on balances (tuition and fees) more than 10 days late. Payments are due and payable on the first of the month except for the second of the semi-annual payments, which is due as described in note 2.
(4) A finance fee of 1% / month will be applied on balances exceeding 30 days delinquent. Balances include tuition and fees payable
(5) A $40 Administration Fee will be charged on all NSF and Stop Payments in addition to any fees incurred by SJCA from the depository institution.

School trips are billed prior to each occurrence. Trips will vary in cost due to differing admittance fees and if busses are required. Some trips may require parrental transportation. Please refer to the "Tuition, Fees and Financial Policies" for regulations governing all policies, prodecures and discounts applications.

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Educating today's children to be tomorrow's Christian Leaders

Mrs. Nancy Hester, School Administrator **Mrs. Judy Orme, Principal**

Dear Students and Parents in 4th, 5th, 6th, 7th, and 8th grades,

In 2018/19, SJCA piloted a One to One Device Program whereas each student had their own Chromebooks to use in each of their classes. They were afforded the opportunity to take to and from home to complete all of their schoolwork. Due to the success of the program, SJCA will be continuing it.

We have chosen to continue with the 11.6 Chromebooks. A Chromebook is essentially a small laptop that uses the Google Chrome Web Browser to activate Google Applications that we will be using as an entire school community. Although the Chromebook is meant to be used in an online platform, it does have off-line capabilities and internal storage.

The capabilities of the Chromebook include, but are not limited to 6.5 hours of battery life, wireless internet, Bluetooth compatible, a USB 2.0 & 3.0 port, HDMI port, weights only 2.4 pounds, and less that 1inch thick closed. We will be using the Chromebooks for note taking, online research, emailing, creating documents and Google classroom. We have found the Chromebook to be the most efficient and affordable option for our school. All students in 4th through 8th grades are required to have a Chromebook. These can be purchased through SJCA at a cost of $250.00. Financing is available. You will not own the Chromebook until your bill is paid in full. The Chromebook will be one of the most important school supplies that the students have during their time at SJCA. In order for this One to One Program to work we will have to observe the following:

- Chromebooks will not be issued until payment has been received.
- SJCA will require that all students have a case for their Chromebook.
- Students and Families will be responsible for the well being of the Chromebook and will be financially responsible for any damages or replacements at full price.

We are very excited about continuing this program and believe that it will continue to put technology at the fingertips of our students and will enhance their knowledge surrounding professional use of technology and enhance their classroom experience.

Thank you.

SJCA Administrative Team

STUDENT REGISTRATION FORM
*****Please print or type information*****

SJCA
SOUTH JERSEY CHRISTIAN ACADEMY

ENROLLMENT FOR (School Year): _____

STUDENT INFORMATION

Grade Entering:_____ MALE / FEMALE (CIRCLE ONE)

LAST NAME_____ FIRST NAME_____ MIDDLE_____

DATE OF BIRTH_____
MONTH / DAY / YEAR

****Pre-school children must be age 2 ½ by October of enrollment year and completely toilet trained to be eligible for our program.**

Street Address:_____ Home Phone:_____

City:_____ State:_____ Zip Code:_____

PARENT and/or GUARDIAN INFORMATION

FATHER or GUARDIAN (CIRCLE ONE)

LAST NAME_____ FIRST NAME_____ MIDDLE_____

Email:_____ Home Phone:_____
Cell Phone:_____
Street Address:_____
City:_____ State:_____ Zip Code:_____
Employer:_____ Work Phone:_____
Occupation:_____

MOTHER or GUARDIAN (CIRCLE ONE)

LAST NAME_____ FIRST NAME_____ MIDDLE_____

Email:_____ Home Phone:_____
Cell Phone:_____
Street Address:_____
City:_____ State:_____ Zip Code:_____
Employer:_____ Work Phone:_____
Occupation:_____

Internal Use ONLY:

Gradelink (ID#_____ Registration Fee Paid: $_____ Date:_____
check # _____or cash (circle one)

HOME LIFE INFORMATION

We recognize that there are many different types of family units. So that we may better serve your family, especially your child, we ask that you complete the following questions about your child's life. This information is for our purposes only and will be kept **CONFIDENTIAL.** Thank you.

Please CIRCLE who Child lives with: Both Parents Mother ONLY Father ONLY Legal Guardian
Other (please specify relationship)_____

If parents are living separately, is there a custody agreement in place? YES NO (CIRCLE ONE)
PLEASE NOTE: If there are custodial issues that we need to know about concerning the welfare of your child (i.e. one parent is barred from having contact with child, or one parent may not take child from our care without custodial parent / guardian permission), please ATTACH copies of court documents outlining final decision. Copies of these documents are required by law for us to be able to enforce any and all directives. These documents will be for our use only in protection the welfare and safety of your child.

Others Living in Child's Home (Please include siblings, grandparents, other relatives and non-family household members)

NAME:_____ RELATIONSHIP:_____ AGE:_____

NAME:_____ RELATIONSHIP:_____ AGE:_____

NAME:_____ RELATIONSHIP:_____ AGE:_____

NAME:_____ RELATIONSHIP:_____ AGE:_____

DISMISSAL PICK-UP AND EMERGENCY WELFARE CONTACTS

This section should contain information about the people authorized by you to pick up your child in the event of an emergency or for regular dismissal. Anyone other than parents will be required to show identification at each pick-up. This is for the safety and security of not only your child, but every child in our care. If at some point, you need to remove or alter contact information, please make sure that you notify the SCHOOL OFFICE as soon as possible IN WRITING.

NAME_____ Home Phone:_____
Cell Phone:_____
Street Address:_____
City:_____ State:_____ Zip Code:_____

NAME_____ Home Phone:_____
Cell Phone:_____
Street Address:_____
City:_____ State:_____ Zip Code:_____

NAME_____ Home Phone:_____
Cell Phone:_____
Street Address:_____
City:_____ State:_____ Zip Code:_____

Please Note: If you find the need for anyone other than the contacts listed above to pick up your child, we need the following information in WRITING: Name / Address / Phone #s and YOUR SIGNATURE. The written note can be left at the SCHOOL OFFICE, sent via fax to 856-728-2022 or sent from one of the parental / guardian emails listed on Page 1 (Signature not required if sent from parental / guardian email account on file.)

EDUCATIONAL BACKGROUND

Name of Previous School:_____Last Grade Completed:_____

Street Address:_____

City:_____State:_____Zip Code:_____

Phone:_____Fax:_____

Has your child ever had disciplinary difficulties? YES NO (PLEASE CIRCLE)

Briefly explain:_____

_____

_____

_____

Has your child ever failed in school? YES NO (PLEASE CIRCLE) GRADE:_____

Briefly explain:_____

_____

_____

_____

Is there an IEP, ISP or 504 plan in place for your child? YES NO (PLEASE CIRCLE)

PRE-SCHOOL SCHEDULE AGREEMENT

Our preschool staffing is dependent upon the numbers of students we have each day and which hours of each day. Preschool parents are asked to choose days and time slots below; any permanent alterations to the days / times noted below must be requested in writing two weeks in advance. We will do our best to accommodate each request, but final determination is based upon the number of children and staff already scheduled in those time slots. We cannot guarantee that requests will be approved. If there are *occasional* needs to request an extra day or to prolong the hours contracted on a certain day, parents must submit a request in writing at least 48 hours in advance. Again, we will attempt to honor each request, but cannot make a guarantee. We do this to ensure the safety of each of our preschoolers. *PLEASE NOTE: After-care for full-time preschoolers does NOT have to be scheduled in advance.*

Please check the options, days and times that your child will be attending preschool for the school year.

☐ **Monday** ☐ **Tuesday** ☐ **Wednesday** ☐ **Thursday** ☐ **Friday**
(please check 3, 4, or 5 days)

☐ **Full Day:** **7:00 am – 3:15 pm**
☐ **Half Day:** **8:15 am – 12:00 pm**
☐ **After Care:** **3:30 pm – 6:00 pm (additional charge applied)**

MEDICAL INFORMATION

The information gathered in this section about your child's medical history is only for our understanding of how your child's medications or conditions may affect their performance. As with all information contained in this document the answers you provide are strictly confidential.

Pediatrician:_____Phone: _____
Area Hospital Preferred:_____

Has your child had any serious illnesses, physical handicaps, allergies, diet, physical restrictions or any other medical conditions that our staff needs to be aware of in order to best care for your child?

YES or No (PLEASE CIRCLE)

PLEASE NOTE: If you circled YES *to the question above, please attach a sheet (printed or typed) with a listing of all medical issues. Please include your child's name and date of birth on the attachment.*

If your child takes any medication on a regular basis, including "over the counter" medications, please list them:

Name of Medication:_____Daily Dosage:_____

Name of Medication:_____Daily Dosage:_____

Name of Medication:_____Daily Dosage:_____

Name of Medication:_____Daily Dosage:_____

MEDICAL HEALTH INSURANCE INFORMATION

Primary Insurance Company:_____Phone:_____

Billing Address:_____

Policy Holder's Name:_____Relationship to Child:_____

Policy ID #:_____Group ID:_____

Secondary Insurance Company:_____Phone:_____

Billing Address:_____

Policy Holder's Name:_____Relationship to Child:_____

Policy ID #:_____Group ID:_____

MEDICAL RELEASE

In the event of an emergency or non-emergency situation requiring medical treatment,
I/WE GRANT or DO NOT GRANT (circle one) permission for any and all medical and / or dental attention be administered to my child, until such time as I can be contacted. This permission includes, but not limited to, the administering of first aid, the use of an ambulance or the administration of anesthesia and/or surgery under the recommendation of qualified medical personnel. I/We hold harmless SJCA of any and all liability in the event of an emergency or illness arises and parents/guardians cannot be reached. PLEASE NOTE: In a non-emergency situation, school personnel will send home a copy of the in-house "incident report" to keep you updated on the circumstances and the care applied. In an emergency situation, SJCA will make every attempt to reach the parents and/or guardian as quickly as possible. In the event that the parents/guardians are not immediately reachable, personnel will start contacting the "Emergency Contacts" listed on this form in the "Dismissal Pick-Up and Emergency Welfare Contacts".

_____ _____
Father or Guardian Signature Date Mother or Guardian Signature Date

FAMILY'S RELIGIOUS AFFILIATIONS

Religious affiliation information is requested for statistical and informational purposes only. SJCA does not practice discrimination against any religious organizations and welcomes children of all backgrounds.

Are you a member of Sicklerville United Methodist Church? YES NO (circle one) If YES, how many years?_____

If NO, what church do you attend?_____

What denomination is your church?_____

Are there any religious restrictions (i.e. celebrations, foods) that our staff needs to be aware of? YES NO (circle one)

If YES, please list and explain:_____

VEHICLE INFORMATION

We collect vehicle information for a variety of reasons, the most important being the safety of our students and staff. In addition, SJCA/SUMC is a private property; we reserve the right to supply the WTPD information regarding illegally parked cars for the purpose of having tickets issued to vehicle owners. This includes, but is not limited to Handicap and Reserved parking spots and Emergency Lane restrictions. ALL VEHICLES, including parents/ guardians and/or caregivers that drop-off/pick-up your child, must be listed with COMPLETE information.

Vehicle #1: Father or Guardian (if applicable)

Make:_____Model:_____License Plate:_____

Does the DRIVER of this car have a New Jersey handicap identification card and/or tag? YES NO

If YES, New Jersey "Disabled Person" State ID#:_____

Vehicle #2: Mother or Guardian (if applicable)

Make:_____Model:_____License Plate:_____

Does the DRIVER of this car have a New Jersey handicap identification card and/or tag? YES NO

If YES, New Jersey "Disabled Person" State ID#:_____

Vehicle #3: Care-Giver (if applicable)

Make:_____Model:_____License Plate:_____

Does the DRIVER of this car have a New Jersey handicap identification card and/or tag? YES NO

If YES, New Jersey "Disabled Person" State ID#:_____

Does the STUDENT attending SJCA have a handicap identification card and tag? YES NO

If YES, New Jersey "Disabled Person" State ID#:_____

TUITION AND FEES FINANCIAL INFORMATION

If you are persons assisting with SJCA financial obligations other than the parents/ guardians listed on Page 1 who we should copy on all invoices and/or statements, please complete the following:

LAST NAME_____ FIRST NAME_____ MIDDLE_____

Email:_____ Home Phone:_____

Cell Phone:_____

Street Address:_____

City:_____ State:_____ Zip Code:_____

The following items are REQUIRED at the time of registration (SJCA will check off upon receipt):

- ☐ Completed Registration Form
- ☐ Transfer Card (if previously enrolled in another district)
- ☐ Report Card (if previously enrolled in another school)
- ☐ Birth Certificate
- ☐ Parent/Guardian ID (driver's license preferred)
- ☐ Current Physical
- ☐ Immunization Records
- ☐ B6T Bus Form
- ☐ Photo Release
- ☐ Non-public School Survey

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Mrs. Judy Orme, Principal

February 2017

Dear Parents:

The *Elementary and Secondary Education Act (ESEA)* provides a variety of programs, materials, and services to children and teachers in nonpublic schools similar to those provided to public school students and teachers. These activities are enhanced by additional federal funds provided for school attendance areas with families whose income falls below specific levels or who benefit from other federal assistance programs. In order for our children to benefit from these additional funds, it is very important for us to know how many children attending our school are members of these families.

Please review the enclosed survey and simply indicate whether you meet the criteria by checking Yes or No. Additionally, identify the public school district where your child(ren) would attend school if not attending a nonpublic school. This information is essential to ensure our continued participation in the federal programs such as Title I. It is an important benefit that we do not want to lose. Please return this form ASAP via email to wbauman@sjchristianacademy.org, or fax to 856-728-2022. All information will be kept confidential.

Thank you for your assistance with this survey.

Sincerely,

Judy Orme, Principal
Nancy Hester, Business Administrator

Enclosures

SOUTH JERSEY CHRISTIAN ACADEMY

NONPUBLIC SCHOOL SURVEY
(TITLE I ONLY)

Family Survey

[**Note to LEA**: This information may be reproduced in English, Spanish, and any other language necessary for a particular locality. Follow-up telephone calls may be necessary to parents who do not respond, particularly if the school feels they might qualify. Surveys may be coded to protect confidentiality.]

1. Use the attached *Income Eligibility Guidelines* chart to answer the questions in item #1.

   Is your family income less than the amount in column 2 (Federal Poverty Guidelines)?

   Yes _____ No _____

   Is your family income less than the amounts in columns 3 - 5 (Reduced Price Meals)?

   Yes _____ No _____

   Is your family income less than the amounts in columns 6 - 8 (Free Meals)?

   Yes _____ No _____

2. Are you receiving assistance under the Temporary Assistance to Needy Families (TANF) program?

   Yes _____ No _____

3. Are any of your children eligible to receive medical assistance under the Medicaid program?

   Yes _____ No _____

4. Identify the public school district that your child(ren) would have attended if not attending a nonpublic school and their grade level.

Name of Public School District (required)	**Grade Level (required)**
1.	
2.	
3.	
4.	

Home Address (required): _____

_____

INCOME ELIGIBILITY GUIDELINES

For Title I, the same criteria must be used for both the public and nonpublic school students. *If the public schools use the 10/15/15 ASSA data when completing the Title I Eligibility page for the FY 2017 ESEA-NCLB application, data from the same year should be used for the nonpublic schools. If the district uses more current data (as of July 1, 2016), the following income eligibility guidelines (July 1, 2016 to June 30, 2017) found below would apply. They can also be found at: https://www.gpo.gov/fdsys/pkg/FR-2016-03-23/pdf/2016-06463.pdf.*

(Effective from July 1, 2016 to June 30, 2017)

Household Size	Federal Poverty Guidelines	Reduced Price Meals - 185%			Free Meals - 130%		
	Annual	Annual	Month	Week	Annual	Month	Week
48 CONTIGUOUS STATES, DISTRICT OF COLUMBIA, GUAM AND TERRITORIES							
1	$11,880	$21,987	$1,832	$423	$15,444	$1,287	$297
2	$16,020	$29,637	$2,470	$570	$20,826	$1,736	$401
3	$20,160	$37,296	$3,108	$718	$26,208	$2,184	$504
4	$24,300	$44,955	$3,747	$885	$31,590	$2,633	$608
5	$28,440	$52,614	$4,385	$1,012	$36,972	$3,081	$711
6	$32,580	$60,273	$5,023	$1,160	$42,354	$3,530	$815
7	$36,730	$67,951	$5,663	$1,307	$47,749	$3,980	$919
8	$40,890	$75,647	$6,304	$1,455	$53,157	$4,430	$1,023
For each add'l family member add	$4,160	$7,696	$642	$148	$5,408	$451	$104

Community Eligibility Provision

For information on the Community Eligibility Provision and Selected Requirements Under Title I, Part A, refer to the guidance: *http://www2.ed.gov/programs/titleiparta/15-0011.doc*

South Jersey Christian Academy
406 Church Road, Sicklerville, NJ 08081
856-728-2001 / FAX 856-728-2022

IMMUNIZATIONS REQUIRED

Please use the guide below to make sure you child is up to date regarding required immunizations.

Updated records must be sent to the school nurse ***on or before the first day of school.***

New Jersey Department of Health and Senior Services AGE-APPROPRIATE VACCINATIONS FOR LICENSED CHILD CARE CENTERS/PRE-SCHOOLS

Requirements for students 2 ½ - 4 Years
4 doses DTaP
3 doses Polio
1 dose MMR (given on or after the first birthday)
1 dose Hib (given on or after the first birthday)
1 dose Varicella (given on or after the first birthday)
1 dose PCV (Pneumococcal) (given on or after the first birthday)
1 dose seasonal Influenza, to be given between September 1st and December 31st of each year, ***while in preschool***

New Jersey Department of Health MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ATTENDANCE IN NEW JERSEY N.J.A.C. 8:57-4: IMMUNIZATION OF PUPILS IN SCHOOL

Requirements for students entering Kindergarten (in addition to the above stated immunizations)
1 dose DTaP booster, given after the 4th birthday
1 dose Polio booster, given after the 4th birthday
3 doses Hep B Requirements for students entering 6th grade (in addition to the above stated immunizations)
1 dose Tdap 1 dose Meningococcal (Menactra)

********** ***Annual Flu vaccinations are required for Pre-K students!!!!!!*** *********

If your child receives any immunizations while visiting the pediatrician, please remember to ask for a copy of the documentation. Maintain a copy for yourself and submit a copy to the school nurse.

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	

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.

STATE OF NEW JERSEY — DEPARTMENT OF EDUCATION **A41**

STUDENT TRANSFER CARD

DIRECTIONS: This card must be completed by the transferring school and sent directly to the student's new school. The card must be sent the first day after the student's last date of attendance.

Name: _____ Grade: _____

Date of Birth: _____ Proof of Age: _____ SID: _____
(specify document)

Name of Parent or Guardian: _____

Current Address: _____

Forwarding Address: _____

School that the student is transferring to:

Name: _____ County: _____

Address: _____ District: _____

_____

School that the student is leaving:

Date: Last Day of Student Attendance ____ / ____ / ____

Name: _____ County: _____

Address: _____ District: _____

_____

Principal: _____ _____
(signature or designated signee) *(print name)*

Phone #: _____

NEW SCHOOL MUST REQUEST THE STUDENT'S RECORDS WITHIN TWO WEEKS OF THE RECEIPT OF THE CARD

D94-05824

IMMUNIZATION RECORD INFORMATION

Each medical inspector shall record the results of examinations upon a record form (A45) recommended by the Commissioner of Education. Such form shall be kept in a permanent file and shall be the property of the board of education and shall be preserved. The individual health record shall be forwarded with other school records of students who transfer to another school. If a child leaves school for any other reason the record shall remain the property of the school as authorized by N.J.A.C. 7:32-7(b).

Department of Health regulations effective September 1, 1991 do not permit immunization information to be forwarded on the back of the student transfer card. The school that the student is leaving must forward A45, Health History and Appraisal, to the student's new school. (N.J.A.C. 8:57-4. 7b)

A signed copy of the first page of A45 may be sent to the new school with the student transfer card or a signed copy may be given to the parent or guardian at the time a transfer is requested.