St. Alban's Pre-School
1 Church Lane
Oakland, New Jersey 07436
(201) 337-5928
Teresa M. Ercan, *Director*

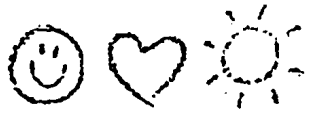
JOIN US FOR SUMMER FUN!

The Summer Session at St. Alban's Pre-School begins Monday, June 25th and ends on Friday, August 17th. We are anticipating a fun-filled summer consisting of free play, crafts, cooking, nature study, physical education, music/movement, and water fun.

A minimum enrollment of two weeks is required, but the weeks need not be consecutive. We will offer half days from 9 AM – 12 PM or full days from 9 AM – 3 PM. Campers can stay for lunch and/or additional hours from 9-3 PM at a rate of $9.50 per hour. A minimum of three days is required. Selection of weeks must be made at the time of registration. There is a $30 registration fee for children not enrolled at St. Alban's for the 2018-2019 school year. There will be no second child discount during summer camp.

Applications are available on our website: www.stalbansflow.org. All summer camp forms, including medical records, must be returned along with payment at the time of enrollment.

We look forward to a fun filled summer!



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Here is our schedule and themes. If you would like to send in an item, book or snack related to our theme, please discuss it with a teacher or Miss Teresa.

SUMMER CAMP SCHEDULE

9:00 - 9:50	Free Play
9:50 - 10:00	Clean Up
10:00 -10:15	Circle Time
10:15 -10:40	Project
10:40 -10:55	Snack
10:55 -11:10	Books/Story Time
11:10 -11:50	Playground– Water Fun Indoors– Gym
11:50 -12:00	Dismissal
12:00 - 1:00	Lunch / Quiet Time
1:00 -3:00	More Fun Activities

SUMMER CAMP THEMES

Week 1: Fun with Food

Week 2: Red, White & Blue

Week 3: Art with Recyclables

Week 4: Beach and Ocean

Week 5: World of Animals

Week 6: Simply Science

Week 7: Read and Create

Week 8: Beach and Ocean

*Our schedule & themes are flexible and subject to change.
*This is a general guideline.

2018 SUMMER CAMP TUITION RATES

HALF DAYS (9-12)

Five Day	**Four Day**	**Three Day**
8 weeks = $983	8 weeks = $835	8 weeks = $717
7 weeks = $865	7 weeks = $735	7 weeks = $631
6 weeks = $754	6 weeks = $637	6 weeks = $547
5 weeks = $635	5 weeks = $537	5 weeks = $462
4 weeks = $518	4 weeks = $439	4 weeks = $380
3 weeks = $392	3 weeks = $334	3 weeks = $289
2 weeks = $265	2 weeks = $226	2 weeks = $196

Flexible Scheduling Available!

Fees for lunch or additional camp hours between 9AM - 3PM at $9.50 per hour.

FULL DAYS (9-3)

Five Day	**Four Day**	**Three Day**
8 weeks = $1,704	8 weeks = $1,646	8 weeks = $1,402
7 weeks = $1,601	7 weeks = $1,448	7 weeks = $1,233
6 weeks = $1,422	6 weeks = $1,248	6 weeks = $1,062
5 weeks = $1,192	5 weeks = $1046	5 weeks = $892
4 weeks = $964	4 weeks = $846	4 weeks = $723
3 weeks = $726	3 weeks = $640	3 weeks = $547
2 weeks = $488	2 weeks = $430	2 weeks = $369

ST. ALBAN'S PRE-SCHOOL

1 Church Lane, Oakland, NJ 07436
201- 337-5928 * FAX: 201- 651-9486

SUMMER SESSION APPLICATION 2018

Child's Name: _____M [ ] F [ ] Date of Birth: _____

Address: _____

_____

Home Phone #:_____

Father's Name: _____ Mother's Name: _____
Telephone: _____ Telephone: _____
Cell#: _____ Cell #: _____

Child's Doctor: _____ Telephone: _____

Allergies/Medical Conditions_____

Two local persons to be notified in an emergency (if parents cannot be located):

1) Name: _____ Telephone: _____

Address: _____

Relationship to Child: _____

2) Name: _____ Telephone: _____

Address: _____

Relationship to Child: _____

HALF DAYS (9-12) _____ OR **FULL DAYS** (9-3)_____

Week of:	**CIRCLE:**			**Days Needed**
June 25- June 29	5 Days	4 Days	3 Days	_____
July 2-6 (no 7/4)	N/A	4 Days	3 Days	_____
July 9-13	5 Days	4 Days	3 Days	_____
July 16-20	5 Days	4 Days	3 Days	_____
July 23-27	5 Days	4 Days	3 Days	_____
July 30- Aug. 3	5 Days	4 Days	3 Days	_____
Aug. 6-10	5 Days	4 Days	3 Days	_____
Aug.13-17	5 Days	4 Days	3 Days	_____

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2018 SUMMER CAMP REMINDERS

Please make sure that we are aware of any medical conditions or allergies that your child may have. Since many of our students have life threatening allergies, we are a nut-free school. We ask that you **do not use items that are labeled "processed in a plant with nuts or may contain nuts**." If you are bringing in food items from home or the store they must have a clear ingredients label that can be read. This will ensure the safety of all of our students.

Please dress your child in his/her swimsuit, cover-up/t-shirt and water shoes or sneakers that can get wet every day --- regardless of weather! We are asking that your child **not** wear sandals, clogs, flip flops or "Crocs" to school. We have had numerous students fall, lose shoes while trying to run, and the mulch and dirt get inside their shoes which is uncomfortable. Water shoes or sneakers will allow them to play freely and safely without worry. Please be sure that your child's towel is labeled with first and last name. Place the labeled towel in any of the laundry baskets in the hallway. If your child's towel is hanging on the fence at the end of the day, then you can take it home to wash it. If it is in the basket still, then it is clean and may remain at camp.

Please apply sunscreen in the morning and provide a hat and glasses if your child is sensitive to the sun.

Students should bring a labeled backpack every day. In the backpack place an extra set of labeled clothes, diapers, wipes, etc. Please make sure all items are LABELED with your first and last name.

Camp hours will be 9 AM to 3 PM. Campers can stay for lunch and/or additional hours from 9-3 PM at a rate of $9.50 per hour. Children will need to bring lunch in an insulated bag with their name on it. Due to limited space in our refrigerator, please send your child's food in a hot/cold container. Our staff will not be warming any food since this will take valuable time away from the children. Please do not send glass bottles and refrain from sending peanut butter/nut products due to life threatening allergies. If your child is staying for lunch, please let the teachers know and place his/her lunchbox on the shelf in the Yellow Room.

We also ask that when you come to pick up your child you enter the building and wait for your child to be dismissed from the classroom. When parents are waiting outside by the playground fence and pre-school door it makes it difficult for the teachers to line up the students and bring them into the school. We are also concerned that a child will be tempted to run to a parent.

Please do not allow your child to bring toys from home. It is difficult to keep track of them.

MINIMUM: 2 weeks, not necessarily consecutive and a MINIMUM of 3 days per week.

As always we appreciate your cooperation. The safety of all of our students and staff is a top priority.

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AUTHORIZATION FOR CHILD PICK-UP

I authorize the following people to pick up my child from St. Alban's Pre-School. All others must present a written request from me for my child to be discharged into their hands, and such in writing absolves St. Alban's Pre-School from responsibility after the child leaves the school. All written request will remain on file at the school. St. Alban's Pre-School has the right to verify identification by asking for proof, such as a driver's license.

_____ _____
(Date) (Parent's Signature)

Name: _____

Address: _____

Relationship to Child: _____

Name: _____

Address: _____

Relationship to Child: _____

Name: _____

Address: _____

Relationship to Child: _____

Name: _____

Address: _____

Relationship to Child: _____

PARENTAL CONSENT TO ADMINISTER MEDICINE

Medication shall only be administered by St. Alban's Pre-School personnel upon my written request and will only be that prescribed by a physician. When I authorize St. Alban's Pre-School personnel to administer medication to my child during school hours, I hereby absolve St. Alban's Pre-School from any responsibility for any ill effects that may occur from the administration of such medication.

_____ _____
(Date) (Parent's Signature)

PARENTAL CONSENT FOR EMERGENCY TREATMENT

I hereby authorize St. Alban's Pre-School to call an emergency ambulance in case of accident or acute illness, and to allow possible emergency care if I am not immediately available. In the case of an emergency, if I and/or my physician cannot be reached, I hereby authorize the Administrator/Director of St. Alban's Pre-School to provide any necessary medical treatment. It is understood that I will be advised of the nature and extent of such treatment.

_____ _____

(Date) (Parent's Signature)

PARENT RECEIPT OF INFORMATION:

- **General Information Letter**
- **Information to Parents Document**
- **Policy on the Release of Children**
- **Positive Guidance and Discipline Policy**
- **Policy on Methods of Parental Notification**
- **Policy on Communicable Disease Management**
- **Expulsion Policy**
- **Policy on the Use of Technology and Social Media**

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

_____

Child(ren)'s Name:

_____

Parent/Guardian's Name

_____ _____

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	

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.