

STUDENT INFORMATION SHEET

EMERGENCY CONTACT INFORMATION

Child's Name _____
 Home Address _____
 Home Phone _____
 Father's Name _____ Business Phone _____
 Place of Employment _____ Cell Phone _____
 Work Address _____
 Mother's Name _____ Business Phone _____
 Place of Employment _____ Cell Phone _____
 Work Address _____
 Email Address _____

Physician Name _____ Phone _____
 Physician Address _____

Dentist Name _____ Phone _____
 Dentist Address _____

The following people have permission to pick up my child on any given day:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IN CASE I CANNOT BE REACHED FOR AN EMERGENCY, I HAVE ARRANGED FOR THE PERSONS LISTED HERE TO BE CONTACTED.

Name _____
 Home Phone _____ Cell Phone _____

Name _____
 Home Phone _____ Cell Phone _____

Parent's Signature: _____ Date: _____

TEACHERS' RECORD

Please return to your child's teacher the first day of class

NAME OF CHILD: _____ NICKNAME _____

Best way to contact you: _____ cell #: _____

Brothers and Sisters of Child:

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Does your child have any allergies to food, plants, drugs, etc. ? _____Yes _____No

If so, tell the classroom teacher as well as indicating here.

If yes, please describe _____

Does your child have speech difficulties? _____

List any pertinent social or emotional information (play habits or preferences)

Favorite outdoor and indoor activities: _____

Separation problems: _____

Has child had group play or other school experiences? _____Specify _____

Any temper tantrums _____Cause: _____

Describe any dislikes, fears, phobias your child may have _____

Please describe any unusual or abnormal toilet habits your child may have

Does your child receive any additional therapies? _____ If so, what? _____

Is there any additional information you feel we should have concerning your child's health, diet, or "special needs", or outside therapies in order to help us properly care for your child?

IMPORTANT: If you child is receiving any outside therapies, please make an appointment with your child's teacher before school starts to discuss ways we can implement the outside therapies.

EMERGENCY CONTACTS:

Name: _____ Cell Phone: _____

Name: _____ Cell Phone: _____

For my child's Physician:

Please fill out the Universal Health Form and attach a copy of my child's "list of immunizations received". Please make sure this list includes the prevnar vaccine and the flu shot as mandated by the State of New Jersey.

Thank you.

UNIVERSAL CHILD HEALTH RECORD

*Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health and Senior Services*

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last)		(First)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth / /
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier			
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
Parent/Guardian Name		Home Telephone Number		Work Telephone/Cell Phone Number	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination:			Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Abnormalities Noted:			Weight (must be taken within 30 days for WIC)		
			Height (must be taken within 30 days for WIC)		
			Head Circumference (if <2 Years)		
			Blood Pressure (if ≥3 Years)		
IMMUNIZATIONS			<input type="checkbox"/> Immunization Record Attached		
			<input type="checkbox"/> Date Next Immunization Due:		
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print)			Health Care Provider Stamp:		
Signature/Date					

Acknowledgement of Information Received:

By initialing each of the items below, I agree that I have read and am familiar with the information housed in the "Forms for Reading" section of the CAI Nursery School website.

____ I have read CAI Nursery School's Policy and Procedures.

____ I have read the DYFUS INFORMATION FORM FOR PARENTS.

____ I have read the information about the school's policy for the dispensation of medication.

____ I have read the List of Immunizations and agree to keep my child's immunizations up to date, as well as provide supporting documentation to the Nursery School office.

____ I agree to allow my child to participate on walking trips outside of school. In addition, when a field trip requires transportation, I will be responsible to provide additional permission for each individual activity.

____ I agree to allow my child to be photographed at school. I understand that photos could potentially appear on the CAI Nursery School website or in local newspapers.

____ I agree to allow my name, address and email to be added the Nursery School Directory. This will allow classmates, parents and the class mom to contact our family.

____ I have read the carline procedures and, in order to keep all children safe, will do my best to abide by them.

____ I am responsible for reading the weekly Answer. I understand that this is our school's main communication source to convey important information to families. The Answer will be sent to the email address listed on the Student Information sheet.

____ I give permission for my child to participate in all activities, using play equipment, outdoor equipment, and all activities at nursery school.

____ I authorize CAI Nursery School to seek emergency attention for my child as deemed necessary by the administrator or teacher in the event that a medical emergency arises and I cannot be reached.

I, the undersigned, release CAI and the Nursery School from any liability concerning my child.

Signature: _____ Date: _____

Printed Name: _____

EARLY DROP OFF and AFTER SCHOOL CARE

This is an accommodation offered by the Nursery School. Arrangements and payments must be made directly with Sally Fineman, one of our teachers. Please return to the office and Sally will contact you to discuss billing.

Child's Name _____
Parent's Name _____
Contact Number _____

Early Drop Off for THREE and FOUR YEAR OLDS

Congregation Agudath Israel Nursery School is offering an Early Drop Off program for three and four year olds beginning at 8:15AM. The children will be supervised by a Nursery School teacher who will bring them directly to their regularly scheduled class at 9:00AM. A minimum enrollment is required for the program to be offered beginning on Monday, September 20th.

If you need an earlier drop off time please specify and Sally will contact you.

Please circle days of the week that your child will participate in Early Drop Off: M T W TH F

Sally's QUIET TIME for THREE YEAR OLDS

Sally's Quiet Time for three year olds will be offered every Monday through Thursday from 2PM-3PM for three year old children ONLY. During Quiet Time the children will play games, read books, watch a video and have a snack. You may register for any number of days per week Monday through Thursday.

If needed, Sally can stay until 3:25PM.

Please circle days of the week that your child will participate in QUIET TIME: M T W TH F

FOUR YEAR OLD LATE PROGRAM

A four year old Late Program will be offered this fall from 2:45PM-3:25PM, Monday through Thursday. This program was designed to help alleviate any conflicts with public school dismissal times. Please return to the Nursery school office if you are interested and Sally Fineman will contact you.

Please circle days of the week that your child will participate in LATE PROGRAM: M T W TH

AFTER SCHOOL CARE

Our After School Care that is available from 3:25-5PM is supervised by several responsible teen-agers from our Hebrew School, Monday-Thursday.

Please circle days of the week that your child will participate in AFTER SCHOOL CARE: M T W TH



2010-2011 Membership Rates Current and Graduated CAI Nursery Families

- A. Nursery School Membership** (oldest child currently attends Agudath Israel Nursery School)
- \$1300 per year, no Building Fund
 - Once oldest child graduates nursery school, Young Family Membership rates apply.
- B. Young Family Membership** (oldest child graduated from Agudath Israel Nursery School and is in Kindergarten - 2nd grade)
- \$1400 for Kindergarten year, plus contribution to Building Fund of \$444
 - \$1600 for 1st grade year, plus contribution to Building Fund of \$444
 - \$1800 for 2nd grade year, plus contribution to Building Fund of \$444
 - Once oldest child enters 3rd grade, Regular Membership rates apply.
- C. Regular Membership** (oldest child is in 3rd grade or above)
- \$2275 per year, plus contribution to Building Fund of \$444 per year until \$2220 is paid
 - Please note that this amount represents rate from 2009-2010. New rate for regular membership will be posted in May.

All memberships include High Holy Day tickets and all other benefits of membership.

100% of membership dues and Building fund are TAX-DEDUCTIBLE.

Payment plans are available upon request and approval of CAI Executive Director.

Rates are for new members as of 7/10 and are subject to change each year.

For further information or questions, please contact Membership Coordinator, Debbie Lurie at 973-226-3600 x118, dlurie@agudath.org.



AGUDATH ISRAEL NURSERY SCHOOL

20 ACADEMY ROAD • CALDWELL, NJ 07006 • 973-226-2537 • FAX: 973-226-7480 • NURSERY@AGUDATH.ORG

Challah Only Order Form

Please return this form no later than **Wednesday, September 22nd.**

Weekly Challah Delivery

Beginning the week of **October 8th** and continuing throughout the year

- _____ Plain Challah each week
- _____ Raisin Challah each week
- _____ Challah Rolls each week (6 per pkg)

Cost: \$ 140 for the school year

___ Please include the cost of my weekly challah order with my school bill.

Or, enclosed is my check, to Agudath Israel Nursery School, for the entire school year in the amount of _____. Please include "challah order" on the memo line.

Child's Name _____

Morning Teacher _____