

Baptist Regional School

300 Station Ave., Haddon Heights, NJ 08035
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 brsschoolsecretary@gmail.com
www.baptistregional.org

| OFFICE USE | |
|---|---|
| <input type="checkbox"/> Application fee | <input type="checkbox"/> Health History |
| <input type="checkbox"/> Registration fee | <input type="checkbox"/> Physical Exam |
| <input type="checkbox"/> Technology fee | <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> HeadMaster fee | <input type="checkbox"/> Flu Vaccine |
| | <input type="checkbox"/> Medical Release Form |

NEW PRE-K STUDENT: APPLICATION FOR ADMISSION

Name of Student _____
(Last) (First) (Middle)

Address, City, State, Zip _____

Birthplace _____ Birth Date _____ Age _____ Sex _____

Applying for:
 School Year:
 20____ to
 20____

- Full Day
 8:15am to 2:50pm
 Half Day
 8:15am to 11:30am

FAMILY INFORMATION

Father's name _____
 () Legal Guardian

Address _____

Home Phone _____

Cell Phone _____

Email Address _____

Employer _____

Occupation _____

Work Phone _____

Marital Status: Married _____ Widower _____ Separated _____ Divorced _____ Single _____

Home Church _____

Church Address _____

Pastor _____

Mother's name _____
 () Legal Guardian

Address _____

Home Phone _____

Cell Phone _____

Email Address _____

Employer _____

Occupation _____

Work Phone _____

Marital Status: Married _____ Widower _____ Separated _____ Divorced _____ Single _____

Home Church _____

Church Address _____

Pastor _____

OTHER THAN PARENTS, THOSE AUTHORIZED TO PICK UP

| Name | Relationship | Phone |
|------|--------------|-------|
| | | |

STATEMENT OF PARENT(S) OR GUARDIAN(S)

In making this application, it is understood that:

- We agree with Christ-centered education offered at BRS.
- The teacher has full discretion in the classroom discipline of our child and recognize Baptist Regional School's right to discipline and/or dismiss our child if he/she does not respect its standards or does not cooperate in the educational process.
- Our child will go on all scheduled field trips and other school activities.
- We hereby agree to pay all tuition, fees, and other financial obligations to Baptist Regional School on or before the date due without reminder. We agree that early withdrawal will still require the full year's tuition.

Signature of both parents/guardians is required. Please explain if one is missing.

Father/Guardian _____

Mother/Guardian _____

THE APPLICATION & REGISTRATION FEES (non-refundable), made payable to BAPTIST REGIONAL SCHOOL, must accompany this application

SMART TUITION PAYMENT PLAN CHOSEN: Plan A.100% tuition paid by July 1st Plan B.11 payments due July 1st thru' May 1 Plan C.50% tuition due July 1st and January 1st

PRE-K HEALTH HISTORY

TO BE COMPLETED BY PARENT/GUARDIAN

ALL NEW STUDENTS ENTERING OUR SCHOOL FOR THE FIRST TIME MUST HAVE A PHYSICAL EXAMINATION BY A LICENSED PHYSICIAN OR NURSE PRACTITIONER PRIOR TO SCHOOL ENTRANCE.

STUDENT'S NAME _____ Birthdate _____

ADDRESS _____

Show date child had any of the following *diseases*:

Chicken Pox _____ Scarlet Fever _____ Pneumonia _____

Other (specify) _____

Does your child have any medical history of the following? (if so, include date and attach explanation)

Allergies _____ Asthma _____

Food Allergies _____ Drug Sensitivities _____

Strep Infections _____ Heart Condition _____

Seizure Disorders _____ Fractures _____

Scoliosis _____ Diabetes _____

Kidney disorder _____

Vision Difficulties _____ Wears Glasses _____ Contacts _____

Hearing Impairment _____ Frequent ear infections _____ Tubes in Ears _____

Speech Problems _____ Emotional Difficulties _____

Current Medications _____

Please note any other pertinent medical information or comments you may have regarding your child's health. _____

PRE-SCHOOL PHYSICAL EXAMINATION AND IMMUNIZATION RECORD

Name _____ Date of Birth _____

Physical examination record

Height _____

Weight _____

Blood pressure _____

Pulse _____

Vision (r) _____ (l) _____

Hearing (r) _____ (l) _____

Eyes _____

Lungs _____

Ears, Nose, Throat _____

Abdomen _____

Mouth and teeth _____

Skin _____

Neck _____

Genitals/Hernia _____

Heart _____

Extremities _____

Allergies _____

Restrictions from activities _____

Recommendations: _____

Pre-School Immunizations * Required

#8 is recommended for pre-school entrance (will be required for **kindergarten**).

| Type of Vaccine | Dose 1 | Dose 2 | Dose 3 | Boosters |
|--|--------------------------|--------|--------|----------|
| 1 DPT/DTap | * | * | * | * |
| 2 POLIO | * | * | * | |
| 3 MMR | * | | | |
| 4 VARICELLA (chicken pox) | * one dose or disease | | | |
| 5 HIB | * | | | |
| 6 INFLUENZA (before Dec. 31 st) | * | | | |
| 7 PNEUMOCOCCAL | * | | | |
| 8 HEPATITIS B | # | | | |

Doctor's Name (PRINT) _____

Doctor's Address _____ Telephone _____

Doctor's Signature _____ Date of Exam _____



Influenza Info from our School Nurse - If the preschool student did not have an influenza vaccine that could be recorded on their physical examination/immunization record, please indicate information on their influenza vaccine, using the following school nurse's notification letter.

SCHOOL NURSE PROGRAM

Camden County Non-Public Schools

Dear Parent / Guardian:

This is a reminder regarding the required influenza immunization for children enrolled in a preschool or child care program. The **Influenza Vaccine is required** for children ages 6 to 59 months, and must be received annually between September 1 and December 31 of each calendar year.

Please complete and return this form to the school once you have made an appointment for your child. This will help us maintain a tracking system as to when we will receive the appropriate documentation.

If you have any questions, please call me. Thank you for your cooperation.

School Nurse

Mrs. Angela George

Contact at 856.547.2996, ext. 0

Child's Name _____

School Baptist Regional School

My child has already received the influenza vaccine since September 1st
_____ Attached is an updated immunization record.

My child is scheduled to receive the influenza vaccine on _____
_____ *I will send in an updated immunization record after the vaccine is given.*

Please complete and return this form to the school.

*The Camden County School Nurse program for non-public schools is
Administered by the Southern NJ Perinatal Cooperative.*

Medical Release Form for PreK Student: _____

Birthdate: _____ Home phone# (____) _____

Address: _____

Should the above-named student be involved in an accident or medical emergency during the school day or during off-campus, school-approved activities (i.e., field/camp/class trip, athletic activities), I request the school to contact me. If I cannot be reached, I authorize the school to call the physician indicated below and follow his instructions. If the physician cannot be contacted, I grant permission for the above-named student to be given emergency medical treatment at the school's discretion.

Physician: _____ Phone # (____) _____

Hospital Preference: _____ Phone# (____) _____

Health Insurance Carrier Name: _____ Phone# (____) _____

Health Insurance Carrier's Address: _____

Policy #: _____ Policy Holder/Relationship to Student: _____

Other Insurance: _____ Student not covered by any family insurance plan

It is understood parents assume responsibility for payment of any resulting expenses not covered by insurance

Parent / Guardian Signature _____ Date _____

Emergency Info:

List any medical problems or drug/food/contact allergies that this student has: _____

List any medications that this student is currently taking: _____

***** Please note our school medication policy as dictated by state law *****

All prescription and over-the-counter medications, including Tylenol, etc., that need to be taken during school hours must have written orders from the physician and parent. All medications must be administered by the school nurse or designated school personnel (Exceptions: inhalers and epipens). Medications are to be in original containers, have clear directions and be stored in the nurse/school office. Required permission forms/instructions are available from the school nurse or school office.

Emergency Contact Info:

Mother/ guardian name _____ H# (____) _____ W# (____) _____ C# (____) _____

Father/ guardian name _____ H# (____) _____ W# (____) _____ C# (____) _____

If BRS is unable to reach mother / father / guardian, please contact the following who is available and in the area

_____ H# (____) _____ W# (____) _____ C# (____) _____
Contact's Name / Relationship to student

Other than parents, guardian, other contact, student can be picked up by (name/relationship) _____

Field Trip Permission: Permission is given for my child noted above to participate in supervised field trips with BRS should I/my child fail to return permission forms issued for each separate field trip.

Parent / legal guardian signature: _____ Date: _____

Homework Wrap-Around Club

Looking for afterschool care that provides a safe, loving environment where godly character, academics, and friendship can flourish?

- Our afterschool care program runs from 3:00 pm to 5:45 pm and offers an avenue for students needing afterschool care where they can enjoy outdoor and indoor activities plus assistance with daily homework - all within the framework of a caring, Christian setting.
- Our afterschool care program is available for your daily needs or on a “just as needed basis.” Just give us a call when a need arises and we will make sure your child gets directed to our afterschool care program.
- Students from PreK through 8th grade may register. Afterschool care for students in 9th grade and above will be reviewed for acceptance on an individual basis.
- Parents receive a bill at the end of the month which is payable upon receipt. Rates are \$12/day or a maximum of \$160/month.
- All students must be signed out with program personnel at the time of pick-up.
- Please note there is no aftercare program provided on days of early dismissal or half-days.
- Please complete the following information to register:

Homework Wrap-Around Club
Registration for daily need as needed basis

First Child:

Child's Name _____ Grade _____ Male _____ Female _____

Please note any allergies _____

Second Child:

Child's Name _____ Grade _____ Male _____ Female _____

Please note any allergies _____

Parent / Guardian Information:

Mother's Name _____ Employer _____

Address _____

Cell Phone _____ Work Phone _____ Home Phone _____

Father's Name _____ Employer _____

Address _____

Cell Phone _____ Work Phone _____ Home Phone _____

Emergency Contact Person: (other than parent & must be 18-year-old & must show ID)

Name _____ Relationship _____

Address _____

Cell Phone _____ Work Phone _____ Home Phone _____

Name _____ Relationship _____

Address _____

Cell Phone _____ Work Phone _____ Home Phone _____

Parent signature _____ Date _____

**TUITION PAYMENT PLANS THROUGH
SMART TUITION**

To enroll, Contact :

1.888.868.8828

www.parents.smarttuition.com

- Plan A - 100% tuition due July 1
(\$20 administrative fee is added by Smart)**

- Plan B - 11 payments due July through May
(\$125 administrative and billing fees added by Smart)**

- Plan C - 50% tuition due July 1 and 50% due January 1
(\$75 administrative fee added by Smart)**