St. Bartholomew School

RE-REGISTRATION
INFORMATION

Pre-Kindergarten through Grade 8

2018 – 2019
School Year

The mission of Saint Bartholomew School is to love, educate and inspire our children to live the teachings of Jesus Christ.

470 Ryders Lane, East Brunswick, NJ 08816. Please call 732-254-7105 or visit us at school.stbartseb.com.
January 9, 2018

Dear Parents and Guardians,

It is my pleasure to welcome you to Saint Bartholomew School where we continue to live our mission for over fifty years. If you are new to our school, we are pleased that you have chosen St. Bartholomew School. If you are a returning family, nothing pleases me more than to say, “Welcome back.” Your continued support confirms that you recognize the academic excellence that a Catholic education at St. Bartholomew School provides for your child.

Our school has continued to prosper in spite of the challenging economic times. I am aware of the financial sacrifice you are making to provide your child with a Catholic education and I am grateful for your support. Our school funding is derived from the following sources:

- 70% Tuition
- 15% Parish Subsidy
- 15% HSA through Fundraising and Scrip

With this letter, I am notifying you that now is the time to register for the 2018-2019 school year. I look forward to another great year together as we continue our mission to love, educate, and inspire our children to live the teachings of Jesus Christ. We are blessed with a diverse and multi-ethnic student body and we invite you to be a part of this wonderful school community.

Sincerely yours in Christ,

Very Reverend Thomas J. Walsh
Pastor

The mission of St. Bartholomew School is to love, educate and inspire our children to live the teachings of Jesus Christ.
January 11, 2018

Dear Parents and Guardians,

We are proud to have faithfully lived our mission, to love, educate, and inspire our children to live the teachings of Jesus Christ, for over fifty years. As you know, at St. Bartholomew School we provide students with a life-long foundation of faith in God, excellence in academics, and service to others as a way of life. A Catholic education encompasses the whole child - spiritually, socially, emotionally, physically, and intellectually. By means of our partnership with you, we are capable of helping all children meet with success. Pope Francis has called the school a “second home” for children, and Catholic Schools a place where our students can experience themselves as children of God. I encourage you to, in the words of Pope Francis, “be aware of the gift” Catholic schools “are able to offer to all.”

Without a doubt, Catholic education is a sacrifice for families. However, I am certain that the rewards of the education we offer are incomparable. Tuition is kept as affordable as possible. We are truly blessed to maintain the tuition at the same rate as the previous year. Tuition for the 2018-2019 school year is as follows:

**Tuition Rates**

**Kindergarten through Eighth Grade**

<table>
<thead>
<tr>
<th></th>
<th>Roman Catholic</th>
<th>Non-Roman Catholic</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Child</td>
<td>$4,600</td>
<td>$5,600</td>
</tr>
<tr>
<td>Second Child</td>
<td>$3,450</td>
<td>$4,200</td>
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<tr>
<td>Third Child</td>
<td>$2,300</td>
<td>$2,800</td>
</tr>
<tr>
<td>Fourth Child</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Information regarding Tuition Assistance is included in this packet.*

**Pre-Kindergarten 3* and 4**

<table>
<thead>
<tr>
<th>Session</th>
<th>Tuition</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 am – 2 pm</td>
<td></td>
</tr>
<tr>
<td>3 Day - Full Day Program</td>
<td>$4,000</td>
</tr>
<tr>
<td>5 Day - Full Day Program</td>
<td>$5,900</td>
</tr>
</tbody>
</table>

*There is a half-day option for Pre-Kindergarten 3 only. Please call the School Office for information.

*The mission of St. Bartholomew School is to love, educate and inspire our children to live the teachings of Jesus Christ.*
Attached are the re-registration materials for the 2018-2019 school year. If you re-register your child/children before February 5, 2018, you will receive $50 off of the School Fees for each child. School Fees are non-refundable.

For example:

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>Amount</th>
<th>(after February 5 - Price)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 child</td>
<td>$200.00</td>
<td>($250)</td>
</tr>
<tr>
<td>2 children</td>
<td>$400.00</td>
<td>($500)</td>
</tr>
<tr>
<td>3 children</td>
<td>$600.00</td>
<td>($750)</td>
</tr>
</tbody>
</table>

To take advantage of this discount, please return the attached Re-Registration Form, the registration materials that are due now for re-registration, and a check for the School Fees made payable to St. Bartholomew School by the February 5 deadline. Please note that we must submit some of the documentation to the State by the first week of March; therefore, if you are re-registering and not taking advantage of the early re-registration discount, your forms must be submitted by February 16.

If you have a Smart Tuition account in the 2017-2018 school year, your account will automatically be rolled over by June 30. Once your account has been rolled over for the new school year, you will receive an email from Smart Tuition informing you that your account is live. At that point, you will need to either go online to parent.smarttuition.com or contact the call center at 888-868-8828 to make any necessary changes for the new school year. If no changes are necessary, just await your first billing information from Smart Tuition. Please note that Smart Tuition handles billing for Before School Care (PreKindergarten only) and After School Care. Please call the school office if you have any questions.

Above all, Christ is the center of all we do and we invite you to remain in our school family. May God’s peace be with you as you consider the gifts Catholic education at St. Bartholomew School provides.

God bless you,

Mrs. Ann Wierzbicki

Mrs. Ann Wierzbicki, R.N., M.A.E./Ed.S.
Principal
Dear Parent or Guardian,

Thank you for choosing to give your child(ren) the gift of a Catholic school education, a gift that I know is given at great sacrifice for many families.

For the 2018-2019 school year, we are blessed to make our tuition scholarship program available to families who are in need of financial aid. Scholarships are made possible through The Foundation for Catholic Education (FCE), an endowment fund that provides financial support to aid low and moderate income families who send their children to our elementary and high schools.

To be eligible your child(ren) must be Catholic, must be entering grades K-12 in September 2018, must be registered with your household in one of the parishes within the Diocese of Metuchen (please see the list of eligible parishes on the back of the Application Instructions Form), and must attend 1 of our 22 diocesan, parochial, or regional elementary schools, or Bishop Ahr or Immaculata High School. Students attending the two private high schools in our Diocese (St. Joseph High School and Mount Saint Mary Academy) will need to seek assistance directly from those schools.

Families that require computer access and/or assistance with the online application may register for one of two FACTS Online Application Workshops. Staff and FACTS representatives will be on-hand to walk families through the application process. Both workshops will have Spanish-speaking staff available to assist families.

**Application instructions, deadlines, and a list of the application workshop dates and locations are attached.** Please note, you are responsible for ensuring that your family is officially registered as members of a parish in the Diocese of Metuchen. No application will be considered if the parish you declare on your application cannot verify that you are officially registered. Please call your parish if you are uncertain about your registration status. If you have application questions, please call our Tuition Assistance Hotline at 732.562.1990, ext. 1610.

Thank you for the blessing you are to our children and our church and for your continued commitment to Catholic school education.

Faithfully yours in Christ,

Rev. Msgr. Michael J. Corona, PA, KCHS
Executive Director, Department of Education

Enclosures
Parents/Guardians who need assistance with the online application, or access to a computer, must register for a specific workshop. To register, please go to: www.diometuchen.org/tuition-assistance and select “Workshop Registration.” Available workshop locations, dates and times are:

**Perth Amboy Catholic Upper School, 500 State Street, Perth Amboy**

Wednesday, January 24, 2018, 2 pm to 4 pm and 6 pm to 8 pm (Spanish Translator Available)

**Perth Amboy Catholic Primary School, 613 Carlock Avenue, Perth Amboy**

Monday, February 12, 2018, 2 pm to 4 pm and 6 pm to 8 pm (Spanish Translator Available)

If you wish to begin filling out your application at the workshop, please bring as much of the following documentation as you have available: a copy of your 2016 IRS Federal Form 1040, 1040A or 1040-EZ US Individual Income Tax Return (if Applicant and Co-Applicant file separately, we require both tax returns for the same tax year); Copies of all 2017 W2, 1099, or 1099R Wage and Tax Statements for both the applicant and co-applicant; Copies of all applicable supporting tax schedules; Copies of all supporting documentation for household non-taxable income such as Social Security Income, Welfare, Child Support, Food Stamps, Worker’s Compensation, or Temporary Assistance for Needy Families (TANF).

If you have any questions regarding the FACTS Online Application Workshops, please call 732.562.1990, extension 1610.
Foundation for Catholic Education
Scholarship Fund

FACTS Grant & Aid Assessment
2018-2019 SCHOOL YEAR - Application Instructions

Eligibility Requirements:

- Student must be Catholic;
- Student must be entering grades K-12 in September 2018;
- Student must be attending one of our 22 diocesan, parochial, or regional elementary schools, or Bishop Ahr or Immaculata High School; and
- Student must be registered in one of the parishes within the Diocese of Metuchen (see list of eligible schools and parishes on reverse side or go to www.diometuchen.org/tuition-assistance for an official list).

Families applying for financial aid will need to complete an online application at https://online.factsmgt.com/aid. The application period is now open and will officially close on March 31, 2018. Online applications are available in Spanish and English. The application fee is $30, and must be paid online at the time you submit your application, otherwise your application is considered incomplete and cannot be assessed. Forms of payment include debit cards, most major credit cards, or an electronic check.

Once an online application has been completed and paid for, the following information will need to be provided to FGAA to finalize the application process:

- Copies of your 2016 Federal Income Tax Return Form 1040, 1040A, or 1040EZ (as filed with the IRS) for the applicant and co-applicant, including all supporting tax schedules.
- Copies of your 2017 W-2 forms for both you and your spouse or co-applicant.

Supporting documentation can be scanned and uploaded in .pdf format directly to your application. Documentation can also be faxed to 866.315.9264 or mailed to FACTS Grant & Aid Assessment, P.O. Box 82524, Lincoln, NE 68501-2524. Please be sure to include your applicant ID on all faxed or mailed correspondence. Do not mail documentation after April 6, 2018.

FACTS Online Application Workshops are available, please see the schedule attached. If you wish to attend a workshop, please sign-up online at www.diometuchen.org/tuition-assistance. Space is limited. If you are not able to sign up for a workshop online, or have questions or concerns about the application process, please call our Tuition Assistance Hotline at 732.562.1990, ext. 1610, or speak with a FACTS Customer Care Representative at 866.441.4637.

Parishes will be asked to verify that applicants are registered parishioners. If your parish registration is not confirmed, your application will be considered incomplete and will not be reviewed for an award. If you are not registered at the Diocese of Metuchen parish you selected, you will be notified by email and it will be up to you to contact the parish and resolve the matter by April 30, 2018. Questions? Please call our Tuition Assistance Hotline at 732.562.1990, ext. 1610.

THE DEADLINE FOR ONLINE SUBMISSION OF APPLICATIONS TO FGAA IS MARCH 31, 2018, INCLUDING SUPPORTING DOCUMENTS (the link will be deactivated on April 16). NO APPLICATIONS WILL BE ACCEPTED BY MAIL.
Foundation for Catholic Education Scholarship Fund
Eligibility Requirements

To be eligible, a student must:
- be a practicing Roman Catholic entering grades K-12 in September 2018
- attend or plan to attend a Diocese of Metuchen School (eligible schools listed below)
- be verified as registered at a Roman Catholic parish in the Diocese of Metuchen (eligible parishes listed below)

School List (by city):

High Schools
Edison – Bishop George Ahr
Somerville – Immaculata

Elementary
Basking Ridge – St. James
Bernardsville – School of St. Elizabeth
Carteret – St. Joseph
Clinton – Immaculate Conception
Colonia – St. John Vianney
East Brunswick – St. Bartholomew
Edison – St. Helena
St. Matthew the Apostle
Kendall Park – St. Augustine of Canterbury
Metuchen – St. Francis
Old Bridge – St. Ambrose
St. Thomas the Apostle
Perth Amboy – Perth Amboy Catholic
Phillipsburg – Ss. Philip and James
Raritan – St. Ann
Sayreville – Our Lady of Victories
St. Stanislaus Kostka
Somerset – St. Matthias
Somerville – Immaculate Conception
South Plainfield – Holy Savior
Academy
Spotswood – Immaculate Conception
Woodbridge – St. James

Parish List (by city):

Bound Brook - St. Joseph
Bridgewater - Holy Trinity
Califon - St. John Neumann
Carteret - Divine Mercy
St. Joseph
St. Lawrence
Colonia - St. John Vianney
Dunellen - St. John the Evangelist
East Brunswick - St. Bartholomew
Edison - St. Helena
St. Matthew the Apostle
Edison-Highland Park - Transfiguration of the Lord
Far Hills - Peapack – St. Elizabeth - St. Brigid
Flemington - St. Magdalene de Pazzi
Fords - Our Lady of Peace
Great Meadows - Sts. Peter & Paul
Hackettstown - Assumption of the Blessed Virgin Mary
Hampton - St. Ann
Helmerita - Holy Trinity
High Bridge - St. Joseph
Hillsborough - Mary, Mother of God
St. Joseph
Hopelawn - Good Shepherd
Iselin - St. Cecelia
Jamesburg - St. James the Less
Kendall Park - St. Augustine of Canterbury
Lamberville - St. John the Evangelist
Laurence Harbor - St. Lawrence
Manville - Christ the Redeemer
Martinsonville - Blessed Sacrament
Metuchen - Cathedral of St. Francis of Assisi
Our Lady of Mt. Virgin
Middlesex
Milford - St. Edward the Confessor
Milltown - Our Lady of Lourdes
Montgomery Twp-_nativity of our Lord
Montgomery Twp-St. Charles Borromeo
New Brunswick - Holy Family
Our Lady of Mt. Carmel
Parish of the Visitation
St. Peter the Apostle
North Brunswick - Our Lady of Peace
North Plainfield - St. Joseph
St. Luke
Old Bridge – Most Holy Redeemer
St. Ambrose
St. Thomas the Apostle
Oxford – St. Rose of Lima
Parlin - St. Bernadette
Perth Amboy – Most Holy Name of Jesus
Our Lady of Fatima
St. John Paul II
Phillipsburg - St. Philip & St. James
Piscataway - Our Lady of Fatima
St. Frances Cabrini
Pittstown - St. Catherine of Siena
Plainsboro - Queen of Mary
Port Murray - St. Theodore
Port Reading - St. Anthony of Padua
Raritan - St. Ann
St. Joseph
Sayreville - Our Lady of Victories
St. Stanislaus Kostka
Somerset - St. Matthias
Somerville - Immaculate Conception
South Amboy - Sacred Heart
St. Mary
South Bound Brook - Our Lady of Mercy
South Plainfield - Our Lady of Czestochowa
Church of the Sacred Heart
South River - Corpus Christi
St. Mary of Ostrabrama
St. Stephen Protomartyr
Spotswood - Immaculate Conception
Three Bridges - St. Elizabeth Ann Seton
Warren - Our Lady of the Mount
Washington – St. Joseph
Watchung - St. Mary - Stony Hill
Whitehouse Station – Our Lady of Lourdes
Woodbridge - St. James
January 11, 2018

Dear Parents/Guardians of Returning Students,

We are continuing to partner with Smart Tuition for the processing and collection of tuition for the 2018-2019 school year.

Smart Tuition makes it easy for you to:

Select a payment method that works best for you
- Choose to receive a monthly invoice, or
- Set up recurring automatic payments from your bank account or credit card
- Visa, MasterCard, Discover, and American Express are accepted

Access your account online
- Review account history, transaction details, and print monthly invoices
- Edit your contact information, password, and payment method
- Make a payment or set up recurring payments

Receive payment and follow up reminders
- For recurring payments, a reminder is emailed 7-10 days before the due date
- For missed payments and outstanding balances you will receive an email and phone call

Speak with a customer service representative
- Live agents are available 24 hours a day, 365 days a year
- Spanish speaking representatives are available
- Call toll free to make payments at (888) 868-8828

If you have a Smart Tuition account in the 2017-2018 school year, your account will automatically be rolled over by June 30. Once your account has been rolled over for the new school year, you will receive an email from Smart Tuition informing you that your account is live. At that point, you will need to either go online to parent.smarttuition.com or contact the call center at 888-868-8828 to make any necessary changes for the new school year. If no changes are necessary, just await your first billing information from Smart Tuition. Please note that Smart Tuition will be handling billing for Before School Care (PreKindergarten only) and After School Care. Please call the school office if you have any questions.

Thank you for selecting our school for your child’s education.

Sincerely,
Mrs. Ann Wierzbicki, R.N., M.A.E./Ed.S.
Principal

*The mission of St. Bartholomew School is to love, educate and inspire our children to live the teachings of Jesus Christ.*
SCRIP

Scrip is one of St. Bartholomew Home School Association (HSA)’s biggest fundraisers. Scrip are gift cards we sell through the school that the HSA purchases at a discounted price from a vendor or from the individual stores. We sell the gift cards at face value, so if you purchase a $100 gift card for a store, you get a $100 valued gift card. The discount we get from the store is our profit. We offer a large selection of gift cards that can be purchased throughout the year and during the Christmas season we offer a special holiday selection. The program is a dollar-for-dollar fundraiser and it does not cost anything to participate.

The variety of gift cards we carry in inventory make it convenient for you to reach your $2,500 buy-out. Although the amount may seem unreachable to some, the reality is that you only need to purchase a minimum of $50 per week to achieve this goal. The Scrip buy-out period begins on July 1, 2018, and ends on June 30, 2019, for the 2018-2019 school year. Scrip is sold on a weekly basis throughout the school year and during the summer months. The dollar amount of the scrip purchased during this time will be applied to your buy-out. Once you reach your $2,500 buy-out, the work bond check that you submitted with your registration forms will be returned to you. If you do not reach the buy-out by June 30, your work bond check will be cashed. During the school year, you will find the Scrip order form in the communication envelope on our website or under the tab marked “Scrip.” Send your order form in with a check made payable to SBS HSA with your child in an envelope marked “SCRIP.” You will receive your gift cards in your child’s folder. It’s that easy.

Scrip can be used to purchase anything that you purchase with cash. For example, you can pay for your groceries, clothes, Kohl’s charge card bill, and restaurants. If you need to purchase a large quantity of scrip for a specific retailer, i.e. Home Depot because you are doing a project at home, please inform the Scrip Coordinator. If you need to purchase $500 or more for a specific store, please inform the Scrip Coordinator ahead of time so that the inventory is not depleted.

Scrip is an easy and very profitable fundraiser for our school. If you have any questions, please contact the School Office at 732-254-7105.

1/3/18
Please use this checklist to complete all necessary paperwork. Registration forms should be returned to the school’s office by February 16, 2018.

**Due Now at Re-registration**

- $250 School Fee per child *(non-refundable) (Fee is $200 per child if re-registered on or before February 5.)*
- $250 Scrip Work Bond Check dated April 1, 2019 *(Grades K through 8 only)*
- Student Re-Registration Form *(complete one form per family)*
- New Student/Sibling Registration Form *(complete if applicable)*
  - Copy of your child/children’s Birth Certificate(s)
  - Copy of your child/children’s Baptismal Certificate(s)
- Pre-K 3 & Pre-K 4 Registration Form *(complete one form per child for Pre-K students)*
- Family/Student Emergency Information Form *(complete one form per family)*
- Transportation Form - B6T *(complete one form per child, Grades K through 8 only)*
  A Transportation Form is required for all students in Grades K through 8 regardless of whether or not they will ride the bus.
- Loan of Textbook Form *(complete one form per child, Grades K through 8 only)*
- Nursing Services Form *(complete one form per child)*

**Due Before the Beginning of School – Must be received by August 24 or student will not be able to start school.**

- Health History/Physical Examination Form *(complete one form per child)*
  We utilize the comprehensive NJDOE Annual Athletic Pre-Participation Physical Examination Form: Part A, Health History Questionnaire completed by you, and Part B, Physical Examination Form completed by your child’s physician. This form needs to be completed even if your child is not participating in a sport.
- Copy of Immunization Record *(one for each child)*
- Medical Update Form for Re-Registering Students *(complete one form per child)*
  *(Please call the nurse at 732-257-6668 with questions regarding all nursing forms.)*

For the safety and protection of our children, all adults who wish to work as volunteers, chaperones or helpers for the Home School Association and school functions are required to be fingerprinted through **MorphoTrust** and receive training through the Diocese mandated **Protecting God’s Children** program. The complete process for becoming a volunteer may be found on our website.

*Forms may also be found on our website at school.stbartseb.com or you may call the school office at 732-254-7105.*
St. Bartholomew School
School Year 2018–2019
Re-Registration Form

Family Name: ______________________________

Please list the names, birthdates, grade levels, and fee amounts for children registering for the 2018–2019 school year.

RETURNING STUDENT(S)

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>DATE OF BIRTH (mm/dd/yyyy)</th>
<th>GRADE FOR 2018-2019</th>
<th>SCHOOL FEE/CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
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<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NEW SIBLING(S) OF RETURNING STUDENT(S) (Please submit birth and baptismal certificates.)

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>DATE OF BIRTH (mm/dd/yyyy)</th>
<th>GRADE FOR 2018-2019</th>
<th>REGISTRATION + SCHOOL FEES/CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

REGISTRATION AND SCHOOL FEES

New Sibling Registration Fee: A non-refundable Registration Fee of $50.00 for a child who is new to the school is required. No Registration Fee is required for returning students.

School Fee: A non-refundable school fee of $250.00/child is required for all returning and new students.

For example: 1 child $250.00
2 children $500.00
3 children $750.00

Note: If you re-register your child/children on or before February 6, 2017, you will receive a $50 discount per child.

For example: 1 child $200.00 (after February 6 - $250)
2 children $400.00 (after February 6- $500)
3 children $600.00 (after February 6- $750)

If you have any questions, please contact the School Office at 732-254-7105.
Please note that students are not considered re-registered/registered until all paperwork (including medical forms) is received.

Total Amount Enclosed: _________________ □ Cash  □ Check (# _________)

Scrip Check Enclosed (Not applicable for PreK.)  □ Check (# _________)

Parent/Guardian Signature ____________________________ Date ___________ 1/3/18
<table>
<thead>
<tr>
<th>Sacrament</th>
<th>Parish</th>
<th>Address, City, State</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baptism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Penance</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>First Communion</td>
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<tr>
<td>Confirmation</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity /Religion (Check box in table.)</th>
<th>Asian</th>
<th>American Indian/Native Alaskan</th>
<th>Black/African American</th>
<th>Native Hawaiian/Other Pacific Islander</th>
<th>White/Caucasian (including Middle East)</th>
<th>Two or more races</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roman Catholic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Catholic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Is the student Hispanic? | ☐ Yes | ☐ No |

<table>
<thead>
<tr>
<th>Sibling</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Sibling</th>
<th>Date of Birth (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>

Language spoken at home: 

We were referred by (if applicable):

Completion of this registration form is not considered acceptance to St. Bartholomew School. Applications will not be considered complete until all necessary paperwork has been submitted. Please see checklist included in packet.

1/3/18
St. Bartholomew School
2018-2019 Registration Form

Pre-K 3 and Pre-K 4

Student Name: _______________________________________

Please check the appropriate box.

Pre-K 3 Sessions*

☐ 3 Day Full Days 8:30 AM - 2:00 PM  (Monday – Tuesday – Thursday)  $4,000
☐ 5 Day Full Days 8:30 AM - 2:00 PM  (Monday through Friday)  $5,900

*Please contact the School for information if you are interested in the half-day option.

Pre-K 4 Sessions

☐ 3 Day Full Days 8:30 AM - 2:00 PM  (Monday – Tuesday – Thursday)  $4,000
☐ 5 Day Full Days 8:30 AM - 2:00 PM  (Monday through Friday)  $5,900

Before School Care is available for our PreKindergarten students. This is not a formal activity-based program or a morning meal program. Students dropped off early are in the classroom with one of their teachers and quietly play while waiting for their classmates to arrive. For pricing and the application form, please see the 2018-2019 Before School and After School Care Program section of the registration packet. All families utilizing Before School Care will be billed via Smart Tuition.

Our After School Care Program is available until 6:00 PM. Our PreKindergarten and Kindergarten After School Care Program is held in the PreKindergarten building until 4:00 PM. For pricing and the application form, please see the 2018-2019 Before School and After School Care Program section of the registration packet. All families utilizing our After School Care Program will be billed via Smart Tuition.

St. Bartholomew’s Hot Lunch Program is also available for our PreKindergarten students.

1/11/18
<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Type of Food Allergy or Asthma (If none, indicate none.)</th>
<th>Grade for 2018-2019</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian</th>
<th>Mother/Guardian</th>
<th>Father/Guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, Zip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Telephone #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cell Phone #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Phone #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SBS Alumnus?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Parental Status**
- [ ] Married
- [ ] Separated
- [ ] Divorced
- [ ] Deceased Spouse
- [ ] Never Married

**Child/Children Reside With**
- [ ] Mother
- [ ] Father
- [ ] Both
- [ ] Legal Guardian
- [ ] Other

**Emergency Contact Information (Other than Parent/Guardian)**
The following people, other than a parent or guardian, are authorized to pick up my child/children if a parent/guardian is unavailable. I assume full responsibility for such action. Persons designated must be available during school hours, within one hour driving distance. A minimum of two contacts must be specified.

**Contact 1**
- Name: 
- Home Phone #: 
- Cell Phone #: 
- Relationship to Child:

**Contact 2**
- Name: 
- Home Phone #: 
- Cell Phone #: 
- Relationship to Child:

**Contact 3**
- Name: 
- Home Phone #: 
- Cell Phone #: 
- Relationship to Child:

______________________________  ____________________
Parent/Guardian Signature      Date

1/3/18
Please submit a separate application for each child to the private school

SCHOOL YEAR 2018-2019

STUDENT’s NAME

DATE OF BIRTH

GENDER

PARENT/GUARDIAN NAME

DAYTIME PHONE

M or F

CITY or TWP

ZIP

HOME ADDRESS

CITY or TWP

ZIP

NEAREST INTERSECTION TO STUDENT’S RESIDENCE

FULL NAME OF SCHOOL TO BE ATTENDED

St. Bartholomew School

PHONE 732-254-7105

ADDRESS OF SCHOOL

470 Ryders Lane, East Brunswick, NJ 08816

STUDENT’S GRADE FOR THE COMING YEAR

SHORTEST ONE-WAY MILEAGE

BETWEEN HOME AND SCHOOL

(MEASURED VIA THE SHORTEST ROUTE ALONG PUBLIC ROADWAYS OR WALKWAYS IN MILES AND TENTHS)

DATE SCHOOL OPENS SEP 2018

CLOSES JUN 2019

SCHOOL HOURS FROM 7:30 AM TO 1:45 PM

NAME AND ADDRESS OF LAST SCHOOL OF ATTENDANCE

SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE • FOR PUBLIC SCHOOL USE ONLY

YOUR APPLICATION HAS BEEN REVIEWED BY THE RESIDENT DISTRICT BOARD OF EDUCATION. THE FOLLOWING DETERMINATION HAS BEEN MADE:

TRANSPORTATION WILL BE PROVIDED YOU ARE ELIGIBLE FOR PAYMENT IN LIEU OF TRANSPORTATION

INELIGIBLE (REASON)

DATE

SIGNATURE

TITLE

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION (B6T) N.J.A.C. 6A:27-2.5

1. IT IS THE OBLIGATION OF THE PARENT OR GUARDIAN OF PRIVATE SCHOOL STUDENTS TO:

• ANNUALLY OBTAIN THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION FROM THE ADMINISTRATIVE OFFICE OF THE PRIVATE SCHOOL FOR EACH STUDENT FOR WHICH TRANSPORTATION SERVICES ARE BEING REQUESTED. SUBMIT A SEPARATE APPLICATION FOR EACH STUDENT.

NOTE:

o IF THERE IS A CHANGE OF HOME ADDRESS, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.

o IF THERE IS A CHANGE IN THE NONPUBLIC SCHOOL OF ATTENDANCE, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.

• COMPLETE THIS APPLICATION AND RETURN IT TO THE PRIVATE SCHOOL ON OR BEFORE MARCH 10TH PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED.

LATE APPLICATIONS – ANY APPLICATION RECEIVED AFTER MARCH 10TH WILL BE A LATE APPLICATION AND MUST BE ACCOMPANIED BY A STATEMENT OF THE REASON FOR LATENESS. ELIGIBLE STUDENTS WILL RECEIVE TRANSPORTATION OR AID IN LIEU OF TRANSPORTATION BASED ON THE DATE THE APPLICATION IS RECEIVED BY THE PUBLIC SCHOOL.

2. IT IS THE OBLIGATION OF THE NONPUBLIC SCHOOL ADMINISTRATOR TO ANNUALLY COLLECT THE APPLICATION AND SUBMIT IT TO THE PUBLIC SCHOOL FROM WHICH TRANSPORTATION IS BEING REQUESTED PRIOR TO MARCH 15TH.

3. IT IS THE OBLIGATION OF THE PUBLIC SCHOOL ADMINISTRATOR TO NOTIFY THE PARENT OR GUARDIAN AS TO THE DETERMINATION OF EACH APPLICATION BY AUGUST 1ST.

A DISTRICT BOARD OF EDUCATION SHALL PAY AID IN LIEU OF TRANSPORTATION TO THE PARENT OR GUARDIAN OF AN ELIGIBLE STUDENT ONLY AFTER RECEIVING A SIGNED “REQUEST FOR PAYMENT OF TRANSPORTATION AID” VOUCHER AS PRESCRIBED BY THE COMMISSIONER OF EDUCATION.
INDIVIDUAL PUPIL REQUEST FOR LOAN OF TEXTBOOKS

DATE: __________________________

Public School District: __________________________

Nonpublic School: St. Bartholomew School
470 Ryders Lane
East Brunswick, NJ 08816

Name of Pupil: __________________________
Grade: ______
Name of Parent/Guardian: __________________________

Under the provisions of N.J.S.A. 18A: 58-37.1 et seq., I hereby request the __________________ (Public School District) to loan textbooks to St. Bartholomew School (Nonpublic School) in which my child is enrolled. I certify that my above named child and I are residents of the State of New Jersey. I understand that the board of education of public school district in which the nonpublic school is located with state funding is responsible for providing the loan of textbooks to nonpublic school pupils pursuant to law and regulations.

Signature of Parent/Guardian: __________________________
Date: __________________________

1/3/18
Existing NJ legislation provides for certain nursing services for full-time students in private schools. Based on available financial state aid, services include maintenance of student health records, hearing, vision and scoliosis screening, and medication administration for both prescription and nonprescription drugs. Students will also receive nursing services for school-related injuries or illnesses.

Parent/Guardian permission is required in order for the school to provide these nursing services. Please complete the appropriate section of the form below and return this paper to the School Nurse as soon as possible.

Please keep in mind that if you decline nursing services for your child, you will be required to forward an up-to-date physical examination form (done within the past year) from your child's physician with your child's current height, weight, blood pressure, immunization record, hearing, vision, and scoliosis exam (scoliosis if the child is age 10 or older). In order to ensure the health of our school community yet abide by your decision, your child will ONLY be seen by the school nurse if he exhibits signs and symptoms of a contagious illness, communicable disease, or in an emergency. YOU will be contacted otherwise for minor injuries or illnesses.

If you have any further questions or concerns, please feel free to contact the School Nurse at the above number.

______________________________________________________________________________

(   ) ACCEPT/AGREE, I GIVE PERMISSION for my child, _____________________, to participate in nursing services. He/She will be entering Grade _______ in September 2018.

(   ) DECLINE/REFUSE, I DO NOT GIVE PERMISSION for my child, _____________________, to participate in nursing services. He/She will be entering Grade _______ in September 2018.

______________________________________________________________________________

Parent/Guardian Signature ___________________________ Date ___________________________

Reviewed by School Nurse ___________________________ Date ___________________________
Preparticipation Physical Evaluation

HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep copy of this form in the chart.)

Date of Exam ____________________________________________________________ Date of birth __________________________

Sex ________  Age  ____________  Grade  ________________  School  _____________________________ Sport(s)  __________________________________

Name __________________________________________________________________________________

Date of Exam ___________________________________________________________________________________________________________________

Medical History

Do you have any allergies?  □ Yes  □ No  If yes, please identify specific allergy below.

□ Medicines  □ Pollens  □ Food  □ Stinging Insects

Explain “Yes” answers below. Circle questions you don’t know the answers to.

GENERAL QUESTIONS

1. Has a doctor ever denied or restricted your participation in sports for any reason?

2. Do you have any ongoing medical conditions? If so, please identify below:  □ Asthma  □ Anemia  □ Diabetes  □ Infections  Other: ________________________________

3. Have you ever spent the night in the hospital?

4. Have you ever had surgery?

HEART HEALTH QUESTIONS ABOUT YOU

5. Have you ever passed out or nearly passed out DURING or AFTER exercise?

6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?

7. Does your heart ever race or skip beats (irregular beats) during exercise?

8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:

High blood pressure  □ A heart murmur  High cholesterol  □ A heart infection  Kawasaki disease  Other:

9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)

10. Do you get lightheaded or feel more short of breath than expected during exercise?

11. Have you ever had an unexplained seizure?

12. Do you get more tired or short of breath more quickly than your friends during exercise?

HEART HEALTH QUESTIONS ABOUT YOUR FAMILY

13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?

14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?

15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?

16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?

BONE AND JOINT QUESTIONS

17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?

18. Have you ever had any broken or fractured bones or dislocated joints?

19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?

20. Have you ever had a stress fracture?

21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)

22. Do you regularly use a brace, orthotics, or other assistive device?

23. Do you have a bone, muscle, or joint injury that bothers you?

24. Do any of your joints become painful, swollen, feel warm, or look red?

25. Do you have any history of juvenile arthritis or connective tissue disease?

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete: ____________________________  Signature of parent/guardian: ____________________________  Date: __________________________

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HE0503
New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71

9-2001/0410
The Athlete with Special Needs: Supplemental History Form

Date of Exam  ____________________________________________________________________________________________________________________
Name __________________________________________________________________________________ Date of birth __________________________
Sex _______ Age __________ Grade _____________ School _____________________________ Sport(s) __________________________________

1. Type of disability
2. Date of disability
3. Classification (if available)
4. Cause of disability (birth, disease, accident/trauma, other)
5. List the sports you are interested in playing

<table>
<thead>
<tr>
<th>6. Do you regularly use a brace, assistive device, or prosthetic?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Do you use any special brace or assistive device for sports?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Do you have any rashes, pressure sores, or any other skin problems?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Do you have a hearing loss? Do you use a hearing aid?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Do you have a visual impairment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

| 11. Do you use any special devices for bowel or bladder function? |
|                                                               |
|                  Yes | No                  |

<table>
<thead>
<tr>
<th>12. Do you have burning or discomfort when urinating?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. Have you had autonomic dysreflexia?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>15. Do you have muscle spasticity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

| 16. Do you have frequent seizures that cannot be controlled by medication? |
|                                                                         |
|                  Yes | No                  |

Explain “yes” answers here
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

Please indicate if you have ever had any of the following.

<table>
<thead>
<tr>
<th>Atlantoaxial instability</th>
<th>X-ray evaluation for atlantoaxial instability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dislocated joints (more than one)</td>
<td>Easy bleeding</td>
</tr>
<tr>
<td>Enlarged spleen</td>
<td>Hepatitis</td>
</tr>
<tr>
<td>Osteopenia or osteoporosis</td>
<td>Difficulty controlling bowel</td>
</tr>
<tr>
<td>Difficulty controlling bladder</td>
<td>Numbness or tingling in arms or hands</td>
</tr>
<tr>
<td>Numbness or tingling in legs or feet</td>
<td>Weakness in arms or hands</td>
</tr>
<tr>
<td>Weakness in legs or feet</td>
<td>Recent change in coordination</td>
</tr>
<tr>
<td>Recent change in ability to walk</td>
<td>Spina bifida</td>
</tr>
<tr>
<td>Latex allergy</td>
<td></td>
</tr>
</tbody>
</table>

Explain “yes” answers here
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete __________________________________________ Signature of parent/guardian __________________________________________________________ Date _____________________


New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71
**Preparticipation Physical Evaluation**

**Physician Reminders**

1. Consider additional questions on more sensitive issues
   - Do you feel stressed out or under a lot of pressure?
   - Do you ever feel sad, hopeless, depressed, or anxious?
   - Do you feel safe at your home or residence?
   - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
   - During the past 30 days, did you use chewing tobacco, snuff, or dip?
   - Do you drink alcohol or use any other drugs?
   - Have you ever taken anabolic steroids or used any other performance supplement?
   - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
   - Do you wear a seat belt, use a helmet, and use condoms?

2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

### Examination

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP / /</td>
<td>Pulse</td>
<td>Vision R 20/</td>
<td>L 20/</td>
</tr>
<tr>
<td>Y Y N</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

#### Medical

<table>
<thead>
<tr>
<th>Appearance</th>
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</thead>
<tbody>
<tr>
<td>Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span &gt; height, hyperlaxity, myopia, MVP, aortic insufficiency)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eyes/ears/nose/throat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pupils equal</td>
</tr>
<tr>
<td>Hearing</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lymph nodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart</td>
</tr>
<tr>
<td>Murmurs (auscultation standing, supine, +/- Valsalva)</td>
</tr>
<tr>
<td>Location of point of maximal impulse (PMI)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pulses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simultaneous femoral and radial pulses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lungs</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Abdomen</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Genitourinary (males only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSV, lesions suggestive of MRSA, tinea corporis</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Neurologic</th>
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</thead>
</table>

#### Musculoskeletal

<table>
<thead>
<tr>
<th>Neck</th>
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</thead>
<tbody>
<tr>
<td>Back</td>
</tr>
<tr>
<td>Shoulder/arm</td>
</tr>
<tr>
<td>Elbow/forearm</td>
</tr>
<tr>
<td>Wrist/hand/fingers</td>
</tr>
<tr>
<td>Hip/thigh</td>
</tr>
<tr>
<td>Knee</td>
</tr>
<tr>
<td>Leg/ankle</td>
</tr>
<tr>
<td>Foot/toes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Functional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duck-walk, single leg hop</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason</th>
</tr>
</thead>
</table>

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, a physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician, advanced practice nurse (APN), physician assistant (PA) (print/type) __________________________ Date of exam ________________

Address __________________________ Phone __________________________

Signature of physician, APN, PA __________________________
# Preparticipation Physical Evaluation

## CLEARANCE FORM

**Name:** ____________________________  **Sex:** ☐ M  ☐ F  **Age:** __________  **Date of birth:** __________

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for ________________________________________________

☐ Not cleared

☐ Pending further evaluation

☐ For any sports

☐ For certain sports

**Reason:** _____________________________________________________________________________________________

**Recommendations** _____________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

**I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).**

**Name of physician, advanced practice nurse (APN), physician assistant (PA):** ________________________________

**Date:** __________

**Address:** ____________________________________________________________  **Phone:** ____________________________________________________________

**Signature:** ____________________________________________________________


New Jersey Department of Education 2014; Pursuant to P.L.2013, c.71
### St. Bartholomew School

**Medical Update for the 2018-2019 School Year**

**Health Office**

732-257-6668

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Date of Birth (mm/dd/yyyy):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade Level</td>
<td>Gender: ☐ F ☐ M</td>
</tr>
<tr>
<td>Mother’s Name</td>
<td>☐ Mrs. ☐ Ms. ☐ Dr. ☐ RN ☐ Other _____</td>
</tr>
<tr>
<td>Father’s Name</td>
<td>☐ Mr. ☐ Dr. ☐ RN ☐ Other_____</td>
</tr>
</tbody>
</table>

1) Have there been any changes to your child’s health status from last year? If yes, please list any serious illnesses, injuries or medical conditions.

___________________________________________________________________________________

___________________________________________________________________________________

2) Does your child take daily medication? If yes, please list name of medicine, dose and frequency.

Please note, if any of the medications need to be administered during school hours, download the Form to Administer Medication from the Nurse’s website. Send the completed form to the Health Office.

___________________________________________________________________________________

___________________________________________________________________________________

3) Please list the date of your child’s last physical examination: ________________

(You will need to provide documentation. The NJDOE Physical Examination form may be downloaded from the Nurse’s website.)

___________________________________________________________________________________

___________________________________________________________________________________

4) Has your child received any immunizations within the last year? If yes, please provide written documentation from your child’s physician’s office. *Please note that students entering Grade 6 in September 2014 are required to have Tdap and Menactra prior to the first day of school.*

___________________________________________________________________________________

___________________________________________________________________________________

5) Is there any additional pertinent medical information you feel is necessary for the nurse or your child’s teacher to know? Would you like to be called by the School Nurse to discuss the details?

___________________________________________________________________________________

___________________________________________________________________________________

Please be advised that if your child requires medication in school, he MUST have a doctor’s order as well as your consent. *THIS ALSO APPLIES TO OVER-THE-COUNTER MEDICATIONS!* If you need a Form to Administer Medication, please download the form from the Nurse’s website.

If your child requires an Epi-Pen, inhaler and/or other treatments that require medical assistance, you will be receiving additional information and requests for information.

___________________________________________  ____________________________
Parent/Guardian Signature                   Date

Reviewed by:

___________________________________________  ____________________________
School Nurse                                Date

1/3/18
2018-2019 Before School Care and After School Care Programs

Before School Care – PreKindergarten
Our Before School Care is available for our PreKindergarten students. This is not a formal activity-based program or a morning meal program. Students dropped off early (between 7:00 AM and 8:25 AM) are in the classroom with one of their teachers and quietly play while waiting for their classmates to arrive. The cost is $10 per day. All families utilizing this program will be billed via Smart Tuition.

Before School Care – Kindergarten – Grade 8
Students in Kindergarten through Grade 8 may be dropped off in the cafeteria with the teacher monitor starting at 6:45 AM. There is no charge.

After School Care (ASC) – PreKindergarten, Kindergarten – Grade 8
All students enrolled in PreKindergarten 3 through Grade 8 at Saint Bartholomew School are eligible to apply for entrance into the program. Students in After School Care will be in groups and have an activity schedule which is monitored at all times by ASC personnel. ASC for PreKindergarten and Kindergarten students is held in the PreKindergarten building.

An Application Form and Emergency Information Form is available in this packet and must be completed prior to school opening to be considered for enrollment in the program. There is a $25.00 application fee per family due at the time of submitting your application.

Pizza lunch is available for a fee on early dismissal days. A lunch order form is available on our website (school.stbartseb.com). All lunch order forms must be sent in the day prior to the early dismissal day so that the necessary amount of food may be ordered.

Monthly billing is handled by Smart Tuition for After School Care and Before School Care (PreKindergarten only). Due to the changing number of school days per month, monthly charges are not prorated for holiday months.

The program ends promptly at 6:00 PM. Any family who does not pick their child/children up by 6:00 PM will be charged an additional $20.00 for that day of service for every half hour the staff member is required to wait for the parent/guardian. This will be added to your bill. However, late pick-up is considered a rare event and should only occur in an emergency situation. Please make arrangements for a secondary person to pick up your child/children on days you cannot reach the school by 6:00 PM.

Only authorized adults listed on the application form can pick up your child/children. Identification verification is required.

After 2 PM, the ASC staff members can be reached at 732-254-1559.

Information regarding Homework Club for students enrolled in the After School Care Program:
Students in grades Kindergarten through Grade 8 who are enrolled in the After School Care Program may participate free of charge in Homework Club staffed by certified teachers from 2 PM – 3 PM. This is a service offered and it is the responsibility of students to attend if parents/guardians wish.
St. Bartholomew School

After School Care Rates
2018-2019

Monthly Rates

<table>
<thead>
<tr>
<th>Children</th>
<th>Pick-up at 4 PM</th>
<th>Pick-up at 5 PM</th>
<th>Pick-up at 6 PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$200</td>
<td>$275</td>
<td>$350</td>
</tr>
<tr>
<td>2</td>
<td>$300</td>
<td>$400</td>
<td>$500</td>
</tr>
<tr>
<td>3</td>
<td>$400</td>
<td>$525</td>
<td>$650</td>
</tr>
</tbody>
</table>

Daily/Drop-in Rates

<table>
<thead>
<tr>
<th>Time</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 1 hour</td>
<td>$10.00/child</td>
</tr>
<tr>
<td>1 - 4 hours</td>
<td>$20.00/child</td>
</tr>
</tbody>
</table>

For enrollment of four or more children, please call the school office at 732-254-7105 for rates.

Before School Care Rates (PreKindergarten Students Only)
2018-2019

Our Before School Care Program is available for our PreKindergarten students. This is not a formal activity-based program or a morning meal program. Students dropped off early are in the classroom with one of their teachers and quietly play while waiting for their classmates to arrive. All families utilizing this program will be billed via Smart Tuition.

7:00 AM - 8:25 AM Drop-Off $10.00 per day
2018-2019 BEFORE AND AFTER SCHOOL CARE PROGRAM
APPLICATION FORM

REGISTRATION FEE: $25.00 (Please submit with this form.)

*ALL BEFORE AND AFTER SCHOOL CARE FEES WILL BE BILLED THROUGH SMART TUITION.*

_____ I will be using the Before Care Program. (*Pre-K only*)

$10.00 per day - Begins at 7:00 am until 8:30 am

Please circle day(s) you will be using:
Monday Tuesday Wednesday Thursday Friday

_____ I will be using the Daily/Drop-in After Care Program. (*Pre-K – 8*)

<table>
<thead>
<tr>
<th>Up to 1 hour</th>
<th>$10.00/child</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 4 hours</td>
<td>$20.00/child</td>
</tr>
</tbody>
</table>

_____ I will be using the Monthly After Care Program. (*Pre-K – 8*)

Please circle choice:

<table>
<thead>
<tr>
<th>Children</th>
<th>Pick-up by 4 PM</th>
<th>Pick-up by 5 PM</th>
<th>Pick-up by 6 PM</th>
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<td>$525</td>
<td>$650</td>
</tr>
</tbody>
</table>

Please print first and last name of student(s):

________________________________________________________________________

Parent/Guardian Signature_____________________Date________
St. Bartholomew School
After School Care Emergency Information Form
2018-2019

Family Last Name: _____________________________________________________________

Student’s First Name/Grade:
1. ____________________/ ________  3. ____________________/ ________
2. ____________________/ ________  4. ____________________/ ________

List Student’s Name/Allergies/Health/Medical Problems:
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
4. __________________________________________________________

Student’s Home Address, City, State, Zip

Home Phone Number: ______________________________________________________

Contact Information

Mother’s Full Name ___________________________ Father’s Full Name ___________________________
Mother’s Cell Phone ___________________________ Father’s Cell Phone ___________________________
Mother’s Employer ___________________________ Father’s Employer ___________________________
Mother’s Work Phone ___________________________ Father’s Work Phone ___________________________

List two alternate contacts in the event that a parent/guardian cannot be reached.

Emergency Contact #1/Relationship to Student ___________________________ Emergency Contact #2/Relationship to Student ___________________________
Home Telephone Number ___________________________ Home Telephone Number ___________________________
Cell Phone Number ___________________________ Cell Phone Number ___________________________

In an event of an emergency, and I am unable to be reached by telephone, I hereby authorize a representative of St. Bartholomew School to act in my child’s best interest.

Parent/Guardian Signature: _______________________________________________ Date: __________________

1/3/18