

William Paterson University



William Paterson University
Child Development Center
1800 Valley Road, Wayne, NJ 07470

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WP Main Campus Number. 973-720-2000
University Police/Public Safety973-720-2300

Division of Children and Family Services

Bureau of Licensing.....1-877-667-9845
Child Abuse Hotline.....1-800-792-8610



Application for Admission

Please print all information clearly or type it into the PDF. Completed applications may be emailed, uploaded to ProCare, or dropped off at the Child Development Center.

Child's Name _____ Date of Birth _____

Child Prefers to be Called _____

Home Address _____ Apartment _____

City _____ State _____ Zip Code _____

Parent/Guardian Information

(1) Name _____ Email _____

Home Address (if different from above) _____

Primary Phone _____ Work Phone _____

Occupation _____ Employer _____

(2) Name _____ Email _____

Home Address (if different from above) _____

Primary Phone _____ Work Phone _____

Occupation _____ Employer _____

Is either guardian a current or former William Paterson University student or staff member?

If Yes, 855# _____

Additional Authorized Pickup

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

Name _____ Phone Number _____ Relationship _____

If a non-custodial parent is not authorized to pick up your child, please provide a copy of the court order. We will keep this information safely on file at the Child Development Center.

Monthly Tuition Rates and Regulations

A one-time, nonrefundable registration fee of \$100 is due at the time of registration. Tuition is billed through Procure on the first of each month for the current month, from September through June. Families are encouraged to set up convenient, contactless ACH payments, but we also accept cash and personal checks. Balances not paid by the 14th of the month will incur a \$10 late fee per week. Accounts must be paid in full before the start of the next month to continue attendance.

	* Standard Monthly Tuition Rates	WP Alumni and Employee Monthly Tuition Rates	WP Student Monthly Tuition Rates
*A 10% tuition discount on the standard rate is available to families with parents or guardians who are educators, firefighters, members of the military, or members of law enforcement, as well as to families with siblings concurrently enrolled in the program. This discount does not apply to William Paterson University alumni, employee, or student rates, nor does it apply to extended day services.			
Full Day 9:00– 3:00			
5 Full Days	\$1,600	\$1,440	\$1,280
4 Full Days	\$1,280	\$1,152	\$1,024
3 Full Days	\$960	\$864	\$768
Half Day 9:00- 12:15			
5 Half Days	\$1,000	\$900	\$800
4 Half Days	\$800	\$720	\$640
3 half Days	\$600	\$540	\$480
Extended Day: Early Morning 7:30 – 8:50 and Late Afternoon 3:10 – 5:00			
Early Morning	\$10	\$10	\$10
Late Afternoon	\$15	\$15	\$15
Early Morning and Late Afternoon	\$25	\$25	\$25

The Child Development Center accepts subsidies for eligible families. Families approved through state subsidy programs may use their benefits toward tuition costs, in accordance with state guidelines and program requirements. Our staff will work with families to coordinate documentation and ensure that subsidy payments are applied accurately. Families are responsible for any portion of the tuition not covered by the subsidy.

Child Care Access Means Parents in School Program

CCAMPIS, or the Child Care Access Means Parents in School Program, is a U.S. Department of Education federal grant that provides funding to institutions of higher education to offer subsidized, campus-based childcare services to Pell-eligible student-parents. Parents enrolled as William Paterson students who are Pell-eligible qualify for the Child Development Center tuition offset. Please contact the Center director for more information.

Program Schedule and Times

Early Care: 7:30 a.m. – 8:50 a.m.

Full School Day

- Arrival Window: Begins at 8:50 a.m.
- School Day Begins: 9:00 a.m.
- School Day Ends: 3:00 p.m.

Half School Day

- Arrival Window: Begins at 8:50 a.m.
- School Day Begins: 9:00 a.m.
- School Day Ends: 12:15 p.m.

Late Afternoon Care: 3:00 p.m. – 5:00 p.m.

To ensure children have a positive and consistent start, the school day begins promptly at 9:00 a.m., allowing full participation in morning meeting and classroom routines. Children must be signed in by 9:15 a.m. Arrivals after 9:30 a.m. must be pre-arranged when necessary. If your child will be absent, please report the absence through Procure as soon as possible.

The arrival window provides families with a brief, flexible period to drop off children while helping maintain smooth classroom routines. This window allows teachers to greet children, maintain supervision, and ensure that learning activities continue uninterrupted. Following these times helps establish a calm, predictable start to each child's day.

While we understand that schedules may change, we ask families to notify us as early as possible about early- and late-afternoon care needs to ensure adequate staffing. Unannounced drop-ins will incur a \$20 fee for early-morning care and a \$25 fee for late-afternoon care. Children not signed out of school by 3:10 p.m. will be transitioned to extended day, and families will be charged the drop-in rate. Our main goal is to keep all children safe, supervised, and always accounted for.

Requested Schedule

Please select the option that best describes your needs.

School Day

5 Full Days (9:00 – 3:00) Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

4 Full Days (9:00 – 3:00) Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

3 Full Days (9:00– 3:00) Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

5 Half Days (9:00 – 12:15) Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

4 Half Days (9:00 – 12:15) Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

3 Half Days (9:00– 12:15) Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Extended Day: Early Morning and Late Afternoon

Early Morning (7:30 – 8:50) Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Late Afternoon (3:00 – 5:00) Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

My child's first month of school will be _____

Department of Children and Families Office of Licensing INFORMATION TO PARENTS

Under provisions of the Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52), every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements on the DCF website at <http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf> or obtain a copy by sending a check or money order for \$5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention, too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the OOL's Inspection/Violation Reports on the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint investigation, you are also entitled to review the OOL's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review or you can view them online at <https://childcareexplorer.njccis.com/portal/>.

Department of Children and Families Office of Licensing INFORMATION TO PARENTS

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements, and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at <https://www.cpsc.gov/Recalls>. Internet access may be available at your local library. For more information, call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the State Central Registry Hotline, toll free at (877) NJ ABUSE/(877) 652-2873. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292- 0422 or go to www.state.nj.us/dcf/.

Please initial your acknowledgment and check the box below _____

I have read and understand the Department of Children and Families Office of Licensing information to parents statement.

Health, Developmental, and Emergency Care Information

In the event of an accident or emergency, the Child Development Center will make every effort to contact the child's parents or guardians (and physician when appropriate) at the locations provided by the parent or guardian as soon as possible. However, the Center accepts no liability if it is unable to make contact. I hereby authorize the William Paterson University Child Development Center to provide medical aid and to seek emergency medical care for my child. My child may be transported to the nearest emergency room by Campus Police. I also authorize the hospital and its personnel to perform necessary emergency treatment on my child as determined by the emergency room physician.

Parent/Guardian's Signature _____ Date _____

Child's Health Care Information

Child's Physician _____ Phone Number _____

Child's Allergies, if any

A doctor's note must be provided, specifying the child's allergens, symptoms, and prescribed treatment.

Name of Insurance Company/HMO:

Group # _____ Identification # _____

Subscriber's Name on Insurance Card _____

Medication your child takes regularly _____

List any special conditions, disabilities, medical or physical restrictions, or other relevant medical information for emergencies.

Has your child been formally evaluated for developmental concerns and/or received developmental services through Early Intervention or a private provider? Examples include speech therapy, occupational therapy, physical therapy, Early Intervention services, or behavioral or social-emotional support services.

Do you have any concerns about your child's development (such as speech, motor skills, behavior, or social-emotional development)? Please elaborate.

Sun Safety

To help protect children from sunburn, please apply sunscreen each morning before school and dress your child in sun-safe clothing, such as a hat and light-colored clothing, when the weather calls for it. If staff feel additional sunscreen is necessary later in the day, they can apply it with your permission. Please provide sunscreen labeled with your child's name. Sunscreens that do not require hand application—such as sticks or sprays—are preferred.

Please initial your permission and check a box below _____

I give permission for staff to apply sunscreen to my child as needed.

I do not give permission for staff to apply sunscreen to my child.

Walking & Hiking on Campus

As part of our curriculum, children are encouraged to explore, observe, and engage with their environment. Walking and hiking activities on campus, including supervised walks around school grounds and hiking trails, support outdoor learning, curiosity, and connection with nature. All walking and hiking activities are closely supervised by staff and conducted with safety as the top priority.

Please initial your acknowledgment and check the box below _____

I have read and understand the policy regarding walking and hiking on campus.

Photographs and Video

We strive to document and celebrate the learning, creativity, and experiences of children at the Child Development Center. All photos and videos shared on the Center's website and social media are posted without names or other identifying information to protect children's privacy. Photos and videos may be used for:

- William Paterson Child Development Center website
- Child Development Center social media accounts
- Displays of children's work and projects at the Center or elsewhere at the university

Please initial your permission and check a box below _____

I give permission for my child to be photographed or recorded for school-related purposes.

I do not give permission for my child to be photographed or recorded.

Security Cameras

To help keep our children and staff safe, the Child Development Center has security cameras in common areas, including hallways, classrooms, playgrounds, and parking lots. Cameras are not placed in bathrooms or changing areas. Footage is for internal use only, access is limited to authorized leadership, and families will not have remote or live access.

Please initial your acknowledgment and check the box below _____

I have read and understand the Child Development Center's security camera policy.

University Observation and Participation

The WPU Child Development Center welcomes WPU students, staff, and faculty to use the center as a resource for educational and professional learning. To ensure that children's well-being, confidentiality, and daily routines are protected, all classroom visits must be arranged in advance with the Director. All visitors are accompanied by Center staff. To protect the privacy of children and families, initials rather than full names are used in all course-related assignments, reflections, or projects, and no identifying information may be shared in written, digital, or verbal form. These practices ensure compliance with confidentiality requirements and uphold our commitment to creating a safe, respectful learning environment for all.

Please initial your acknowledgment and check a box below _____

I have read and understand the guidelines for university observation and participation at the WPU Child Development Center.

Policy on the Release of Children

Each child may be released only to the child's parent(s) or person(s) authorized by the parent(s) to take the child from the center and to assume responsibility for the child in an emergency if the parent(s) cannot be reached.

If a non-custodial parent has been denied access, or granted limited access, to a child by a court order, the center shall secure documentation to that effect, maintain a copy on file, and comply with the terms of the court order.

If the parent(s) or person(s) authorized by the parent(s) fail to pick up a child at the time of the center's daily closing, the center shall ensure that:

1. The child is supervised at all times;
2. Staff members attempt to contact the parent(s) or person(s) authorized by the parent(s);
3. An hour or more after closing time, and provided that other arrangements for releasing the child to his/her parent(s) or person(s) authorized by the parent(s), have failed, and the staff member(s) cannot continue to supervise the child at the center, the staff member shall call the 24-hour State Central Registry Hotline 1877-NJ-ABUSE (1-877-652-2873) to seek assistance in caring for the child until the parent(s) or person(s) authorized by the child's parent(s) is able to pick up the child.

If the parent(s) or person(s) authorized by the parent(s) appears to be physically and/or emotionally impaired to the extent that, in the judgment of the director and/or staff member, the child would be placed at risk of harm if released to such an individual, the center shall ensure that:

1. The child may not be released to such an impaired individual;
2. Staff members attempt to contact the child's other parent or an alternative person(s) authorized by the parent(s);
3. If the center is unable to make alternative arrangements, a staff member shall call the 24-hour State Central Registry Hotline 1-877-NJ-ABUSE (1-877-652-2873) to seek assistance in caring for the child.

For school-age child care programs, no child shall be released from the program unsupervised except upon written instruction from the child's parent(s).

Please initial your acknowledgment and check the box below _____

I have read and understand the policy regarding the release of children.

Policies on the Use of Technology and Social Media

Children and Technology

Our classrooms are thoughtfully equipped with interactive boards and other digital tools that support exploration, creativity, and learning. Technology is used intentionally and in alignment with the New Jersey Department of Education's guidance on Technology and Interactive Media in the Early Years, as well as the joint position statement from the National Association for the Education of Young Children and the Fred Rogers Center for Early Learning and Children's Media. Technology serves as a tool for collaboration, documentation, and creative expression and may include interactive whiteboards, tablets, and digital cameras. Screen time is limited, developmentally appropriate, and always purposeful—focused on active engagement, problem-solving, and meaningful learning rather than passive viewing.

Use of Social Media

To protect the privacy, safety, and well-being of all children, families, and staff, the following social media expectations apply to everyone connected to the William Paterson University Child Development Center.

- Use of vulgar, abusive, or offensive language, personal attacks, or disparaging remarks about individuals or groups is not permitted
- Photographs or videos of children other than your own may not be posted or shared without permission
- Any suspected or confirmed violation of this policy must be reported promptly to the Director

When permitted, the Child Development Center may share photographs or videos on the William Paterson University social media platforms for educational and program purposes. Children's names and other identifying information are never used, and all posts are reviewed and approved by the Director before being shared.

Please initial your acknowledgment and check the box below _____

I have read and understand the policies regarding the use of technology and social media.

Policy on the Management of Communicable Diseases

If a child exhibits any of the following symptoms, the child should not attend the center. If such symptoms occur at the center, the child will be removed from the group, and parents will be called to take the child home:

- Severe pain or discomfort
- Acute diarrhea
- Episodes of acute vomiting
- Elevated oral temperature of 101.5 °F
- Lethargy
- Severe coughing
- Yellow eyes or jaundiced skin
- Red eyes with discharge
- Infected, untreated skin patches
- Difficult or rapid breathing
- Skin rashes in conjunction with fever or behavior changes
- Skin lesions that are weeping or bleeding
- Mouth sores with drooling
- Stiff neck

Once the child is symptom-free or has a health care provider's note stating that the child no longer poses a serious health risk to himself/herself or others, the child may return to the center unless contraindicated by the local health department or the Department of Health.

Excludable Communicable Diseases

A child or staff member who contracts an excludable communicable disease may not return to the center without a health care provider's note stating that the child presents no risk to himself/herself or others.

Note: If a child has chicken pox, a note from the parent stating that all sores have dried and crusted is required. If a child is exposed to any excludable disease at the center, parents will be notified in writing.

Communicable Diseases Reporting Guidelines

Some excludable communicable diseases must be reported to the health department by the center. The Department of Health's Reporting Requirements for Communicable Diseases and Work-Related Conditions Quick Reference Guide, a complete list of reportable excludable communicable diseases, can be found

at: http://www.nj.gov/health/cd/documents/reportable_disease_magnet.pdf

Please initial your acknowledgment and check the box below _____

I have read and understand the policies regarding the management of communicable diseases.

Suspension and Expulsion Policy

Our approach to behavior support is rooted in positive guidance, relationships, and developmentally appropriate practices. When challenges occur, we work closely with families to understand each child's needs and to provide individualized supports that help children succeed. Suspension or expulsion is a last resort after intervention efforts have been exhausted. Our goal is always to keep children safe, learning, growing, and connected to their school community.

Proactive Supports that Prevent Suspension or Expulsion

- Teachers intentionally redirect children toward positive, safe, and constructive choices
- The teaching team examines the classroom environment, routines, transitions, and supervision to ensure they are meeting children's developmental and emotional needs
- Staff use positive guidance, modeling, and respectful language to teach expected behaviors
- Strengths and positive behaviors are noticed, named, and reinforced
- Predictable and developmentally appropriate limits are used to support safety and learning
- Children are given time, space, and adult support to calm their bodies and emotions
- Teachers document patterns of behavior to better understand triggers, needs, and progress while maintaining confidentiality
- Families receive clear, respectful communication about concerns and successes
- The director and teaching team meet with families to develop shared strategies for supporting the child
- Families are offered resources, guidance, and referrals to support their child's development
- When appropriate, the program may recommend consultation, early childhood mental health supports, or developmental evaluations

These steps ensure that behavior is viewed as communication, and that children are supported through relationship-based teaching, not punishment, in alignment with NAEYC's commitment to equity, inclusion, and developmentally appropriate practice.

Suspension or expulsion is considered only after all appropriate supports and interventions have been attempted and the safety, well-being, or functioning of the program remains at serious risk. A child or family may be subject to suspension or expulsion for the following reasons.

Family Partnership and Program Expectations

- A parent or guardian engages in threatening, intimidating, or physically aggressive behavior toward staff, children, or other families
- A parent or guardian engages in harassment, verbal abuse, or hostile conduct that disrupts the learning environment or compromises staff safety
- Repeated failure to meet financial obligations, including chronic non-payment of tuition after notice and opportunity to resolve
- Failure to provide required enrollment or health documentation, including immunization records, emergency contacts, or medical forms, after written notice
- Chronic late pickup that places a child at risk or disrupts program operations

Child Safety and Program Functioning

- The child demonstrates behavior that presents a serious and ongoing risk of harm to themselves or others
- The child is unable to participate safely in the program, even after individualized supports, environmental modifications, and intervention strategies have been implemented
- The child exhibits persistent, developmentally concerning behaviors such as severe aggression, unsafe impulsivity, or intense emotional dysregulation that cannot be safely supported within the program
- Ongoing physical aggression or harmful behavior toward peers or staff, despite documented intervention efforts
- Repeated biting or other unsafe behaviors that continue after intervention plans have been implemented

Other

- Any circumstance that significantly compromises the safety, well-being, or operation of the program, as determined by the administration, in alignment with licensing and accreditation standards

Collaborative Review and Decision-Making Process

When serious or ongoing concerns arise, the following steps will be followed:

- Families will receive timely verbal and written communication describing concerns, observed behaviors, and the supports being provided
 - A conference will be scheduled with the family, classroom staff, and administration to review concerns, share observations, and collaboratively develop a behavior support or safety plan
 - The program will document all interventions, referrals, and family communications
 - Families will be given reasonable time and opportunity to participate in recommended supports, evaluations, or interventions
 - If a temporary suspension is necessary to ensure safety, families will be informed in writing of the reason, duration, and conditions for return
 - The program will assist families with referrals to community resources and early childhood specialists when appropriate
 - Permanent expulsion will occur only when the program has determined that continued enrollment poses a serious risk to the child, others, or staff, and all reasonable efforts to support the child's success have been exhausted
- Whenever possible, a re-entry plan will be developed so the child may return with appropriate supports in place.

Please initial your acknowledgment and check the box below _____

I have read and understand the policies regarding suspension and expulsion.

Family Receipt of Information included in the Application for Admission and Family Handbook

Thank you for submitting your application. If we need any additional information, a member of our team will contact you. We look forward to the possibility of welcoming your family into our school community.

As the new school year approaches, families will receive a questionnaire designed to help us learn more about each child and family. Your insights enable us to thoughtfully prepare for your child's transition into the classroom and to build a strong partnership supporting their learning, development, and well-being.

Please note that your child's pediatrician must complete the Universal Child Health Record, located at the end of this application, and return it to the school before your child can start attending.

Child's Name _____ Date _____

Parent/Guardian Name _____ Signature _____

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 <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: _____
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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	

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 health 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.