



January 21, 2026

Dear Parents,

Assalamu alaikum. Thank you for your interest in Darul Arqam School, we are looking forward towards working with you and your child(ren) to complete the application and registration process for the 2026 - 2027 school year. Attached you will find all the forms necessary to begin your process. However, if you should require further information, please do not hesitate to contact us at [admin@darularqam.org](mailto:admin@darularqam.org).

We are as committed in providing your child(ren) with the best academic and Islamic education. We hope you join our community where students learn to have **Faith**, acquire **Knowledge** and **Discipline**. As a testament to the strength of our academic program and the diverse opportunities we offer, we are proud to be **an NJ state-licensed school accredited by Cognia**. Our institution is led by an experienced **NJ-certified principal** and staffed with highly qualified and certified teachers.

If you have visited our Facebook page, you have seen our students actively engaged in various activities, creating outstanding presentations and projects. Our **elementary program** lays a strong foundation for middle school success, preparing students for the rigor of high school and **Advanced Placement (AP) courses**.

Our **QIA program** provides a rigorous and comprehensive study of the **Qur'an**, focusing on sequential and coherent memorization. Our **Islamic Studies program** emphasizes **Islamic Adhab, the Seerah of Prophet Muhammad (SAW), and Islamic history**. The **Arabic curriculum** covers both **Arabic as a foreign language and Qur'anic Arabic**.

Additionally, our **Hifz Program** allows students to **memorize the Qur'an while continuing their academic studies**. Our **high school students** have the opportunity to take **seven AP courses** and participate in a **dual degree program through Al-Manara Institute**, enabling them to earn an **Associate Degree upon graduation**.

One of our most cherished traditions is the **annual Umrah trip**, which helps students strengthen their faith and deepen their connection with Allah before embarking on their college journey. At DAS, we also engage students through the **Prefect System for upper classes, the Senior Umrah trip, monthly trips, and recognition programs for our graduates**.

By the grace of Allah, we are honored to lay the foundations that have led and continue to lead our students toward success. We would love to do the same for your child(ren).

Respectfully,

Principal  
Omar Muhammad  
[admin@darularqam.org](mailto:admin@darularqam.org)  
**Re-Registration Now Open**



**Open House Dates:**

*Wednesdays:*

*3/17, 3/24, 4/7, 4/14, 4/21, 4/28  
5/5, 5/12, 5/26, 6/2, 6/9.*

*at:*

*01/31, 2/21, 3/21, 4/11, 5/2,  
5/16, 6/20*

*Sat from 10:30 am - 12:30 pm*

*Wed from 10:00 am to 12 noon*

**You're Invited:**

*Eid Celebration*

*Carnival & Open House*

*Sat. 3/21, 11 am to 2 pm*

**Graduates in:**

*Columbia / Yale / Brown/  
Temple / NJIT / Rutgers/  
Stevens/ Seton Hall/ Kean /  
NYU/ Monmouth ....*

**Events & Activities:**

*AP Courses*

*Honors Courses*

*Quran Competition*

*Arabic/ English Bee*

*Science Olympiad*

*Model UN*

*Debate Club*

*Basketball (boys/ girls)*

*Newspaper Club*

*Student Council*

*Students In Action Club*

*Art Club*

**Masjid ICSR**

*We have a beautiful Masjid located on campus. Join us in Ramadan for activities and Iftar. [Icsrnj.org](http://Icsrnj.org)*



**Admission Rules for Families Re-Registering**

**Non-Discrimination Student Policy**

We seek diversity in our staff and student body. In the admission and employment policies and practices, in scholarship aid programs, and in all our educational programs, Darul Arqam School does not discriminate based on sex, race, color, religion, or ethnic origin. As a policy, we cannot guarantee admission to any applicant regardless of affiliation with the school.

**Requirements for Admission**

The account balance for the current academic year must be clear with no outstanding dues. Parents/Guardians with an open balance will not be allowed to register their children. If the account is current at the time of registration but is found to be delinquent subsequently, the admission will be put on hold until such time that all dues are cleared, or a payment arrangement is made with the school.

**The school reserves the right to deny any application.**

\*\* Children applying for:

Pre-School must meet minimum age requirements of 3 years of age on or before November 30th and be potty trained

Pre-K must meet minimum age requirements of 4 years of age on or before November 30th and be potty trained

Kindergarten must meet minimum age requirements of 5 years of age on or before November 30th

**Be aware that if your child does not meet the state's cutoff date of Oct. 1st, your child may not be eligible to receive certain accommodations and benefits offered through State and Federal programs. Each township has its own regulations.**

\*\* We do NOT accept students into 12th grade

\*\* No one will be accepted into 9th -11th grades after Oct. 10<sup>th</sup>.

**Registration Forms**

All attached forms must be completed and brought into the office. All forms must be signed (by a parent or legal guardian) at the time of submission.

**Any incomplete or partially completed applications will not be accepted.** The non- refundable registration fee is **\$50.00 per student in grades**

**EPIC-5<sup>th</sup>** if registration is done by **February 9th**. If after February 9<sup>th</sup>, you decide to register your child, please note the following: (1) Space must be available; (2) **the registration** fee is \$200.00 per student. For students in **grades 6<sup>th</sup> -12<sup>th</sup>** the re-registration fee is the **June 2027 month tuition**, if registration is done by February **9th**. If after February 9<sup>th</sup> you decide to register your child, please note that there will be a **\$200.00 late fee along with the June 2027 tuition.**

<input type="checkbox"/> Letter ( <b>Please Keep</b> )	<input type="checkbox"/> Non-Public Nursing Services Consent Form (per student)
<input type="checkbox"/> Tuition Schedule/Referral Program ( <b>Please Keep</b> )	<input type="checkbox"/> Allergy Alert Form (per student, as needed)
<input type="checkbox"/> Admission Rules and Policies (this document)	<input type="checkbox"/> Universal Child Health Record Form (CH-14) ( <b>Please submit after your child has the annual physical</b> )
<input type="checkbox"/> <b>Pre-Registration Form w/ fee DUE by February 9,2026</b>	<input type="checkbox"/> Copy of immunization record showing all vaccinations required by the State of New Jersey must be attached to Form CH-14.
<input type="checkbox"/> Student Book Loan Form (per student/ grades KG-12)	<input type="checkbox"/> Please note that all students entering sixth grade must obtain Tdap and meningococcal vaccines prior to entering class.
<input type="checkbox"/> B6T Form (per student / grades KG-12)	
<input type="checkbox"/> Family Information Form	

**Parent Service Hours**

Darul Arqam School requires each family to provide at least **25 service hours** for their child(ren) attending the school. Parents/Guardians who cannot volunteer their time are required to pay **\$500.00** (per family). Extra hours you have accumulated may not be 'given' to others. Immediate family members (no other relatives or friends) may contribute their time towards a family's hours.

**Acceptance of School Policies**

Parent(s)/Guardian's signature on this form means agreement to pay tuition and other fees as outlined above and acceptance of all school policies outlined above and, in the Parent, /Student Handbook. **Parents initiating withdrawal after 2 academic months of school are required to pay the full year's tuition. Withdrawal prior to 2 academic months, half of the annual tuition must be paid. No records, transcripts, or reports will be made available to transferring institutions or parents until financial obligations have been fulfilled. The school reserves the right to increase tuition and inform parents during the year, the increase will not be more than 10%. \*\*\*Re-Registration Fees for 26-27 Payment (select one):**

\_\_\_\_\_ I will submit a check or money order before February 9<sup>th</sup>, \_\_\_\_\_ I authorize the school to add the fees to my May 2026 Smart Tuition

Parent/ Guardian Printed Name

Signature

Date

<b>Official Use Only:</b>	<b>Date Received:</b>	<b>Received by:</b>	<b>Payment Method:</b>
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2026- 2027 Annual Tuition

Enrolled Children	Early Childhood (Pre-S, Pre-K, KG)	Elementary (1st - 5th)	Middle School (6th - 8th)	High School (9th - 12th)
1st Child	\$ 7450	\$ 7000	\$ 7000	\$ 7500
2nd Child	\$ 7200	\$ 6750	\$ 6750	\$ 7250
3rd Child	\$ 6950	\$ 6250	\$ 6250	\$ 7000
4th Child	\$ 6950	\$ 6250	\$ 6250	\$ 7000
5th Child	\$ 6950	\$ 6250	\$ 6250	\$ 7000

\*Second Child: \$250 less of Annual Tuition

\*Third Child or More: \$500 less of Annual Tuition

Classification : Fees	Early Childhood (Pre-S, Pre-K, KG)	Elementary (1st - 5th)	Middle School (6th -8th)	High School (9th - 12th)
Registration Fee (new applicant, non-refundable, per student)*	\$200	\$200	\$200	\$200
Re-Registration Fee (current student, non-refundable, per student)*	\$50	\$50	June 2027 Tuition	June 2027 Tuition
Book Fee (via Smart Tuition/blackbaud)*	\$ 300	\$ 400	\$ 400	\$ 400
Lab Fee (HS Students ONLY)*			\$ 200	\$ 200
Al-Manara Islamic Studies Fee (Grades 9 <sup>th</sup> – 12 <sup>th</sup> ) (via Smart Tuition)				\$850
Maintenance Fee (via Smart Tuition)	\$ 300 per family			
Hifz Program (if applicable via Smart Tuition)	\$150 per child per month (in addition to tuition noted above)			

\*Pre-Registration Fee / Registration fee is due at the time of registration and is non-refundable.

\*Maintenance, Book Fee & \*Lab Fee (HS Students ONLY) for the upcoming year are due August 20<sup>th</sup> via Smart Tuition and are non-refundable.

Associate Degree and/or Al-Manara I.S. Fees see Re-Registration Form.

Parent Service Hours:

Darul Arqam School requires each family to provide at least 25 service hours for their child(ren) attending the school. Parents/Guardians who cannot volunteer their time are required to pay \$500.00 (per family). Extra hours you have accumulated may not be 'given' to others. Immediate family members (no other relatives or friends) may contribute their time towards a family's hours.

Smart Tuition/Blackbaud:

To facilitate our tuition collection the school uses Smart Tuition. Smart Tuition offers live telephone support to parents 24 hours a day, 7 days a week. Parents will be charged a \$56 annual fee at the beginning of the school year to use this service.

Tuition Collection / Late Fee:

Tuition is paid over a ten-month period (September - June). All tuition payments must be made via Smart Tuition either by check, money order, credit card or automatic debit. No payments will be accepted in the office. Monthly payments must be received by the 5<sup>th</sup> of each month to avoid incurring late fees. Please note that the late fees are charged by Smart Tuition, the school does not receive any portion of the late fees nor are we able to deduct them from an account without having to pay it ourselves. For any tuition payments made after the due date Smart Tuition will automatically apply a NON-REFUNDABLE \$45.00 late fee and same for returned checks. The school will not be held responsible for any acquired late fees.

Financial Aid

Students enrolled in Grades 1 through 12 are eligible to apply for Financial Aid. Financial Aid is on a first come, first served basis and is to be approved by the Board of Trustees. Application Deadline July 30th. If you are interested in applying for FA, please ask the office for the link. Students receiving FA with excessive and/ or repetitive behavior infractions are subject to having FA taken away at any time during the school year.

Acceptance of School Policies:

I agree to pay tuition and other fees as outlined above and to the acceptance of all school policies outlined above and, in the Parent, /Student Handbook. Parents initiating withdrawal after 1 academic month of school are required to pay the full year's tuition. No Student records, transcripts, or report cards will be made available to transferring institutions or parents until financial obligations have been fulfilled. The school reserves the right to increase tuition and inform parents during the year, the increase will not be more than 10%.

Parent/Guardian Name Printed

Signature

Date



# DARUL ARQAM SCHOOL

Faith Knowledge Discipline

Student Re- Registration Form 2026-2027 (This form can be completed online on Teacherease)



**Parents' Information: (Must be fully completed)**

Father:	Mother:
Address:	Address:
Cell:	Cell:
Father Nationality:	Mother's Nationality:
Father's Occupation:	Mother's Occupation:
Father's Employer & Position:	Mother's Employer & Position:
Highest Education Completed:	Highest Education Completed:
Father's Email:	Mother's Email:

**Student Information:**

	First Name	Middle	Last Name	Gender	DOB	Grade 25 -26	Fee Total (office use only)
Student #1							
Student #2							
Student #3							
Student #4							
						<b>TOTAL:</b>	

\*Pre-S to 5<sup>th</sup> Grade: Re-Reg Fee is \$50.00 per student (until March 3rd). After February 9th, late Re-Reg fee is \$150.00 per student **NO EXCEPTION**

\* 6<sup>th</sup> -12<sup>th</sup> Grade: Re-Reg Fee is June 2027 Month Tuition per student (until Feb 9th). After Feb 9th, late Re-Reg Fee is \$150 + June 2027 Monthly tuition per student **-NO EXCEPTION**

**Manara/ Associate Degree Payment Authorization: (only for students entering 9<sup>th</sup>-12<sup>th</sup> grades) select one option**

\_\_\_ I authorize a one-time \$850 to be taken in July 2026 along with tuition through Smart Tuition/blackbaud.

\_\_\_ I authorize 10 monthly installments of \$85 to be taken along with the monthly tuition form Smart Tuition.

**Authorized Drop off/Pick Up**

Name	Address	Phone	Relationship to Student

**Race/Ethnicity: (Check all that apply)**

**Household Income:**

___ Asian (Original from the Far East/South Asia, Asia Continent)	___ Under \$25,000
___ White (Original from Europe, Middle East, North Africa)	___ \$25,000-\$50,000
___ African American	___ \$50,000 - \$75,000
___ other (please specify _____)	___ \$75,000 - \$100,000
	___ Over \$100,000

Parent/Guardian Name Printed

Signature

Date



Family Information/ Permission Form (need to fill)

Please Print All Information CLEARLY for ALL of your children attending DAS this year.

\*Allergy: list any allergies if none leave space blank

\*Walking: Sometimes the teachers may take the students on a walking trip around the neighborhood or local park. If you give permission for your child to go, mark space with 'Y', if you don't give permission, mark with 'N'.

\*Photo/ Video: If you give permission for your child's picture or video to be used by the school for marketing, mark with 'Y', if you don't mark with 'N'.

\*\*\*\* If you leave the Walking and Photo sections blank, the school assumes that you have given permission and will act accordingly.

Table with 6 columns: Student's Name, DOB, Grade, Allergy, Walking, Photo. Rows 1-5.

PARENT CONTACT INFORMATION: (Please Print All Information CLEARLY)

Table for Parent Contact Information with columns for MOTHER and FATHER. Rows for Name, Address, Home Phone #, Cell Phone #, Work Phone #, Email Address, Lives with.

EMERGENCY CONTACT INFORMATION:

List two neighbors or nearby relatives who will assume temporary care of your son/daughter if you cannot be reached in case of an illness or emergency:

Table for Emergency Contact Information with columns: NAME, RELATIONSHIP TO CHILD, CONTACT NUMBERS. Rows for EMERGENCY CONTACT 1 and 2.

The following persons are authorized to pick up my child(ren):

1- Name & cell number

2- Name & cell number

3- Name & cell number

MOTHER'S NAME (PLEASE PRINT)

MOTHER'S SIGNATURE

DATE

FATHER'S NAME (PLEASE PRINT)

FATHER'S SIGNATURE

DATE



**DAS Referral Program (need to complete and submit this form)**

*(To be completed by referring family, **not NEW** family)*

Darul Arqam parents and students are our best ambassadors, and as such we want to show our appreciation.

**Program details and eligibility:**

- Open to all current Darul Arqam School Families that have a child enrolled at Darul Arqam School. **If you are already receiving a discount or are on Financial Aid, this discount cannot be applied to you.**
- Referring family (current family) must submit completed Referral Program Form to the main office prior to the completion of the admissions application of the new prospective family.
- Referring family must be listed by the prospective family as the "referral" on their admission's application. Referrals cannot be made retroactively once the prospective family's admission application has been submitted.
- For each eligible new family referred, the referring family will receive 1 month tuition free for each child (will be applied throughout the 10 months billing).
- Referral discount will only be applied once the prospective student has completed the admissions process, has been accepted by the school, and has submitted all forms and required fees.
- Prospective families must be new to Darul Arqam School. Former parents or those with siblings already enrolled at Darul Arqam do not qualify as "new" parents.
- Referral discount is for 1 academic year and will not be implemented the following year.
- Referral discount may not be divided between two families.

Your Name: \_\_\_\_\_ Your Email: \_\_\_\_\_

Your Child (current student at DAS): \_\_\_\_\_ (grade): \_\_\_\_\_

**New Prospective Family's Address/ Email:** \_\_\_\_\_

*Name(s), age(s), and grade(s) of child(ren) of prospective family:*

\_\_\_\_\_

How long have you known this family? \_\_\_\_\_ Current School? \_\_\_\_\_

Referring Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use	
Date Application Submitted: _____	Application Approved/ Denied: _____



**APPENDIX C**  
**INDIVIDUAL STUDENT REQUEST FORM**

<b>INDIVIDUAL STUDENT REQUEST FOR LOAN OF TEXTBOOKS</b>	
Date: January 21, 2026	For: <b>2026 - 2027</b> School Year
Public School District: <b>SOUTH RIVER</b>	Nonpublic School: <b>DARUL ARQAM SCHOOL</b>
Address: <b>15 MONTGOMERY STREET SOUTH RIVER, NJ 08882</b>	Address: <b>8 THOMAS STREET SOUTH RIVER, NJ 08882</b>
Name of Student	
Grade	
Name of Parent	
<p>Under the provisions of N.J.S.A. 18A: 58-37.1 et seq., I hereby request</p> <p>The <u><b>SOUTH RIVER</b></u> (Public School District) to loan textbooks to the <b>DARUL ARQAM SCHOOL</b> (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 public school district in which the nonpublic school is located has oversight of the State funds designated for providing the loan of textbooks to nonpublic school students pursuant to law and regulations.</p>	
<p>Signature of Parent/Guardian: _____</p> <p>Date: _____</p>	

## Nonpublic School Transportation Application Form

School Year: 2026-2027 Resident District Board of Education:

Student Name:

Last

First

Middle

Date of Birth (mm/dd/yy):

Parent/Guardian Name:

Daytime Phone:

Email Address:

Area code + number

Home Address:

City:

Zip:

Mailing Address:

City:

Zip:

Full name of school to be attended: Darul Arqam School

Phone: (732) 238-0038

Address of School: 8 Thomas street, South River, NJ 08882

Area code + number

Student's grade for the coming year: \_\_\_\_\_

Shortest one-way mileage between home and school: \_\_\_\_\_

(shortest route along public roadways or  
walkways to the nearest tenth of a mile)

Date school opens (mm/dd/yy): 08/31/2026

Date school closes (mm/dd/yy): 06/18/2027

School hours: 7:50 AM to 3:10 PM

Name of school of attendance in prior year: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (mm/dd/yy): \_\_\_\_\_

### Public School Use Only (Do *not* write below this line)

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: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date (mm/dd/yy): \_\_\_\_\_

**EDUCATIONAL SERVICES COMMISSION of NEW JERSEY**

**TO: Parent/Guardian**  
**FROM: Darul Arqam School Nurse**  
**RE: Nursing Services; Chapter 226 - Laws of 1991**

Existing legislation provides certain nursing services and funding for full time students in private schools.

Included in these services, based on available state aid, is maintenance of student health records, hearing assessment, and scoliosis screening.

In addition, your child will receive emergency nursing services for any school related illness or injury.

Please sign the form below and return it to the health office as soon as possible.

----->

**NONPUBLIC NURSING SERVICES**

I do give my permission

I do **NOT** give permission

for my child \_\_\_\_\_, in grade \_\_\_\_\_ to participate  
*(Please Print Child's Name)*  
in nursing services.

South River

\_\_\_\_\_  
School District

Darul Arqam School

\_\_\_\_\_  
Name of School

8 Thomas Street

\_\_\_\_\_  
School Address

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## ALLERGY ALERT

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Allergic to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergic reaction that occurs when student is exposed to allergen:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication ordered if student has allergic reaction:

NO

YES

If yes, Medication (as ordered by the child's Physician)

\_\_\_\_\_

\_\_\_\_\_

Main office to contact parent/guardian immediately @ \_\_\_\_\_

Contact Physician @ \_\_\_\_\_

Hospital \_\_\_\_\_

# 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 ( ) -	
<b>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</b>			
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)		

<b>IMMUNIZATIONS</b>	<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"/> <b>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.</b>	
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](http://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](http://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.