



Celebrating 64 Years 1956-2020

DATE: ____/____/____

SACRED HEART SCHOOL
620 VALLEY BROOK AVENUE
LYNDHURST, NJ 07071

**2020-2021 SMALL BLESSINGS
PreK-3 TO PreK-4 RE-REGISTRATION FORM**

FAMILY LAST NAME: _____

CHILD'S NAME [PRESENTLY ENROLLED IN SHS] _____

- FOUR YEAR OLD FIVE HALF DAY A.M. CLASS -ONLY**
 - [Monday to Friday] 8:30 a.m. to 11:00 a.m.
- FOUR YEAR OLD FIVE FULL DAY CLASS**
 - [Monday to Friday] 8:30 a.m. to 2:30 p.m.

PLEASE ✓
DESIRED
PROGRAM

Accredited by the Middle States Association of Colleges and Schools



Parental Agreement

As a partner with Sacred Heart School in the education of my child/children, I will endeavor to the best of my ability, to assist with participating with my child/children in the practice our faith; to support school policies/regulations/activities; meet all **financial obligations including the fundraising assessment**; demonstrate “ownership” of Sacred Heart School through volunteering services to school and parish; to keep lines of communication open through attendance at Parent/Teacher Conferences.

Parent or Legal Guardian Signature

Date

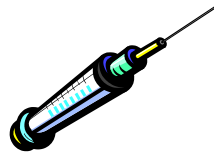
Attach with Application * Registration Fee **\$175** [if returned by 2/1/20 fee is \$125] * Smart Tuition Fee **\$50** * **Fees Non-Refundable**. Tuition payments made monthly through SMART are due on the **20th or 30th** of each month from **July to May**. A late payment fee will be charged by SMART in the amount of **\$65**.

[PLEASE DO NOT DETACH ANY SECTION OF RE-REGISTRATION FORM]

PRE-SCHOOL

TO: Parents/Guardians of Children Entering Pre-School

All children entering Pre-School must be appropriately immunized for their age. The State requires all children in pre-school to have the following immunizations.



- **4 doses of DPT**
- **3 doses of OPV (Polio)**
- **1 dose of MMR (Measles, Mumps, Rubella) given on or after the first birthday**
- **at least 1 booster dose of HIB (Haemophilus Influenzae type B) vaccine on or after the first birthday**
- **1 dose of Varicella vaccine on or after 1st birthday or date of Varicella disease**
- **1 dose of PCV7 (Pneumococcal) vaccine on or after 1st Birthday**
- **3 doses of Hepatitis B vaccine**
- **1 dose of Flu vaccine annually between September 1 and December 31 of each year**

These immunizations may be obtained at your own physician's office or your local health department. All health records with required immunizations must be returned by September 1st.

No student will be allowed to start school in September unless these Immunization Requirements are met!

If your child requires any medication during the school year, either on a regular basis or just for a short period of time, a doctor's note is required giving the nurse permission to administer that medication. Forms are available in the School Office.

**Sara Rodrigues, R.N.
School Nurse**