



THE WESTMONT MONTESSORI SCHOOL

577 Route 24
Mendham, NJ 07945
908-879-6355 ~ Fax: 908-879-8127
www.westmontmontessori.org

2017-2018 School Year

CHECKLIST OF FORMS

CHILD'S NAME: _____

ADDRESS: _____

Along with this checklist form, I have read, completed, and returned the following forms by August 17, 2017:

- Universal Child Health Record with Current Immunization Record Attached
(Please note State Law requires this information to be in our possession before your child can attend classes.)
- Emergency Medical Treatment Authorization
- Alternate Contacts/Transportation Authorization (Please make sure there are 2 alternate contacts listed)
- Your Child, Your Family

I have read and understand the content of the following information available on the Parent News page of our website.

- Pest Management Notice
- Drinking Water Quality Report
- 2017-2018 Parent Handbook (found on the drop down tab under the Parent News of our website)

Parent/Guardian Signature: _____ Date: _____

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:			
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					



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This information is required by State Law and **MUST** be filled out completely.

2017-2018 School Year
EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Name of Child: _____ **Date of Birth:** _____

Parent/Guardian: _____ Phone # during school hours: _____

Parent/Guardian: _____ Phone # during school hours: _____

Physician's Name: _____ **Phone:** _____

Health Insurance Information

Insurance Provider: _____ Policy #: _____

Name on Policy: _____ Policy Holder DOB: _____

NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit www.njfamilycare.org to apply online. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature: _____ **Printed Name:** _____ **Date:** _____

Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30 (b).

MEDICAL HISTORY

Pertinent Medical History of Chronic Illness and **Allergies:** _____

Current Medication to be administered*
 (if applicable): _____
 (*Medication/Dose/Instructions)

EPI-PEN? Yes (If yes, please provide epi-pen to his/her class. Duplicate epi-pens may be required.)

ASTHMATIC? Yes

Date of Last Tetanus Immunization: _____ **(MUST COMPLETE)**

Medical Emergency Contact name by order of preference (not including parents/guardians):

Name	Home Number	Cell Number	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____

I, the undersigned, do hereby authorize The Westmont Montessori School, to whom we have entrusted the care of the above minor, consent to any necessary emergency medical or surgical treatment, anesthesia, or any required diagnostics tests, in the event that I cannot be contacted. **Do not hesitate to administer medication and/or call 911 when parents/guardian or emergency contacts cannot be reached.**



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**2017-2018 SCHOOL YEAR
AUTHORIZATION FORM**

CHILD'S NAME: _____

ALTERNATE CONTACTS*

In the event neither parent can be reached, provide **two** alternate contact names for non-medical emergencies.

<u>Name</u>	<u>Home Number</u>	<u>Cell Number</u>	<u>Relationship</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

TRANSPORTATION*

My child may be transported to and/or from The Westmont Montessori School by his/her parents and the following people:

<u>Name</u>	<u>Home Number</u>	<u>Cell Number</u>	<u>Relationship</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Should a true emergency evacuation situation arise, I give permission to Westmont to accompany my child to Westmont's emergency evacuation destination, Mendham Hills Community Church, Route 24, Mendham, NJ.

Parent/Guardian Signature: _____ **Date:** _____

*As contact information changes during the year, please download our **Student Information Change Form** found on our website on the Parent News page.



2017-2018 School Year

YOUR CHILD, YOUR FAMILY

Your child and your family are important to us. Please share your thoughts and goals so that we can continue strengthening our partnership in nurturing and educating your child.

(All information will be held in the strictest confidence.)

Child's Name: _____ Birthdate: _____ Age: _____ Sex: _____

Name and ages of siblings:

1. _____ (Name) _____ (Date of Birth) 3. _____ (Name) _____ (Date of Birth)
2. _____ (Name) _____ (Date of Birth) 4. _____ (Name) _____ (Date of Birth)

Other members of the household; excluding parents:

1. _____ (Name) _____ (Relationship) 3. _____ (Name) _____ (Relationship)
2. _____ (Name) _____ (Relationship) 4. _____ (Name) _____ (Relationship)

Family status: **Parents** – Married Separated Divorced
Mother remarried
Father remarried

What are your goals for your child's experience for this coming school year?

- Physical: _____
- Academic: _____
- Social: _____
- Other: _____

Please share any information that would provide insight into your child's:

- Emotional development: _____
- Physical development: _____
- Previous school experience: _____
- Sibling relationships: _____
- Adoption, pre-mature, pregnancy difficulties: _____

(Continued on back)

Describe your child's:

- Napping/bed time patterns: _____
- Fears, if any: _____
- Walking development: _____
- Speech development: _____
- Favorite activity: _____
- Signs of independence/ability to separate from you: _____

What appeals most to you about a Montessori education? _____

Is your child ever left with anyone other than parents? Yes No Who? _____

How do you discipline your child? _____

Does either parent travel a great deal? Yes Which one? _____

Please share any additional information.

Parent/Guardian Signature: _____ **Date:** _____



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A Not-for-Profit Corporation

June 2017

RE: Annual Integrated Pest Management Notice
For School Year 2017-2018

Westmont complies with the NJ School Integrated Pest Management Act (IPM). IPM is a holistic, preventive approach to managing pests that is explained further in the school's IPM Policy available at the school.

The IPM Coordinator for The Westmont Montessori School is: Vicki Schroeder, Administrative Assistant, at 908-879-6355, at the above address. The IPM Coordinator maintains the pesticide product label, and the Material Safety Data Sheet (MSDS) (when one is available), of each pesticide product that may be used on school property. The label and the MSDS are available for review by a parent, guardian, or staff member. The IPM Coordinator and the Head of School are available to parents, guardians, and staff members for information and to discuss comments about IPM activities and pesticide use at the school.

As part of a school pest management plan, The Westmont Montessori School may use pesticides to control pests. The United States Environmental Protection Agency (EPA) and the New Jersey Department of Environmental Protection (DEP) register pesticides to determine that the use of a pesticide in accordance with instructions printed on the label does not pose an unreasonable risk to human health and the environment. Nevertheless, the EPA and the DEP cannot guarantee that registered pesticides do not pose any risk to human health, thus unnecessary exposure to pesticides should be avoided. The EPA has issued the statement that where possible, persons who are potentially sensitive, such as pregnant women, infants and children, should avoid unnecessary pesticide exposure.

The following items are available:

- A copy of the school IPM policy.
- A list of pesticides that are in use or that have been used in the past 12 months on school property.



**Annual Drinking Water Quality Report
Westmont Montessori School
PWSID# NJ1407302
For the Year 2017, Results from the Year 2016**

We are pleased to present to you this year's Annual Drinking Water Quality Report. This report is designed to inform you about the quality water and services we deliver to you every day. Our constant goal is to provide you with a safe and dependable supply of drinking water. We want you to understand the efforts we make to continually improve the water treatment process and protect our water resources.

We are committed to ensuring the quality of your water. Our water source is a well.

The New Jersey Department of Environmental Protection (NJDEP) has completed and issued the Source Water Assessment Report and Summary for this public water system, which is available at www.state.nj.us/dep/swap or by contacting NJDEP's Bureau of Safe Drinking Water at (609) 292-5550. You may also contact your public water system to obtain information regarding your water system's Source Water Assessment.

We are pleased to report that our drinking water meets all federal and state safety requirements.

Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/CDC guidelines on appropriate means to lessen the risk of infection by cryptosporidium and other microbiological contaminants are available from the Safe Drinking Water Hotline (800-426-4791).

Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-

compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/CDC guidelines on appropriate means to lessen the risk of infection by cryptosporidium and other microbiological contaminants are available from the Safe Drinking Water Hotline (800-426-4791).

EPA requires monitoring for over 80 drinking water contaminants. Those contaminants listed in the table are only contaminants detected in your water.

TEST RESULTS						
Contaminant	Violation Y/N	Level Detected	Units of Measure ment	MCL G	MCL	Likely Source of Contamination
Inorganic Contaminants						
Barium	N	0.134	ppm	2	2	Discharge of drilling wastes; discharge from metal refineries; erosion of natural deposits
Lead 2014	N	2 No samples exceeded AL	ppb	0	AL=15	Corrosion of household plumbing systems, erosion of natural deposits
Copper 2014	N	0.013	ppm	1.3	AL=1.3	Corrosion of household plumbing systems; erosion of natural deposits
Chromium	N	0.5	ppb	100	100	Discharge from steel and pulp mills; erosion of natural deposits
Fluoride	N	0.46	ppm	4	4	Erosion of natural deposits; water additive which promotes strong teeth; discharge from fertilizer and aluminum factories
Nickel	N	0.002	ppm	0.1	0.1	Erosion of natural deposits; discharge from mining refineries and metal product factories
Radioactive Contaminants						
Alpha emitters 2013	N	2.25	pCi/1	0	15	Erosion of natural deposits
Radium 228 2013	N	0.68	pCi/1	0	5	Erosion of natural deposits

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compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/CDC guidelines on appropriate means to lessen the risk of infection by cryptosporidium and other microbiological contaminants are available from the Safe Drinking Water Hotline (800-426-4791).

EPA requires monitoring for over 80 drinking water contaminants. Those contaminants listed in the table are only contaminants detected in your water.

Secondary Contaminant	Level Detected	Units of Measurement	RUL
Manganese 2007	107	ppb	50

Manganese: The secondary Recommended Upper Limit (RUL) for manganese is based on staining of laundry. Manganese is an essential nutrient, and toxicity is not expected from levels which would be encountered in drinking water.

We have learned through our monitoring and testing that some contaminants have been detected. We are proud that your drinking water meets or exceeds all Federal and State safety requirements.

If you have any questions about this report or concerning your water quality, please contact our well water compliance company, McGowan LLC-Well Water Compliance Management at (973)962-4432. We want our valued customers to be informed about their water quality.

Westmont Montessori School routinely monitors for contaminants in your drinking water according to Federal and State laws. This table shows the results of our monitoring for the period of January 1st to December 31st, 2016.

The state allows us to monitor for some contaminants less than once per year because the concentrations of these contaminants do not change frequently. Some of our data, though representative, are more than one year old.

Radioactive Contaminants: Sampled 2013

Copper and Lead: Sampled 2014

The sources of drinking water (both tap water and bottled water) include rivers, lakes, streams, ponds reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals and, in some cases, radioactive material, and can pick up substances resulting from the presence of animals or from human activity.

Contaminants that may be present in source water include:

- Microbial contaminants, such as viruses and bacteria, which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.
- Inorganic contaminants, such as salts and metals, which can be naturally-occurring or result from urban storm water runoff, industrial or domestic wastewater discharges, oil and gas projection, mining, or farming.
- Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban storm water runoff, and residential uses.
- Organic chemical contaminants, including synthetic and volatile organic chemicals, which are byproducts of industrial processes and petroleum production, and can, also come from gas stations, urban storm water runoff, and septic systems.
- Radioactive contaminants which can be naturally occurring or be the result of oil and gas production and mining activities.

In order to ensure that tap water is safe to drink, EPA prescribes regulations which limit the amount of certain contaminants in water provided by public water systems. Food and Drug Administration regulations establish limits for contaminants in bottled water, which must provide the same protection for public health.

Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that the water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's Safe Drinking Water Hotline at 1-800-426-4791.

DEFINITIONS

In the following table you will find many terms and abbreviations you might not be familiar with. To help you better understand these terms we've provided the following definitions:

Non-Detects (ND) - laboratory analysis indicates that the constituent is not present.

Parts per million (ppm) or Milligrams per liter (mg/l) - one part per million corresponds to one minute in two years or a single penny in \$10,000.

Parts per billion (ppb) or Micrograms per liter - one part per billion corresponds to one minute in 2,000 years, or a single penny in \$10,000,000.

Action Level (AL) - the concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.

Maximum Contaminant Level - The "Maximum Allowed" (MCL) is the highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available treatment technology.

Maximum Contaminant Level Goal -The "Goal"(MCLG) is the level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.

Secondary Contaminant - Substances that do not have an impact on health. Secondary Contaminants affect aesthetic qualities such as odor, taste or appearance. Secondary standards are recommendations, not mandates.

Recommended Upper Limit (RUL) – Recommended maximum concentration of secondary contaminants. These reflect aesthetic qualities such as odor, taste or appearance. RULs are recommendations, not mandates.

Westmont Montessori School does not treat its potable water at this time.

The Safe Drinking Water Act regulations allow monitoring waivers to reduce or eliminate the monitoring requirements for asbestos, volatile organic chemicals and synthetic organic chemicals. Our system received monitoring waivers for two of these types of contaminants, asbestos and synthetic organic chemicals.

If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. Lead in drinking water is primarily from materials and components associated with service lines and home plumbing. Westmont Montessori School is responsible for providing high quality drinking water, but cannot control the variety of materials used in plumbing components. When your water has been sitting for several hours, you can minimize the potential for lead exposure by flushing your tap for 30 seconds to 2 minutes before using water for drinking or cooking. If you are concerned about lead in your water, you may wish to have your water tested. Information about lead in drinking water, testing methods and steps you can take to minimize exposure is available from the Safe Drinking Water hotline (1-800-426-4791) or at <http://www.epa.gov/safewater/lead>.

Inadequately treated water may contain disease-causing organisms. These organisms include bacteria, viruses, and parasites, which can cause symptoms such as nausea, cramps, diarrhea, and associated headaches.

We at Westmont Montessori School work hard to provide top quality water to every tap. We ask that all our customers help us protect our water sources, which are the heart of our community, our way of life and our children's future. Please call our office if you have questions.