



**THE WESTMONT MONTESSORI SCHOOL**

577 Route 24, Mendham, NJ 07945

908-879-6355 ~~ Fax 908-879-8127

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

Dear Parents,

**Welcome to the 2019-2020 school year – Westmont’s 55<sup>th</sup> year!**

With the completion of another successful school year, we are already looking forward and diligently preparing for the upcoming new school year. Please *complete* the following NJ State Mandated Forms prior to August 19, 2019 so that all paperwork is in place for your child to enter school in September.

Questions may be directed to Teri McGrath, [tmcgrath@westmontmontessori.org](mailto:tmcgrath@westmontmontessori.org) , 908-879-6355, ext. 20.

Regards,  
Auris Vanderbilt  
Assistant Head of School

**2019-2020 NJ STATE MANDATED FORM**

<b>CHILD'S FULL NAME:</b>		<b>Date of Birth:</b>
<b>Street Address:</b>	<b>City/State</b>	<b>Zip Code</b>
<b>Parent/Guardian Name:</b>	<b>Home Phone #</b>	<b>Cell Phone #</b>
<b>Street Address:</b>	<b>City/State</b>	<b>Zip Code</b>
<b>Email:</b>	<b>Preferred Email for correspondence:</b> <input type="checkbox"/>	
<b>Parent/Guardian Name:</b>	<b>Home Phone #</b>	<b>Cell Phone #</b>
<b>Street Address:</b>	<b>City/State</b>	<b>Zip Code</b>
<b>Email:</b>	<b>Preferred Email for correspondence:</b> <input type="checkbox"/>	
<b>MEDICAL:</b>		
<b>Child's Physician's Name:</b>	<b>Phone #</b>	
<b>Health Insurance Provider:</b>	<b>Policy #</b>	
<b>Name on Policy:</b>		
<b>OPTIONAL Insurance Offerings:</b>		
° NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents/guardian. For more information, call 800-701-0710 or visit <a href="http://www.njfamilycare.org">www.njfamilycare.org</a> to apply online. You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.		
° Expanded insurance protection is available to you through Bollinger Insurance Solutions. Please contact Beth Hart, Financial Manager, at <a href="mailto:bhart@westmontmontessori.org">bhart@westmontmontessori.org</a> for more details.		
<b>Signature:</b> _____	<b>Printed Name:</b> _____	<b>Date:</b> _____
<i>Written consent required pursuant to 20 U.S.C. § 1232g (b)(1) and 34 C.F.R. 99.30 (b).</i>		

**CHILD'S NAME:** \_\_\_\_\_

**MEDICAL HISTORY:**

Pertinent Medical History of Chronic Illness and **Allergies:** \_\_\_\_\_

Administration of prescribed or non-prescribed (over-the-counter) medication will require an action plan from the physician and the parent.

**EPI-PEN?** Yes  (A signed **action plan** from a physician with Epi-Pen is required.)

**ASTHMATIC?** Yes  (A signed **action plan** from a physician is required.)

*Duplicate epi-pens or inhalers may be required.*

**PLEASE NOTE:** State law requires the **Universal Child Health Record form with current immunization record**, signed by a physician, to be in our possession before your child can attend classes.

**MEDICAL EMERGENCY CONTACTS:** In the event parent/guardian cannot be reached, please provide at least one medical emergency contact.

**Name 1:** \_\_\_\_\_ Home Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Name 2:** \_\_\_\_\_ Home Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**ALTERNATE CONTACTS:** In the event parent/guardian cannot be reached, please provide at least one alternate contact for **non-medical emergencies**.

**Name 1:** \_\_\_\_\_ Home Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Name 2:** \_\_\_\_\_ Home Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**TRANSPORTATION:** My child may be transported to and/or from The Westmont Montessori School by his/her parents and the following people. Please provide at least one contact.

**Name 1:** \_\_\_\_\_ Home Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Name 2:** \_\_\_\_\_ Home Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Name 3:** \_\_\_\_\_ Home Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Name 4:** \_\_\_\_\_ Home Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Name 5:** \_\_\_\_\_ Home Phone # \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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

° 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:** \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

**PLEASE NOTE: CANNOT SUBMIT FORM UNTIL ALL OF THE FOLLOWING BOXES ARE CHECKED.**

**PLEASE READ THE 2019-2020 PARENT HANDBOOK, FOUND ON OUR WEBSITE, AND CHECK THE FOLLOWING BOXES CONFIRMING THAT YOU HAVE RECEIVED, READ AND UNDERSTAND THE CONTENTS OF THE FOLLOWING INFORMATION.**

- 2019-2020 Parent Handbook** which includes information on the following topics:
  - Home Language Learning
  - Nutrition and Dietary Restrictions
  - Communication
  - Community Resources
  - Parent Education Series
  - Attendance Policy
  - Health and Safety Standards
  - Student Support Team
  - Information to Parents
  - Use of Technology and Social Media
  - Release of Children
  - Methods of Parental Notification
  - Communicable Disease Management
  - Expulsion Policy
  - Pest Management Notice (Appendix B)
  - Current Drinking Water Quality Report (Appendix C)

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_