



Hello PreK Families!

Welcome to the Philip's Academy PreK program! We are delighted that your child is part of our PreK family! We look forward to getting to know each child as we grow together this year. Our program will provide each child with a safe and loving learning environment. Each day will be filled with fun and exciting adventures to help your child develop academically and socially. The class will be learning and exploring many concepts and themes linked to our Prek curriculum, Tools of the Mind, throughout this year. The themes will consist of Family, Grocery, Restaurant, Hospital and Pet Vet! The teachers and children will also have an opportunity to create their own themes towards the end of the school year!

To ensure that you and your child have a great preschool experience while at PACS, it is important that the communication with your child's teacher become imperative. Each month you will receive a newsletter to let you know about our weekly themes, class activities, and important events in the classroom. We will also send all correspondence home in your child's folder via his/her book bag, so please check it daily. To keep parents informed about their child's progress, parent conferences will be held throughout the year: November, March and May. You will also receive a progress report for your child during conferences.

We look forward to watching your child learn, grow, and flourish throughout this year. See you at the Prek4 orientation on Wednesday, August 23rd from 8:30 – 10:00.

Sincerely,

The Philip's Academy Charter School PreK Team!

*** DRAFT CALENDAR ***
 Subject to Change by
 School Administration



PHILIP'S ACADEMY

2017-2018 PRE-K Calendar

*** DRAFT CALENDAR ***
 Subject to Change by
 School Administration

August 2017						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16 _{PD}	17 _{PD}	18 _{PD}	19
20	21 _{PD}	22 _{PD}	23 _{PD}	24 _{PD}	25 _{PD}	26
27	28	29	30	31		

September 2017						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October 2017						
S	M	T	W	T	F	S
1	2	3	4	5	6 _{PD}	7
8	9	10	11 _{PD}	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November 2017						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December 2017						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August	4 days of school	Notes
16-25	Faculty Professional Development	= School Closed
23	Meet and Greet -PreK4 Orientation 8:30am (drop off) to 10:30am	= Half Day of School: Dismissal @12:00
24-25	School Closed-Faculty PD -Tools of the mind	= Events
24	Board of Trustees Meeting 5:30 PM	=Faculty PD
28	All Classes Begin - Half Day of School Pre-K (12:00Dismissal) LS Back to School Night 5:30pm	
29	Half Day of School 12:00PM Dismissal- US Back to School Night	

September	20 days including 0 half days
4	School Closed - Labor Day
12	Parent Organization Meeting 6:00 PM
21	Ribbon Cutting Ceremony 9:30AM
22	Family Math Night 5:30 PM
28	Board of Trustees Meeting 5:30 PM

October	20 days including 1 half day; 3 PD
6	Half Day of School - 12:00PM Dismissal (PD)
9	School Closed - Columbus Day
11	School Closed - PD -Tools of the Mind
12	Parent Organization Meeting 6:00 PM
16-20	Week of Respect
23-27	Fall Book Fair
24	United Nations Celebration
26	Board of Trustees Meeting 5:30 PM
27	Harvest Festival & Skate Night 6:00PM
30	Whole School Picture Day
31	Open House 6:00 PM

November	19 days including 2 half days
3	End of Quarter 1
10	Veterans Day
15	Open House 6:00 PM
16	Parent Organization Meeting 6:00 PM
20	No School for Pre-K P/T Conferences
20	Community Service Day 1
21	Half Day of School 12:00PM Dismissal
21	Thanksgiving Feast (Dress Up Day)
21	Community Service Day 2
22-24	School Closed - Thanksgiving
27	Classes Resume
30	Board of Trustees Meeting 5:30 PM

December	15 days including 0 half day
12	Parent Organization Meeting 5:30 PM
13	Open House 6:00 PM
19	Board of Trustees Meeting 5:30 PM
21	Multicultural Night (Dress Up Day) Lower School at 4:30-5:30PM Upper School at 5:30-6:30
22- Jan. 5	School Closed - Winter Break

January 2018						
S	M	T	W	T	F	S
	1	2	3	4	5 _{PD}	6
7	8	9	10 _{PD}	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February 2018						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16 _{PD}	17
18	19	20	21	22	23	24
25	26	27	28			

March 2018						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20 _{PD}	21	22	23	24
25	26	27	28	29 _{PD}	30	31

April 2018						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2018						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25 _{PD}	26
27	28	29	30	31		

June 2018						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18 _{PD}	19 _{PD}	20 _{PD}	21 _{PD}	22 _{PD}	23
24	25 _{PD}	26 _{PD}	27 _{PD}	28	29	30

January		16 days; 2PD	
1-4	School Closed - Winter Break	10	School Closed - MLK Day
5	No Classes - PD	25	Board of Trustees Meeting 5:30 PM
8	Classes Resume	26	End of Quarter 2
10	Parent Organization Meeting 6:00 PM		
10	School Closed - PD Tools of the Mind		

February		18 days; 1 PD	
1-28	Black History Series	20	Classes Resume
15	Parent Organization Meeting 5:30 PM	22	Board of Trustees Meeting 5:30 PM
16	No Classes - PD	23	Skate Night 6:00PM
	Make Up Snow Day #1	28	Black History Series Closing Ceremony -2:30PM
19	School Closed - President's Day		

March		19 days; 2 PD	
5-9	Winter Book Fair	29	No Classes - PD; Make Up Snow Day #2
7	No School for Pre-K; Parent Teacher Conferences	29	Board of Trustees Meeting 5:30PM
13	Parent Organization Meeting 5:30 PM	30	End of Quarter 3
16	St. Patrick's Day	30	Good Friday
20	School Closed - PD Tools of the Mind	30	School Closed - Spring Break
26	Spring Picture Day (Dress UP Day)		

April		16 days	
1 - 30	Literacy Month	12	Parent Organization Meeting 5:30 PM
2	Easter Monday	20	Earth Day
2-6	School Closed - Spring Break	26	Board of Trustees Meeting 5:30 PM
9	Classes Resume	27	Skate Night (Spring Dress Theme) 6:00PM

May		21 days; 1 PD	
7-11	Teacher Appreciation Week	25	No Classes - PD
14-18	Spring Book Fair (Final, BOGO)		Make Up Snow Day #3
14-18	Male Involvement Week	28	School Closed - Memorial Day
18	Concert Under the Stars	31	Grand Friends Day 9:00AM - 11:00AM
23	Parent Organization Meeting 6:00 PM	31	Board of Trustees Meeting 5:30 PM

June		10 days including 1 half day; 178 days of school	
1	No School for Pre-K; Parent Teacher Conferences		
6	End of Quarter 4		
14	Last Day of School 12:00PM Dismissal		
14	Pre-K Recognition Ceremony		
15	Family Field Day		
18-27	No Classes - PD		
28	Board of Trustees Meeting 5:30 PM		

Dress Code

Philip's Academy students wear uniforms throughout the school day, including Sporting Events, Parent Meetings, Special Events, Early Care and Extended Day Programs. Children often feel undue pressure about clothing and the uniform can help reduce some of this concern. The Philip's Academy uniform, with the school emblem, is purchased from an approved vendor. Athletic shoes (sneakers), Uggs (or similar), and military-style boots cannot be worn with the dress uniform. The items that compose our uniform are listed below. Students have a limited choice of colors (i.e. gray pants for boys) and slight style variations of the plaid skirt for girls within the uniform.

Dress uniforms should be worn with black or brown belts and casual or dress shoes (no sneakers and no emblems or designs on shoes i.e. skull and crossbones). Sneakers are worn with gym uniforms only and must be white, black, grey, navy blue (or combination). Converse or Vans are unacceptable. Boots may only be worn to and from school during inclement weather. Boots must be stored in lockers for upper school or cubbies for lower school. Appropriate footwear must be worn during the school day. Emblem or Non-emblem sweaters (all one solid color: navy blue, grey, white) may be worn with the uniform. No Scarves or Headbands. Socks must be all one solid color: navy blue, grey, white. No coats, sweat shirts (hoodies) or jackets may be worn with the uniform during the school day.

Girls: PreK - Gr. 4	Boys: PreK - Gr. 4
<ul style="list-style-type: none"> ● Plaid Jumper (Flynn & O'Hara) ● Grey Pants ● Navy Cardigan Sweater ● White Long Sleeve Peter Pan collar ● White Short Sleeve Peter Pan collar ● SS/LS White Polo with School Logo ● Grey Dress Shorts <ul style="list-style-type: none"> ○ Fall (September-October) ○ Spring (April-June) ● Black, Brown or Navy Dress Shoes 	<ul style="list-style-type: none"> ● Navy, Grey, Yellow Plaid Tie (Flynn & O'Hara) ● Grey Pants ● Navy Cardigan Sweater ● White Long Sleeve Oxford ● White Short Sleeve Oxford ● SS/LS White Polo with School Logo ● Boys Grey Dress Shorts <ul style="list-style-type: none"> ○ Fall (September-October) ○ Spring (April-June) ● Black, Brown or Navy Dress Shoes
<p>Gym Uniform</p> <ul style="list-style-type: none"> ● Navy Sweats with School Logo (Flynn & O'Hara) ● Students in Pre-K to Grade 4 ONLY may wear their gym uniform on assigned gym days. 	<p>Gym Uniform</p> <ul style="list-style-type: none"> ● Navy Sweats with School Logo (Flynn & O'Hara) ● Students in Pre-K to Grade 4 ONLY may wear their gym uniform on assigned gym days.

Information regarding Flynn & O'Hara Uniforms can be found online at <https://www.flynnohara.com> or at their Newark location:

196-198 Ferry Street
Newark, NJ 07105
862.231.2149

PreK Classroom Supply List for (4 Classrooms)

5 boxes of large ziplock bags (**per classroom**)

5 boxes of small ziplock bags (**per classroom**)

2 pocket folders (**per child**)

4 pack glue sticks (**per child**)

1 pack of dry erase markers (**per child**)

2 packs of construction paper (**per child**)

4 clorox wipe containers (**per classroom**)

5 tissue boxes (**per classroom**)

5 paper towels (**per classroom**)

Mandatory:

Change of clothes (**per child**)

Sheet and blanket for rest time (**per child**)

*(Parent brings in sheet and blanket every Monday, teachers send home bedding every Friday)

Uniform:

*Can be found at kid city stores or Flynn & O' Hara Uniforms

Girls – white button up top, grey or blue bottom (or white button up top, blue, grey or plaid (blue, grey, white) jumper dress

Boys - white button up top, grey or blue pants

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		

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.



STUDENT DIRECTORY FORM 2017-2018

SECTION 1: STUDENT INFORMATION

Student First Name		Middle Name	
Last Name			
Student Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Grade Entering
Date of Birth			
PRIMARY HOME ADDRESS			
Street		Apartment	
City		State, Zip	
Walking Trip Authorization	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>(Do you authorize your child to take walking trips during the school day escorted by school personnel?)</i>			
Self-Release Authorization	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>(Grades 5-8 ONLY -- Do you authorize your 5th, 6th, 7th, or 8th grade student to sign themselves out during dismissal?)</i>			

SECTION 2: PRIMARY PARENT/GUARDIAN

Prefix	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Rev.
First Name		Relationship			
Last Name					
ADDRESS & CONTACT INFORMATION					
Check if same as above: <input type="checkbox"/>					
Street		Apartment			
City		State, Zip			
Home Phone		Cell Phone			
Work Phone		Phone Blast #			
Email Address					

SECTION 3: SECONDARY PARENT/GUARDIAN

Prefix	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Dr.	<input type="checkbox"/> Rev.
First Name		Relationship			
Last Name					
ADDRESS & CONTACT INFORMATION					
Check if same as above: <input type="checkbox"/>					
Street		Apartment			
City		State, Zip			
Home Phone		Cell Phone			
Work Phone		Phone Blast #			
Email Address					

SECTION 4: EMERGENCY CONTACT

Emergency Contact 1		Relationship
Prefix	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.	Home Phone
First Name		Cell Phone
Last Name		Work Phone

Emergency Contact 2		Relationship
Prefix	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.	Home Phone
First Name		Cell Phone
Last Name		Work Phone

Emergency Contact 3		Relationship
Prefix	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev.	Home Phone
First Name		Cell Phone
Last Name		Work Phone

SECTION 5: PICK-UP AUTHORIZATION

Please indicate persons authorized to pick up your student. Include full name, relationship to student and primary phone number of each authorized person.

First Name		First Name	
Last Name		Last Name	
Relationship		Relationship	
Phone		Phone	

First Name		First Name	
Last Name		Last Name	
Relationship		Relationship	
Phone		Phone	

First Name		First Name	
Last Name		Last Name	
Relationship		Relationship	
Phone		Phone	

I will inform Philip's Academy immediately if any of the above information changes.

(Initial)

By signing this form, I am verifying that the information entered above is true and accurate.

(Initial)

Parent/Guardian Signature

Date