

LET'S GET READY FOR PRE-K 3



Evangel Christian School
Summer 2018



GRADE: PRESCHOOL-3

Supplies and Material Needed for September

The following supplies will be needed for the start of the school year. This list was prepared to enable you to plan ahead and take advantage of summer sales.

1. Each child should have a **full size** school bag or backpack with child's name on it (Large enough to hold rest-time sheets, school folder, snack items and show & tell items - so nothing gets lost).
2. Two (2) large boxes of tissues
3. Two (2) packs of baby wipes
4. Two (2) packs of Clorox wipes
5. Two (2) folders with pockets, preferably vinyl – it will last all year (please no paper it breaks)
6. One (1) 8oz plastic bottle of white Elmer's school glue – **NO COLORS**, please
7. Two (2) glue sticks
8. One small sheet (not fitted) and a light receiving blanket
9. One (1) no. 2 pencils
10. Smock or old t-shirt for painting
11. School gym T-Shirt (can be purchased from Lands End) **MUST HAVE**
12. Two (2) changes of clothing (shirt, pants, socks, underwear, some shoes if possible). Please place all items in a labeled zip lock plastic bag. **PLEASE DO NOT SEND BIG PLASTIC CONTAINERS (storage is limited)**
13. One (1) 8oz bottle of hand sanitizer
14. One (1) pair of scissors
15. One (1) box of crayons (no fluorescent crayons)



PLEASE BRING ALL OF THE ABOVE LISTED ITEMS TO SCHOOL ON THE FIRST DAY

*ALL SUPPLIES AND MATERIALS SHOULD BE LABELED WITH CHILD'S NAME AND CLASS. PLEASE HAVE NAMES IN ALL SWEATERS, JACKETS, HATS, BOOTS, GLOVES, ETC. THIS IS VERY IMPORTANT FOR ESTABLISHING GOOD PERSONAL HABITS OF CARING FOR ONE'S PROPERTY. PERIODICALLY, THROUGHOUT THE YEAR, YOUR CHILD MAY NEED TO UPDATE HIS/HER SUPPLIES. THE TEACHER LET YOU KNOW.

PLEASE DO NOT SEND: Glass thermos or glass bottles (i.e. juice, soda, punch), baby bottles or pacifiers. Students are not permitted to wear or bring pull-ups to school

***** PARENTS: PLEASE NOTE *****

Evangel Christian School is committed to Christian principles and values. This task is made more difficult by the media. Most of the TV, advertising, videos, movies and music have a negative impact on our children. To maintain a positive standard, we must ask that all parents cooperate with us by NOT SENDING TO SCHOOL -- supplies (such as book bags, lunch boxes, knapsacks, folders, pencils, erasers. etc.) which have pictures or designs depicting violent characters, scenes or symbols of movie, video or cartoon characters that emphasize anti-social behavior and non-Christian principles; for example, **Power Rangers, X-Men, Batman, Goosebumps, Harry Potter, WWF, Zodiac symbols, Pokémon and similar characters, and secular entertainers.**





EVANGEL CHRISTIAN SCHOOL

39-21 Crescent Street, Long Island City, NY 11101

Pk-3 through Kindergarten

are not required to wear uniform, however,
you should purchase of gym uniform for class trips.

LANDS' END INFORMATION

To purchase gym uniforms please go to www.landsend.com. Click on "school" then click on "find my school" and insert the appropriate school number from below.

Preferred school number for elementary: 900140757



SEPTEMBER 2018

MEDICAL REQUIREMENTS FOR CHILD CARE AND NEW SCHOOL ENTRANTS

(PUBLIC, PRIVATE, PAROCHIAL, CHILD CARE CENTERS AND SCHOOLS)

ALL STUDENTS ENTERING A NEW YORK CITY (NYC) SCHOOL OR CHILD CARE FOR THE FIRST TIME MUST HAVE A COMPLETE PHYSICAL EXAMINATION AND ALL REQUIRED IMMUNIZATIONS

The comprehensive medical examination must be documented on a Child Adolescent Health Examination Form (CH205) and include the following:

- | | | |
|----------------|-------------------|--------------------------|
| Weight | Body Mass Index | Medical History |
| Height | Vision Screening | Developmental Assessment |
| Blood Pressure | Hearing Screening | Nutritional Evaluation |
| | Dental Screening | |

All students entering NYC public or private schools or child care (including Universal 3-K and Pre-Kindergarten classes) for the first time must submit a report of a physical examination performed within one year of school entry. Because children develop and grow so quickly at these early ages, if this initial examination is performed before the student is age 5 years, a second examination, performed between the child's fifth and sixth birthday, is also required. Fillable CH-205 forms that include the student's pre-populated vaccination histories are available in the NYC Citywide Immunization Registry (CIR). A savable version of the pre-populated CH-205 is also available in CIR and is accessible for use and updates as needed.

IMMUNIZATION REQUIREMENTS 2018-19

The following immunization requirements are mandated by law for all students between the ages of 2 months and 18 years. Children must be excluded from school if they do not meet these requirements. To be considered fully immunized, a child must have an immunization history that includes all of the following vaccines. The child's immunization record should be evaluated according to the grade they are attending this school year.

| Required Screening for Child Care Only | |
|--|--|
| Screening | Required Information |
| Anemia Screening | Hematocrit and Hemoglobin |
| Lead Screening, Assessment and Testing | <ul style="list-style-type: none"> All children under age 6 years must be assessed annually for lead exposure. Blood lead tests are required for children at ages 1 and 2 years AND other children up to age 6 years if they are at risk of exposure OR if no lead test was previously documented. For more information, call the Lead Poisoning Prevention Program at 311, or visit www.nyc.gov/html/doh/downloads/pdf/lead/lead-guidelines-children.pdf |

PROVISIONAL REQUIREMENTS

New students may enter school or child care provisionally with documentation of at least this initial series of immunizations. Once admitted provisionally, subsequent vaccines must be administered in accordance with the Advisory Committee on Immunization Practices (ACIP) "catch up" schedule for the child to be considered "in process" and remain in school (refer to for schedule). Alternative schedules are not acceptable. Students must complete the entire series to comply with the law. Students who have not been immunized within the provisional period must be issued exclusion letters and excluded from school or child care until they comply with the requirements.

| CHILD CARE/PRE-KINDERGARTEN | NO. OF DOSES | KINDERGARTEN THROUGH GRADE 12 | NO. OF DOSES |
|---|--------------|---|--------------|
| DTaP (diphtheria-tetanus-acellular pertussis) OR DTP (diphtheria-tetanus-pertussis) | 1 | DTaP, DTP, DT, Td (tetanus-diphtheria) OR Tdap (tetanus-diphtheria-acellular pertussis) | 1 |
| IPV (inactivated poliovirus) or OPV (oral poliovirus) | 1 | Vaccine type as appropriate for age. | |
| MMR (measles-mumps-rubella) | 1 | Tdap (grades six through 12) | 1 |
| On or after the first birthday. | | IPV or OPV | 1 |
| Hib (<i>Haemophilus influenzae</i> type b) | 1 | MMR On or after the first birthday | 1 |
| Hepatitis B | 1 | Hepatitis B | 1 |
| Varicella | 1 | Varicella | 1 |
| On or after the first birthday. | | On or after the first birthday. | |
| Pneumococcal conjugate (PCV) | 1 | Meningococcal (MenACWY) (seventh, eighth, ninth and 12 th grades) | 1 |

2018–19: FULL COMPLIANCE

New York State Immunization Requirements for Child Care and School Entrance/Attendance¹

Notes: For grades Pre-Kindergarten through 10, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for people age 0 through 18 years. Intervals between doses of vaccine DO NOT need to be reviewed for grades 11 and 12 (or grade 5 for polio vaccine). Doses received before the minimum age or intervals are not valid and do not count. You MUST reference the footnotes for dose requirements and specific information about each vaccine. Children enrolling in grade-less classes should meet immunization requirements for their age-equivalent grade. See www.health.ny.gov/prevention/immunization/schools/updated_school_imm_requirements.htm for Frequently Asked Questions.

| VACCINES | PRE-KINDERGARTEN (Child Care, Head Start, Nursery, 3K or Pre- ¹ Kindergarten) | KINDERGARTEN through Grade 4 | GRADE 5 | GRADES 6 through 10 | GRADES 11 through 12 |
|---|---|--|------------|---|---|
| Diphtheria and tetanus toxoid-containing vaccine and pertussis vaccine (DTaP/DTP/DT/Td/Tdap) ² | 4 doses | 5 doses or 4 doses if the fourth dose was received at age 4 years or older or 3 doses if the child is age 7 years or older and the series was started at age 1 year or older | | 3 doses | |
| Tetanus and diphtheria toxoid-containing vaccine and pertussis vaccine booster (Tdap) ³ | | Not Applicable | | 1 dose (on or after age 11 years) | |
| Polio vaccine (IPV/OPV) ^{1,4} | 3 doses | 4 doses or 3 doses if the third dose was received at age 4 years or older | 3 doses | 4 doses or 3 doses if the third dose was received at age 4 years or older | 3 doses |
| Measles, mumps and rubella vaccine (MMR) ^{1,5} | 1 dose | | | | 2 doses |
| Hepatitis B vaccine ^{1,6} | 3 doses | | | | 3 doses |
| Varicella (chickenpox) vaccine ^{1,7} | 1 dose | 2 doses | 1 dose | 2 doses | 1 dose |
| Haemophilus Influenzae type b conjugate vaccine (Hib) ⁸ | 1 to 4 doses | Not Applicable | | | |
| Pneumococcal conjugate vaccine (PCV) ⁹ | 1 to 4 doses | Not Applicable | | | |
| Meningococcal conjugate vaccine (MenACWY) ¹⁰ | | Not Applicable | | Grades 7, 8 and 9: 1 dose | Grade 12: 2 doses or 1 dose if the first dose was received at age 16 years or older |

For more information contact:

New York State Department of Health, Bureau of Immunization: 518-473-4437

New York City Department of Health and Mental Hygiene, Bureau of Immunization: 347-396-2433; Office of School Health Citywide (all districts): 347-396-4720

Documented serologic evidence of immunity to measles, mumps, rubella, hepatitis B, varicella or polio (for all three serotypes) meets the immunization requirements for these diseases. Diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.

1. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine.
(Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a five-dose series of DTaP vaccine at ages 2, 4, 6, 15 through 18 months, and age 4 years or older. The fourth dose may be received as early as age 12 months, provided at least six months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least four months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday.
 - b. If the fourth dose of DTaP was administered at age 4 years or older, the fifth (booster) dose of DTaP vaccine is not necessary.
 - c. A sixth dose of DTaP, at least six months after the prior dose, may be required if the fifth dose was received prior to the fourth birthday.
 - d. For children born before January 1, 2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
 - e. Children ages 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td vaccine. If the first dose was received before their first birthday, then four doses are required. If the first dose was received on or after the first birthday, then three doses are required.
2. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine.
(Minimum age: 7 years)
 - a. Students ages 11 years or older entering grades six through 12 are required to have one dose of Tdap.
 - b. Students without Tdap who are age 10 years in sixth grade are in compliance until they turn age 11 years.
 - c. A dose of Tdap or DTaP administered on or after age 7 years meets this requirement.
3. Inactivated poliovirus vaccine (IPV) or oral polio vaccine (OPV).
(Minimum age: 6 weeks)
 - a. Children starting the series on time should receive IPV at ages 2, 4, 6 through 18 months and age 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least six months after the previous dose.
 - b. For students who received their fourth dose before age 4 years and prior to August 7, 2010, four doses separated by at least four weeks is sufficient.
 - c. If the third dose of polio vaccine was received at age 4 years or older and at least six months after the previous dose, a fourth dose of IPV is not necessary.
 - d. A fifth dose of IPV, at least six months after the prior dose, may be required if the fourth dose was received prior to the fourth birthday.
 - e. If both OPV and IPV were administered as part of a series, the total number of doses and intervals between doses is the same as that recommended for the IPV schedule.
 - f. Only OPV administered before April 1, 2016 counts towards the completion of the polio series.
4. Measles, mumps and rubella (MMR) vaccine.
(Minimum age: 12 months)
 - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (four weeks) after the first dose to be considered valid.
 - b. Students in kindergarten through grade 12 must have received two doses of measles-containing vaccine, two doses of mumps-containing vaccine (except one dose of mumps-containing vaccine for grades 11 and 12), and at least one dose of rubella-containing vaccine.
5. Hepatitis B vaccine
 - a. The first dose may be given at birth or anytime thereafter. The second two must be received at least four weeks (28 days) after the first dose. The third dose must be at least eight weeks after the second dose two AND at least 16 weeks after dose one AND no earlier than 24 weeks of age.
 - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least four months apart at age 11 through 15 years will meet the requirement.
 - d. Administration of a total of four doses Hepatitis B vaccine is permitted when a combination vaccine containing Hep B is administered after the birth dose. This fourth dose is often needed to ensure that the last dose in the series is given on or after age 24 weeks.
6. Varicella (chickenpox) vaccine.
(Minimum age: 12 months)
 - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (four weeks) after the first dose to be considered valid.
 - b. For children younger than age 13 years, the recommended minimum interval between doses is three months (if the second dose was administered at least four weeks after the first dose, it can be accepted as valid); for people age 13 years and older, the minimum interval between doses is four weeks.
7. Haemophilus influenzae type b conjugate vaccine (Hib).
(Minimum age: 6 weeks)
 - a. Children starting the series on time should receive Hib vaccine at ages 2 months, 4 months, 6 months and 12 through 15 months.
 - b. If two doses of vaccine were received before age 12 months, only three doses are required, with the third dose at age 12 through 15 months and at least eight weeks after the second dose.
 - c. If the first dose was received at ages 12 through 14 months, only two doses are required, with the second dose at least eight weeks after the first dose.
 - d. If the first dose was received at age 15 months or older, only one dose is required.
 - e. Hib vaccine is not required for children ages 5 years or older.
8. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive PCV vaccine at ages 2 months, 4 months, 6 months and 12 through 15 months.
 - b. Unvaccinated children ages 7 through 11 months are required to receive two doses, at least four weeks apart, followed by a third dose at age 12 through 15 months.
 - c. Unvaccinated children ages 12 through 23 months are required to receive two doses of vaccine at least eight weeks apart.
 - d. If one dose of vaccine was received at age 24 months or older, no further doses are required.
 - e. For more information, refer to the PCV chart available in the School Survey Instruction Booklet at www.health.ny.gov/prevention/immunization/schools/.
9. Meningococcal Vaccine
 - a. Students entering grades seven, eight and nine are required to have received a single dose of meningococcal conjugate vaccine against serogroups A, C, W-135 and Y (MenACWY vaccine).
 - b. Students entering grade 12 will need to have received two doses of MenACWY vaccine, or only one dose of MenACWY vaccine if the first dose was administered at age 16 years or older.
 - c. If the second dose is received before age 16 years, a third dose on or after age 16 years is required.
 - d. The minimum interval between doses of MenACWY vaccine is eight weeks.

CHILD & ADOLESCENT HEALTH EXAMINATION FORM
 NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please Print Clearly

NYC ID (OSIS)

TO BE COMPLETED BY THE PARENT OR GUARDIAN

Child's Last Name _____ First Name _____ Middle Name _____ Sex Female Male Date of Birth (Month/Day/Year) _____/_____/_____

Child's Address _____ Hispanic/Latino? Yes No Race (Check ALL that apply) American Indian Asian Black White
 Native Hawaiian/Pacific Islander Other _____

City/Borough _____ State _____ Zip Code _____ School/Center/Camp Name _____ District Number _____ Phone Numbers
 Home _____ Cell _____ Work _____

Health insurance Yes No Parent/Guardian Last Name _____ First Name _____ Email _____
 (including Medicaid)? No Foster Parent

TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER

Birth history (age 0-6 yrs)
 Uncomplicated Premature: _____ weeks gestation
 Complicated by _____

Allergies None Epi pen prescribed
 Drugs (list) _____
 Foods (list) _____
 Other (list) _____

Attach MAF if in-school medications needed

Does the child/adolescent have a past or present medical history of the following?

Asthma (check severity and attach MAF) Intermittent Mild Persistent Moderate Persistent Severe Persistent
 If persistent, check all current medication(s): Quick Relief Medication Inhaled Corticosteroid Oral Steroid Other Controller None
Asthma Control Status Well-controlled Poorly Controlled or Not Controlled

Anaphylaxis Seizure disorder
 Behavioral/mental health disorder Speech, hearing, or visual impairment
 Congenital or acquired heart disorder Tuberculosis (latent infection or disease)
 Developmental/learning problem Hospitalization
 Diabetes (attach MAF) Surgery
 Orthopedic injury/disability Other (specify) _____
Explain all checked items above. Addendum attached.

Medications (attach MAF if in-school medication needed)
 None Yes (list below)

PHYSICAL EXAM Date of Exam: ____/____/____

Height _____ cm (____ %ile)
 Weight _____ kg (____ %ile)
 BMI _____ kg/m² (____ %ile)
 Head Circumference (age <2 yrs) _____ cm (____ %ile)

Blood Pressure (age >3 yrs) _____ / _____

General Appearance:
 Physical Exam WNL
 NI Abnl Psychosocial Development HEENT Lymph nodes Abdomen Skin
 Language Dental Lungs Genitourinary Neurological
 Behavioral Neck Cardiovascular Extremities Back/spine

Describe abnormalities:

DEVELOPMENTAL (age 0-6 yrs)
 Validated Screening Tool Used? _____ Date Screened ____/____/____
 Yes No
 Screening Results: WNL
 Delay or Concern Suspected/Confirmed (specify area(s) below):
 Cognitive/Problem Solving Adaptive/Self-Help
 Communication/Language Gross Motor/Fine Motor
 Social-Emotional or Personal-Social Other Area of Concern: _____

Nutrition
 < 1 year Breastfed Formula Both
 ≥ 1 year Well-balanced Needs guidance Counseled Referred
Dietary Restrictions None Yes (list below)

Hearing Date Done ____/____/____ Results _____
 < 4 years: gross hearing _____ NI Abnl Referred
 OAE _____ NI Abnl Referred
 ≥ 4 yrs: pure tone audiometry _____ NI Abnl Referred

SCREENING TESTS Date Done ____/____/____ Results _____

Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk)
 _____ μg/dL
 At risk (do BLL) Not at risk

Lead Risk Assessment (annually, age 6 mo-6 yrs)
 _____ At risk (do BLL) Not at risk

Child Care Only
Hemoglobin or Hematocrit _____ g/dL _____ %

Vision Date Done ____/____/____ Results _____
 < 3 years: Vision appears: _____ NI Abnl
Acuity (required for new entrants and children age 3-7 years) Right _____/_____
 Left _____/_____
 Unable to test

Screened with Glasses? Yes No
 Strabismus? Yes No

Dental
 Visible Tooth Decay Yes No
 Urgent need for dental referral (pain, swelling, infection) Yes No
 Dental Visit within the past 12 months Yes No

Child Receives EI/CPSE/CSE services Yes No

CIR Number _____ Physician Confirmed History of Varicella Infection Report only positive immunity:

| IMMUNIZATIONS - DATES | | IgS Titers | |
|-----------------------|-------------------|-------------------|-------|
| DTaP/DTaP/DT | Tdap | | Date |
| Td _____ | MMR _____ | Hepatitis B _____ | _____ |
| Polio _____ | Varicella _____ | Measles _____ | _____ |
| Hep B _____ | Mening ACWY _____ | Mumps _____ | _____ |
| Hib _____ | Hep A _____ | Rubella _____ | _____ |
| PCV _____ | Rotavirus _____ | Varicella _____ | _____ |
| Influenza _____ | Mening B _____ | Polio 1 _____ | _____ |
| HPV _____ | Other _____ | Polio 2 _____ | _____ |
| | | Polio 3 _____ | _____ |

ASSESSMENT Well Child (Z00.129) Diagnoses/Problems (list) _____ ICD-10 Code _____

RECOMMENDATIONS Full physical activity
 Restrictions (specify) _____

Follow-up Needed No Yes, for _____ Appt. date: ____/____/____

Referral(s): None Early Intervention IEP Dental Vision
 Other _____

Health Care Practitioner Signature _____ Date Form Completed ____/____/____

Health Care Practitioner Name and Degree (print) _____ Practitioner License No. and State _____

Facility Name _____ National Provider Identifier (NPI) _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____

DOHMH ONLY PRACTITIONER I.D. _____

TYPE OF EXAM: NAE Current NAE Prior Year(s)
 Comments: _____

Date Reviewed: ____/____/____ I.D. NUMBER _____

REVIEWER: _____

FORM ID# _____