

ST. JOSEPH PRE-SCHOOL  
372 WYCKOFF AVE  
RAMSEY, NJ 07446  
#201-825-8386

Please complete & return this form to the school:

Name of Child: \_\_\_\_\_

Name of Parent: \_\_\_\_\_

I have read & received a copy of the  
"Policy on the Management of Communicable Diseases"

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_