

**PARK RIDGE SCHOOLS
EAST BROOK ELEMENTARY SCHOOL
167 Silbald Drive
Park Ridge, NJ 07656
201-573-6000 ext. 2000**

February 2024

Dear Parents of Incoming Kindergarten Students:

We welcome you and your child to East Brook!

We are excited to begin the registration process for incoming Kindergarten children for the 2024-2025 school year. As you may know, we have a full day Kindergarten program in Park Ridge. There are several dates and procedures you need to be aware of in order to facilitate the registration process. It will also help make your child's visitation later in the spring productive and enjoyable.

PARENT ORIENTATION PROGRAM ~ Thursday, February 1, 2024, 6:00 PM

Our Parent Orientation program will be held in the Media Center. Mrs. McKenna and Ms. Maenza will present valuable information to parents concerning our Kindergarten program. I will be attending the orientation, as well as other resource personnel who will outline some of the services available to your child at East Brook. We urge you to attend this important meeting for parents. The information presented and an overview of the program will assist you in making your child's transition to Kindergarten a positive experience (this orientation is for parents only).

KINDERGARTEN REGISTRATION

Registration is scheduled for the week of February 5th through the February 9th between the hours of 9:30 AM to 2:30 PM. Your visit will be strictly for the purpose of returning completed paperwork. There will be no classroom visitation, therefore your child does not need to be present.

Kindergarten registration will be done online. Please go to:

<https://www.parkridgeschools.org/domain/17>. The portal will open Thursday, February 1, 2024. Along with completion of online registration, you must present hard copies of the following information at registration:

A. Proof of residency

Owner/Landlord Affidavit Form

- a. Homeowner - complete the Owner Information (top portion only)**
 - i. Tax Bill/Statement of Deed, Current PSE&G & Utility Bill from the town of Park Ridge.**
- b. Rent/Leasing - complete the form (see package for additional information)**
 - i. Current lease agreement**
 - ii. Notarized Owner/Landlord Affidavit**
 - iii. Current PSE&G and Utility Bill from the town of Park Ridge**

- An original copy of your child's Birth Certificate. Your child must be five years of age on or before October 1, 2024, to be eligible for September 2024 Kindergarten class. ***Please bring the original Birth Certificate along with a copy for our records.***
- If applicable, appropriate Family Court/Legal Documentation (*We understand these are sensitive documents, but we need them to process your child's registration. This applies to custody agreements or any other legal matters that the Park Ridge Schools should be aware of.*)
- Completed medical immunization and dental forms. The state law requires that a record of immunization be kept on file in each school; records must include indications that your child has COMPLETED his/her series of the Hepatitis B vaccine, also that oral polio and DPT immunization were given on or after the child's fourth birthday. No child may enter in September until ALL immunizations are complete as per state law. All immunization records are a part of your child's permanent record.
- Completed copy of the Home Language Survey

There are many factors that go into determining the best combinations for next year's classes. We strive to maintain a male/female ratio, have a similar class size for both classes and a range of ages as birth dates vary. Our goal is to provide the best educational experience we can for all the children. You will also receive information regarding Kindergarten Screening. Each child will have an appointment for screening the week of June 24th.

We invite all Kindergarten children and parents to an Ice Cream Social sponsored by the East Brook PTO on **August 30th, at 2:00 PM**. We ask that you bring your child's school supplies with you on that day to save carrying them on the first day of school.

Please feel free to contact me if you require further information concerning the Parent Orientation, Kindergarten Registration, and Kindergarten Screening. We are excited to meet your young child and to help make this transition into kindergarten a wonderful first school experience!

Sincerely,

Kevin Stokes

Principal

Also included:

Information Guide from Nurse Mule
PTO Membership Information
EXTRAS Information

Special Program & Student Services:

For IEP/Child Study Team related information, please contact Gina Colaneri,

Administrative Assistant for Special Services - 201-573-6000 ext. 1301 -

PARK RIDGE PUBLIC SCHOOLS

85 Pascack Road
Park Ridge, NJ 07656

Phone: 201-573-6000

New Student Registration

Owner/Landlord Affidavit

Owner/Landlord Information

Last Name _____ First Name _____
Address _____ Apt. # _____
City _____ State _____ Zip _____
Home Phone _____ Alternate Phone _____

Tenant Information

Last Name _____ First Name _____
Address _____ Apt. # _____
City _____ State _____ Zip _____
Home Phone _____ Alternate Phone _____

Leasing Information

When did tenant(s) move in? _____ Relation to Renter: None
How long is the lease agreement? _____ Family Member
 Friend
Type of rental agreement: Yearly Month-to-Month Rent-to-Own

List Names of all Persons Living in the Above-Named Residence

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

If applicable, please read and check:
 I am aware that said leasee has additional family members residing in subject property.

I attest that to the best of my knowledge the information is true and correct, and I am aware that fraudulent statements or claims may be prosecuted to the full extent of the law.

Sworn and subscribed before me
this _____ day of _____ .

Signature of Owner/Landlord

(A Notary Public of New Jersey)

Date

PARK RIDGE PUBLIC SCHOOLS

85 Pascack Road
Park Ridge, NJ 07656

Phone: 201-573-6000

**New Student Registration
Student Health Information Release Form**

Parents/Guardians: If your child has a history of allergies, takes medication, wears eyeglasses/contacts or has any health related concerns, it is important to give that information to the school nurse. The Family Education Rights and Privacy Act (FERPA) has issued regulations which require public schools to obtain written consent to disclose medical information. All information will be held in the confidence by the school nurses and will be shared only with other school professionals as necessary. If you have any concerns or question, please do not hesitate to contact the school health office.

Student Name: _____ Date of Birth: _____

Home Phone: _____ Emergency Contact Phone: _____

School: _____ Teacher: _____ Grade: _____

Check one (if yes, please specify):			
Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If an EpiPen injection is necessary, a "permission to dispense" form must be submitted every school year.)
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If an inhaler is necessary, a "permission to dispense" form must be submitted every school year.)
Hearing Difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Vision Difficulties	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Contact Lenses <input type="checkbox"/> Other:
Seizure Disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Orthopedic Difficulties/Walking Aides	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Medications (list condition and dosage)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____ _____

Other pertinent information (including hospitalizations within the last year):

I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

PARK RIDGE PUBLIC SCHOOLS

85 Pascack Road
Park Ridge, NJ 07656

Phone: 201-573-6000

**New Student Registration
Student Medical Examination**
(to be completed by a licensed health provider)

Student Name: _____ Date of Birth: _____ Female Male

Home Address: _____

School: _____ Grade: _____

Immunization History:

DTaP: 1. 2. 3. 4. 5. Booster

Tdap: _____
(for students born after January 1997 and students entering Grade 6) Booster

Polio **IPV:** 1. 2. 3. 4. 5. mm/dd/yy

OPV: 1. 2. 3. 4. 5. mm/dd/yy

MMR: 1. 2. 3. mm/dd/yy

Measles: 1. 2. mm/dd/yy

Mumps: 1. 2. **Varicella Zoster:** 1. 2. mm/dd/yy

Rubella: 1. 2. mm/dd/yy

HIB Vaccine: 1. 2. 3. 4. 5. mm/dd/yy

Hepatitis A Vaccine: 1. 2. mm/dd/yy

Hepatitis B Vaccine: 1. 2. 3. mm/dd/yy

PPD Mantoux: Date Tested: _____ Date Read: _____ Results: _____

Lead Test: Date Tested: _____ Lead Level: _____

Influenza Vaccine: (mandatory for pre-school students) 1. 2. 3. 4. mm/dd/yy

Pneumococcal Vaccine: (mandatory for pre-school students) 1. mm/dd/yy

Meningococcal Vaccine: (mandatory for incoming Grade 6 students) 1. 2. 3. mm/dd/yy

Other (specify): _____

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**New Student Registration
Student Medical Examination**
(to be completed by a licensed health provider)

Student Name: _____ Date of Birth: _____ Female Male
Home Address: _____
School: _____ Grade: _____

Growth and Development: Normal _____ Premature _____ Term _____
Complications _____
Early illness or injury _____

Systems Review:

Height _____ Weight _____ BMI _____ Blood Pressure _____
Vision: R _____ L _____ B _____ Glasses/Contacts _____
Audio: R _____ L _____ ENT _____ Speech _____
Integument _____ Head & Neck _____ Lymphatic _____
Respiratory _____ Cardiovascular _____ Abdomen _____
Gastrointestinal _____ Genitourinary _____ Urinalysis _____
Musculoskeletal _____ Hernia _____ Scoliosis _____
Nervous _____ Emotional Symptoms _____ Nutrition _____

Neurological/Psychological: _____

General Assessment: _____

Remarks (Please list any special needs and/or medication required.): _____

Medical History:

	Year		Year		Year		Year
Allergies		Asthma		Otitis Media		Operations/Injuries	
Drug Sensitivities		Chicken Pox		Rheumatic Fever			
Lyme Disease		Seizure Disorder		Strep Infections		Hospitalizations	
Hepatitis		Diabetes		Mononucleosis			
Neuromuscular Disease		Heart Disease		Other		Congenital Defects	

Date of Examination: _____ Physician's Signature: _____

Physician's Name (please print) _____

Office Address _____

Office Phone _____

Home Language Survey (Parent/Family Version)

Purpose: The home language survey is used solely to offer appropriate educational services (U.S. ED EL Toolkit, Chapter 1). This survey is the first of three steps to identify whether or not a student is eligible to be identified as an English language learner (ELL). "Home" is defined as a student's current place of residence.

Student Information:

Student Name: _____ Date of Birth (YYYYMMDD): _____

Current Address: _____

Survey Questions:

1.) List all languages used in the student's home.

2.) Was the first language used by the student a language other than English?

_____ No _____ Yes

3.) Does the student speak or understand a language other than English?

_____ No _____ Yes

4.) When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English most of the time?

_____ No _____ Yes

5.) When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English most of the time?

_____ No _____ Yes

Previous School Experience:

Does your child attend preschool?

_____ No _____ Yes

If Yes, what school does your child attend: _____

**EAST BROOK ELEMENTARY SCHOOL
PARK RIDGE, NJ 07656**

Dear Parents:

As part of our Health Program, we strongly urge all parents to have their children visit their Dentist at least once a year for a Dental Examination.

Please have your dentist complete this form at the time of your child's next dental visit.

_____ had a dental examination on _____
Name Date

and all necessary dental work has been completed.

_____ treatment is in progress.

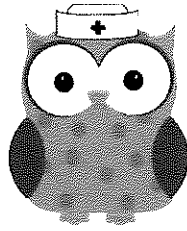
_____ no dental work is necessary.

Comments: _____

Date: _____

Name of Dentist

Please return this form to the School Nurse.



Kindergarten Orientation 2023-2024

Health Office

Danielle Mule, Certified School Nurse

201-573-6000 x2005

daniellemule@parkridge.k12.nj.us

Immunizations and physicals:

- Immunization records must be completed and sent in before the first day of school.
- Children must have a physical completed within one year prior to the first day of school. Please schedule physicals early. Many doctors will give the 5 year old immunizations prior to your child's scheduled physical. Check with your pediatrician.

Medications:

- Any student who requires an Epi-pen, inhaler, or any medication must have a doctor's order and parent's signed permission. **No medication can be given without a doctor's order.** Forms can be found on the school's website.
- All medications must be sent in their original containers and children are not allowed to bring the medication to school.

Absences

- Please call the main office to report your child absent from school.
- "Heads up" phone calls are appreciated: sudden death in the family including pets, illness the night before, separation anxiety, constipation, etc. Knowing these things help in addressing your child's needs promptly.

Illnesses

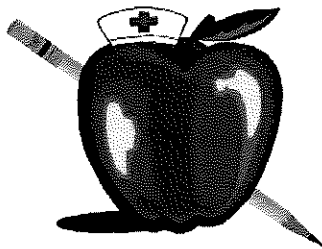
- Do not send your child to school for a fever of 100 or greater, pink eye, "persistent" deep cough, rash, or vomiting.
- If your child is experiencing any of the above symptoms 24 hours prior to the start of a school day-**Please keep your child home!**
- Children need to be fever-free and no vomiting for 24 hours in order to return to school. *Sending children back to school prematurely exposes your child to secondary infections and causes others in the class to get sick.
- If your child is absent for illness for three consecutive days, a doctor's note is required to return to school.
- Any orthopedic injury and use of crutches, slings, or splints require a doctor's note excusing the child from activities such as PE and stating when they can resume those activities.

Getting Ready

- Please make sure your children have a healthy breakfast with a protein before school, otherwise they may find it hard to concentrate. It is also important to provide them with healthy snacks and lunches.
- Please send water with your child to school every day.
- Please speak with your children about the importance of not sharing food with other students due to possible food allergies.
- Make sure your children have proper attire for the weather.
- Send in an extra set of clothes, underwear, and socks to school for your child.

** Any information on COVID-19 guidelines that may be in place for the next school year will be sent out to you prior to the start of school. **

Students must be *healthy* to be educated
And *educated* to be healthy.



East Brook PTO

What is the PTO?

The PTO is an organization of parents and teachers that work together to improve and enhance the educational experience of students.

What we do:

- Pizza Day – Students get pizza from Marcs every Thursday
- Ice Cream Day – Students get their choice of ice cream on Fridays
- Half Day Snacks – Bagels, Donuts, and Chick Fila options for students on early dismissal days
- Assemblies – Laser light shows, student games/team building focused events are brought into the school once a month
- Book Fairs – (held twice a year) students get the chance to “shop” for books during their library period, as well as “after hours” shopping for parents
- Class Parties – several times a year to celebrate the various holidays
- School Kits – ALL school supplies prepped and delivered to your child’s classroom prior to the first day of school
- Staff Appreciation Events – holidays, “just because” and Staff Appreciation Week designated to show how much we love our amazing staff
- Family Picnic – A big kickoff for the start of the school year! Prior picnics have included bounce houses, cotton candy, field games, and more!
- Family Bingo – (held in May) An outdoor Bingo event filled with fun for the whole family!

We also hold various fundraising events throughout the school year to help fund these events and other various opportunities for our children.

What YOU can do:

Get involved! Come to meetings, volunteer for committees or events – we are only as strong a group as the people that are behind it!

Please feel free to email us with any questions (EastBrookPTO@parkridge.k12.nj.us) and visit our website eastbrookpto.membershiptoolkit.com to see what we have coming up this spring! We look forward to welcoming you as part of our community in the 2023-2024 school year!

Park Ridge EXTRAS Program



The Park Ridge EXTRAS Program offers before and/or after school care, along with a summer program. The after school program provides recreational activities and time to complete homework.

Before school care starts at 7:30 a.m.

After school care starts at 3:20 p.m. and ends at 6:15 p.m.

On half-days, EXTRAS starts at 1:00 p.m.

SUMMER EXTRAS Grades K(5yrs)-6th (12yrs) 8am-6pm

ELIGIBILITY: Any Park Ridge Public School Student enrolled in kindergarten through 6th grade is eligible to attend.

The Staff includes: certified teachers, adult assistants, student aides, and a program director.

How to find more information about the program:

1. Go to the Park Ridge School District Website

2. Click on Community

3. Click on EXTRAS in the dropdown box

**** Registration and lots of other information can be found there.**

**** Any further questions, please contact the program's director, Janine Giordano at 201-573-6000 ext. 2717**