

BRIELLE ELEMENTARY SCHOOL

605 UNION LANE BRIELLE, NEW JERSEY 08730

www.brielleschool.org

PHONE: 732,528,6400

FAX: 732.528.0810

STACIE POELSTRA Superintendent/ Principal

NANCY PEARSON

Supervisor of Curriculum & Instruction

COLIN SABIA

Vice Principal/ Director of Special Services **DIANE QUIGLEY**School Business Administrator/

Board Secretary

Dear Parents/Guardians,

Welcome to the 2024-2025 Blue & Gold Brielle Elementary Preschool Program!

The Brielle Elementary Preschool program is divided into 2 sessions, based upon the student's Kindergarten eligibility.

PROGRAM HOURS

AM Program: 8:10am-11:24am

This program is for students that are eligible for Kindergarten during the 2025-2026 school year

Lunch Bunch: 11:25AM -12:07PM (both AM & PM students invited to attend) See attached sheet for more info.

PM Program: 12:10pm-3:00pm

This program is for students that are eligible for Kindergarten during the 2026-2027 or 2027-2028 school year

Full Year Enrollment Tuition:	Trimester Enrollment Tuition:		
\$2,800.00 / Year	Start date: Beginning of second trimester: \$1,870		
Tuition is the same for AM & PM Programs	Payment due: Beginning of second trimester (early		
	December)		
Payment will be collected twice a year: August 15 &	Start date: Beginning of third trimester: \$935		
January 15	Payment due: Beginning of third trimester (mid-March)		

REGISTRATION

A completed registration form (available on the BES website) is required along with the following:

- Original Birth Certificate
- Two (2) proofs of residency (Choose 1 from Column A and 1 from Column B)

COLUMN A	COLUMN B
<u>Tax Bill</u>	<u>Utility Bill</u>
<u>Lease</u>	Bank Statement
<u>Driver's License</u>	

Current Physical Information and Immunization Record is requires prior to attending Preschool

- DTap/DPT-Ages 1-6 (4) doses with (1) given on or after 4th birthday, or any (5) doses
- POLIO(OPV/IPV)-Ages 1-6 (3) doses, with (1) given on or after 4th birthday or any (4) doses
- MMR-(1) dose
- HEPATITIS B-Series of three(3)VARICELLA (Chicken Pox) Vaccine
- Influenza is due for all Preschool students by December, 31 2024
- HIB (Haemophilus Influenza B) minimum 1 dose needed after 1st birthday
- Pneumococcal minimum 1 dose needed after 1st birthday
- MANTOUX Test is only recommended for all entering students

Sincerely,

Stacie Poelstra

Superintendent / Principal

Colin Sahia

Vice Principal / Director of Special Services

BRIELLE ELEMENTARY SCHOOL CHILD INFORMATION FORM

(Information is for computer entry purposes only. Registration for Pre-school will be completed only after eligibility determination by CST.)

Date	<u></u>				
SID#	**************************************				
	<u>CHILD INFORM</u> Please print le				
Child Last Name	First Nam	е		Mi	ddle Name
Home Address				·	******
Sex (circle one) Male Female		DD/YEAR	_Proof		
Place of BirthCity/State/Count		le U.S., date	e entered U.		nth/Year
anguage spoken at home (other th	an English)		<u>, , , , , , , , , , , , , , , , , , , </u>		
Ethnic Origin*(circle one) Optional For Statistical Purpose Only	White (not Hispanic) American Indian/Alaska			·	
las child been receiving services	s from Early Intervention	? (circle one	e) <i>Yes</i>	No	
Child resides with (Circle one):	Parent(s) Father Other (specify)		other	Guardian	
Parent Marital Status (Circle one):	Married Separat	ed Wi	idow/er	Divorced** **Attach Cu	Other** stody Papers
SIBLING (s) NA	AME	SEX (M/F)	DATE OF	BIRTH	GRADE

PARENT/GUARDIAN INFORMATION

Name:	Home Telephone:					
Address:		~				
Street	City		State	Zip Code		
Cell #:	Work Telephor	ne:				
E-Mail Address:	Relationship:	Mother	Father	Guardian		
Name:	Home Telepho	one: _	4 t - 14 may c			
Address:			-0			
Street	City		State	Zip Code		
Cell #:	Work Telephon	ne:	A-V/04-7//01-1-1			
E-Mail Address:	Relationship:	Mother	Father	Guardian		
Military Status: Indicate Mother, Father or Both	Active Duty	National	Guard/Reser	ve		
EMERO	GENCY CONTACT INFORMA	<u>TION</u>				
IF EITHER PARENT CANNOT BE REACHED IN THE	3	T				
NAME	PHONE	Ki	ELATIONSHIP TO	21 ODEMI		
		Doctor	Telephone N	umhor		
Family Doctor Name		Doctor	relephone N	ullinei		
Proof of Residency (2)						
I certify that the information provided in this legal resident of Brielle may result in criminal				enting myself as a		
Signature of Parent/Guardian completing	record		Date	2		
Signature of School Staff processing reco	rd					
Records Requested	Records Re	eceived				
Da				Date		



BRIELLE ELEMENTARY SCHOOL 605 UNION LANE BRIELLE, NEW JERSEY 08730

www.brielleschool.org PHONE 732 / 528-6400 FAX 732 / 528-0810

STACIE POELSTRA

NANCY PEARSON

COLIN SABIA

DIANE QUIGLEY

Superintendent/ Principal Supervisor of Curriculum & Instruction Director of Special Services/ Vice Principal Business Administrator/ Board Secretary

NEW STUDENT PHYSICAL EXAMINATION FORM

Student Name			D.O.B	Grade Entering
Address	ayakayayyahahiyi kadalahahiyayyyyahiyakididi. Aladalahidi daya Alajaa Middhayyyy			
Home Phone				
Exam Date	All	ergies		
PulseBP	Height	Weight	Vision R	L
HEENT				
Heart &Lungs				
Abdomen				
Genitalia				
Extremities				
Skin				
Significant PMH				·
Remarks/Significant Findings		,		
Physician's Provider's St			ignature & Date of Pl	

***PLEASE PROVIDE A COPY OF CHILD'S MOST RECENT IMMUNIZATIONS CHART



BRIELLE ELEMENTARY SCHOOL

605 UNION LANE BRIELLE, NEW JERSEY 08730 www.brielleschool.org

PHONE: 732.528.6400

FAX: 732.528.0810

STACIE POELSTRA Superintendent/ Principal NANCY PEARSON
Supervisor of
Curriculum & Instruction

COLIN SABIA
Vice Principal/
Director of Special Services

DIANE QUIGLEY
School Business Administrator/
Board Secretary

Brielle Elementary pre-school will once again be offering our **Lunch Bunch** program in the 2024-2025 school year. This year, we are happy to open this experience to both the AM & PM pre-school students. This program will allow our students an extended 40 minutes of socialization with their peers either before or after the start of their day. The scheduling of the Lunch Bunch Program will proceed as follows:

School day hours for **AM preschoolers**: 8:10am - 11:24am (age 4 turning 5)

Lunch bunch for both AM & PM preschoolers: 11:25am - 12:07pm

School day hours for **PM preschoolers:** 12:10pm – 3:00pm (age 3 turning 4)

Each student will bring their own meal to enjoy a NUT FREE lunch period. If the weather permits, they will also go outside for some playtime immediately following lunch. The cost of the Lunch Bunch program is \$650.00. Please make your check or money order payable to Brielle Board of Education. Payment is due by August 15th, 2024.

Please complete the form below to add your child to this program, and return this form along with your \$650 payment, to Brielle School.

If you should have any questions, please contact Quinn Saito, CST Secretary at ext. 205.

Thank you.
I am signing to enroll my preschool child in the 2024-2025 Lunch Bunch Program
Student Name:
Parent/Guardian Signature: