

BRIELLE ELEMENTARY SCHOOL 605 UNION LANE

BRIELLE, NEW JERSEY 08730

www.brielleschool.org

PHONE: 732-528-6400

FAX 732-528-0810

Welcome to Brielle Elementary Preschool 2020-2021

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

Program Hours

AM Program: 8:20am—11:35am

This program is for students that are eligible for Kindergarten during the 2021-2022 school year

PM Program: 1:00pm-3:05pm

This program is for students that are eligible for Kindergarten during the 2022-2023, or 2023-2024 school year

<u>Tuitio</u>n

AM Program Tuition is \$2450. / year (with an option for a Lunch Bunch period \$600. / year)

PM Program Tuition is \$1825. / year

Tuition is divided into 2 payments. Payments are due as follows:

August 15th January 15th

Registration

A completed registration form is required along with the following:

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

Column A	Column B
Tax Bill	Utility Bill
Lease	Bank Statement
Driver's License	·

Current Physical Information and Immunization Record is required 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, 2020
- 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

Keeping Children First,

Christine Carlson Superintendent / Principal Colin Sabia Vice Principal / Director of Special Services

BRIELLE ELEMENTARY SCHOOL STUDENT REGISTRATION / INFORMATION RECORD

Sex (circle one) Male Female Date of Birth Proof MM/DD/YEAR Place of Birth If born outside U.S., date entered U.S. Gity/State/Country Month/Year anguage spoken at home (other than English) Ethnic Origin*(circle one) White (not Hispanic) Black (not Hispanic) Hispanic American Indian/Alaska Native Asian/Pacific Islander *Optional – For Statistical Purpose Only Name & Address of last school attended Gelephone Number of last school attended Has student received Special Services from previous School District? (Circle one) Yes No Example: Special Education, IEP, Speech, OT/PT, 504 Plan, etc) Does your child currently receive Free/Reduced lunch? (Circle one) Yes No Student resides with (Circle one): Parent(s) Father Mother Guardian Other (specify) Carent Marital Status (Circle one): Married Separated Widow/er Divorced** Other** **Attach Custody Papers	Date	-			Grade	
Student Last Name First Name Middle Name Home Address Sex (circle one) Male Female Date of Birth MM/DD/YEAR Place of Birth Ciry/State/Country If born outside U.S., date entered U.S. Month/Year Anguage spoken at home (other than English) Cthnic Origin*(circle one) White (not Hispanic) American Indian/Alaska Native *Optional – For Statistical Purpose Only Name & Address of last school attended Gelephone Number of last school attended Has student received Special Services from previous School District? (Circle one) Yes Netwarple: Special Education, IEP, Speech, OT/PT, 504 Plan, etc) Does your child currently receive Free/Reduced lunch? (Circle one) Ves No Student resides with (Circle one): Parent(s) Parent(s) Parent Mother Other (specify) Other (specify) Parent Marital Status (Circle one): Married Separated Widow/er Divorced** Other** **Attach Custody Papers	SID#			「EACHER	M-Co	
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City/State/Country anguage spoken at home (other than English) thnic Origin*(circle one) White (not Hispanic) Black (not Hispanic) Hispanic	ex (circle one) Male Female	Date of Birth _		Proof		
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Has student received Special Services from previous School District? (Circle one) Example: Special Education, IEP, Speech, OT/PT, 504 Plan, etc) Does your child currently receive Free/Reduced lunch? (Circle one) Tudent resides with (Circle one): Parent(s) Other (specify) Parent Marital Status (Circle one): Married Separated Widow/er Divorced** **Attach Custody Papers	,	attended				·
Other (specify) Parent Marital Status (Circle one): Married Separated Widow/er Divorced** Other** **Attach Custody Papers	las student received Special	Services from p	orevious Schoo	ol District? (Cir	rcle one) Yes	No
Other (specify) Parent Marital Status (Circle one): Married Separated Widow/er Divorced** Other** **Attach Custody Papers	Does your child currently receive F	Free/Reduced lun	ch? (Circle one)	Yes	No	
Parent Marital Status (Circle one): Married Separated Widow/er Divorced** Other** **Attach Custody Papers	Student resides with (Circle one):	Parent(s)	Father N	∕lother G	uardian	
**Attach Custody Papers		Other (specify)				
SIRLINIC (s) NAME SEY (M/E) DATE OF RIRTH GRADE	Parent Marital Status (Circle one):	Married	Separated V			
DIDLING (3) NAME	SIBLING (5) NAM	1E	Sex (M/F)	DATE OF BIF	RTH	GRADE

PARENT/GUARDIAN INFORMATION

Name:	H	ome Telephone:	
Addross			
Address:Street	City	State	Zip Code
Cell #:	Work Tele	phone:	
E-Mail Address		Relationship: Mother	Father Guardian
Name:	H	ome Telephone:	
Address:			
Street	City	State	Zip Code
Cell #:	Work Tele	phone:	
E-Mail Address		Relationship: Mother	Father Guardian
Military Status: Indicate Mother, Father or Both	Active Duty	National Guard/Re	serve
EMERGI IF EITHER PARENT CANNOT BE REACHED IN THE E NAME		L CONTACT THE DESIGNATED	
Family Doctor Name		Doctor Telephone	a Number
Talliny Doctor Nume		Doctor retephone	INGRIDE
Proof of Residency (2)			
I certify that the information provided in this follows: legal resident of Brielle may result in criminal p		-	resenting myself as a
Signature of Parent/Guardian completing re	ecord	. D	ate
Signature of School Staff processing record	1		
Records Requested	Records Re	eceived	
Date			ate



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PHONE 732/528-6400

FAX 732/528-0810

CHRISTINE CARLSON Superintendent/ Principal COLIN SABIA
Vice Principal/
Director of Special Services

EILEEN GORGA School Business Administrator/ Board Secretary

New Student Physical Examination Form

Student Name	Date of Birth Grade E		Grade Entering
Address	Home Phone	Cell	Phone
Exam Date	Allergies		•
Pulse BP Height	Weight	Vision R	L
HEENT			
Heart & Lungs		The state of the s	.1
Abdomen			
Genitalia			
Extremities			
Skin			
Significant PMH			· .
Remarks/Significant Findings:			
Physician's/Provider's Stamp**			
	**Provider	's Signature & Date of	PE
	 Please attach immunization 		d's most recent

HEALTH REQUIREMENTS FOR KINDERGARTEN

Children entering Kindergarten in September are required by NJ State Law to have the following:

1. Immunizations

DPT: Any five doses, or four doses with the last one given on or after the 4th Birthday.

Polio: (OPV/IPV)-Any four doses, or the third dose given on or after the 4th Birthday.

MMR: Two doses.

Hepatitis B: Series of three.

Varicella: (Chicken Pox) 1 dose

Mantoux: (TB skin test) is recommended for all entering students

The immunization record MUST be presented at registration. Any vaccines NOT received at registration, must be received by July 1st to determine if there are any deficiencies. If any vaccines are administered between July 1st and the start of school please forward documentation before September 1st. At your request, physicians' offices may fax immunization records to the school nurse at 732-528-0810.

2. Pre-entry Examination

This is also required by the State of New Jersey. Forms will be available at registration. Please have your child's physician complete the form. Completed forms must be received by the school nurse by July 1st.