

Kindergarten Registration Fact Sheet

Important Dates:

Orientation - January 29, 2026 – 6 PM – Media Center (for parents only)

On-Line Registration – Open January 30, 2026

In-Person Registration - February 2 – February 6 – 9:30-2:30

Screening – Week of June 29, 2026

Ice Cream Social – September 1 – 2:00 pm

Orientation:

Our Parent Orientation program will be held on January 29, 2026, in the Media Center. Mrs. Treby and Mrs. Twomey will present valuable information to parents concerning our Kindergarten program. I will be attending the orientation, as will 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).

On-line Registration – New to Park Ridge students ONLY! Log on to www.parkridgeschools.org and register for the **2026-2027** school year. **IF YOUR CHILD CURRENTLY ATTENDS PRE-K AT WEST RIDGE, PLEASE DO NOT REGISTER ON-LINE**

In-Person Registration – Forms and Information Included in Orientation Packet

FORMS TO BE COMPLETED AND HANDED IN AT REGISTRATION

- Owner/Landlord Affidavit
Homeowner- Copy of Tax Bill/Statement or Deed, Current PSEG or Utility Bill from the town of Park Ridge
Rent/Leasing – Copy of current lease agreement, Notarized Owner/Landlord Affidavit Form, Current PSEG or Utility Bill from the town of Park Ridge
- 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 Park Ridge Schools should be aware of.
- Student Health Information: 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.

- Home Language Survey / Previous School Experience form
- Birth Certificate - **Proof of age: Birth Certificate.** Your child must be five years of age on or before October 1, 2026, to be eligible for September 2026 Kindergarten class. **Please bring the original Birth Certificate along with a copy for our records.**

Screening

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. Each child will have an appointment for screening the week of June 29th.

Kindergarten Social

We invite all Kindergarten children and parents to an Ice Cream Social sponsored by the East Brook PTO on **September 1 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 or if you have any questions or concerns. Please contact Lorraine Syring for any Registration issues or concerns. We are excited to meet your child and to help make this transition into Kindergarten a wonderful first school experience!

Sincerely,

Kevin Stokes

Principal

Additional Information Included in Packet

- Welcome to Kindergarten brochure!
- Health Office information sheet
- East Brook PTO information sheet
- EXTRAS Program information sheet
- Remind sign up 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

Date

(A Notary Public of New Jersey)

PARK RIDGE PUBLIC SCHOOLS85 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. _____
mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy mm/dd/yy Booster

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

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

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

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

Measles: 1. _____ 2. _____
mm/dd/yy mm/dd/yy

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

Rubella: 1. _____ 2. _____
mm/dd/yy mm/dd/yy

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

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

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

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

Lead Test: Date Tested: _____ Lead Level: _____

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

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

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

Other (specify): _____

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: _____

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: _____

Here's the Scoop....

You're Invited to East Brook's
Kindergarten Summer Social



Tuesday, September 1, at 2:00pm
Report to the Main Lobby at East Brook
Meet your Teacher! Play with Friends!

***Please NO siblings**

Sponsored by the East Brook PTO





Kindergarten Orientation 2026-2027

Health Office

Jessica Epifano, School Nurse

201-573-6000 x2005

jessicaepifano@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:

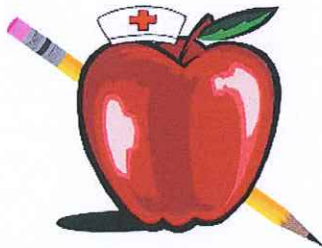
- Do not send your child to school for a fever of 100 or greater, pink eye, "persistent" cough, rash, vomiting or diarrhea. If your child is experiencing vomiting or diarrhea, your child should remain home for at least one full day and are able to tolerate food (ex. If vomiting or diarrhea on Monday may not return to school before Wednesday).
- 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 (below 100 degrees) for 24 hours without the use of fever reducing medication**
- *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.

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



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**

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
- Hot Lunch Options – various vendors
- Ice Cream Day – Students get their choice of ice cream on Fridays
- 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 2026-2027 school year!



Sign up for important updates from East Brook School.

Get information for **East Brook Elementary School** right on your phone—not on handouts.

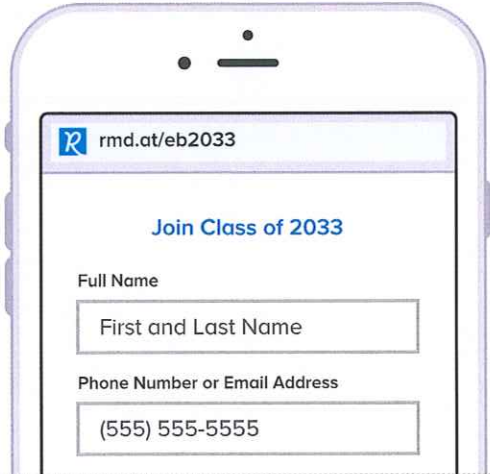
Pick a way to receive messages for **Class of 2033**:

A If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/eb2033

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.




B If you don't have a smartphone, get text notifications.

Text the message **@eb2033** to the number **81010**.

If you're having trouble with **81010**, try texting **@eb2033** to **(415) 813-2646**.

* Standard text message rates apply.



Don't have a mobile phone? Go to rmd.at/eb2033 on a desktop computer to sign up for email notifications.