



East Brunswick Public Schools

Welcome to East Brunswick Public Schools – Bears and Cubs program. Please use the checklist below to ensure all necessary documents are compiled for student registration. All the requested items below are necessary to process registration. Please understand that failure to provide requirements may delay registration.

Bears and Cubs Registration Checklist: ****All documents are due August 31st**

- _____ **Enter preliminary information for each child in our online portal by clicking here.**
DO NOT type information in all capital letters. (Please note the portal does not support the use of Internet Explorer).
- _____ **Proof of Residency**
Proof of Residency Documents must be in the name of the parent/guardian. A copy of the Deed, a currently dated mortgage statement or current lease agreement must be provided at time of registration. TWO additional UTILITY bills must also be provided to complete the residency requirement. Online statements and confirmation of service are acceptable. If you have just moved into your home, bills must be provided within 30 days of registration. If the home is not in the name of parent/guardian, please call 732-613-6980 for residency affidavit instructions.
- _____ **Parent/Guardian Photo ID**
- _____ **Student's Birth Certificate (copy – no originals)**
- _____ **Student's current immunization record**
- _____ **Custody Documentation (*if applicable*)**
- _____ **Authorization for Administration of Medications in Schools (*if applicable*)**
- _____ **Physicians instructions (*if applicable*)**
- _____ **Bears and Cubs Registration Data Sheet** All fields and checkboxes must be filled out entirely.
- _____ **Student Physical Examination Form** (must be completed by physician and returned within 30 days of registration).
- _____ **Mail all documents by August 31st to the following address:**

East Brunswick Public Schools
Attn: Bears and Cubs Preschool
760 Rt. 18
East Brunswick, NJ 08816

EAST BRUNSWICK PUBLIC SCHOOLS
BEARS & CUBS PRESCHOOL PROGRAM REGISTRATION DATA SHEET

OFFICE USE ONLY

HOME SCHOOL _____ **STUDENT ID** _____ **DATE** _____

Start Date in Genesis: _____

PLEASE PRINT CLEARLY – ALL INFORMATION MUST BE COMPLETED

Student's Full Name (As appears on the Birth Certificate)

First Name Middle Name Last Name

Date of Birth: (M)/_____(D)/_____(Y) Age: _____ Gender: _____ Grade: _____

Student Street Address Town Zip Code

Student resides with (Relationship): _____ Parent Status: Married ☐ Divorced ☐ Separated ☐ Single ☐ Remarried ☐

If divorced or separated, who has legal custody? _____ Who has residential custody? _____

Student's previous Address & Telephone #: _____

If you have a residence elsewhere, what is the address and when do you live there? _____

Student's previous School & Address: _____

Do you have other children attending East Brunswick Public Schools? Yes ☐ No ☐ (List Full Names Below)

(1) _____ (2) _____ (3) _____ (4) _____

First U.S. School Entry Date: (M)_____(D)_____(Y)_____ Original U.S. Entry Date: (M)_____(D)_____(Y)_____

SPECIAL EDUCATION: Yes ☐ No ☐ **IEP?** Yes ☐ No ☐ **Have a 504 Plan?** Yes ☐ No ☐

Required for State/Federal Reports: (these questions must be answered)

Race: ☐ White ☐ Black or African American ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian or Other Public Islander

Ethnicity: Hispanic Yes ☐ No ☐

PARENT/GUARDIAN INFORMATION

Please Circle: Parent or Legal Guardian

(Ms.) (Mrs.) (Mr.) (Dr.)

Last Name: _____

First Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent E-mail: _____

Home Phone #: () _____

Cell Phone #: () _____

Business #: () _____

Please Circle: Parent or Legal Guardian

(Ms.) (Mrs.) (Mr.) (Dr.)

Last Name: _____

First Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Parent E-mail: _____

Home Phone #: () _____

Cell Phone #: () _____

Business #: () _____

I certify that the foregoing statements made by me are true. I am aware that if any of them are willfully false, I will be subject to legal action. As per State Law and Board Policy, if it is discovered that my child (children) is (are) illegally attending the East Brunswick Schools and not living in East Brunswick, I will be responsible for the payment of all accrued tuition fees. In addition, I acknowledge that I will be responsible for any legal expenses incurred by the East Brunswick Board of Education in relation to the situation.

Print Name _____ **Signature** _____ **Date** _____

Revised 3/19/2026

East Brunswick Public Schools
East Brunswick, New Jersey 08816
Student Services

Student Physical Examination Form

Student Name: _____ Date of Birth: _____

School: _____ Date: _____

School Address: _____

Dear Parent:

Please present this form to your physician at the time of your child's examination. Upon completion, please return this form within 30 days of student's registration. Thank you.

Height: _____ Weight: _____ B.P.: _____ Pulse: _____

Vision-Right: _____ Left: _____ Both: _____

Glasses-Right: _____ Left: _____ Both: _____

Physical Findings	Please indicate with a ✓ (check) in the appropriate column.		Specify and Recommend
	Normal	Abnormal	
EYES			
VISION			
COLOR PERCEPTION			
EARS - OTOSCOPIC			
HEARING			
Left			
Right			
TEETH/MOUTH			
NOSE			
THROAT			
LYMPH GLANDS			
THYROID			
HEART			
LUNGS			
ABDOMEN			
HERNIA			
GENITO-URINARY			
ORTHOPEDIC (STRUCTURAL)			
SCOLIOSIS SCREENING			
SKIN			
NUTRITION			
NERVOUS SYSTEM			
SPEECH			
OTHER			
GENERAL APPEARANCE			

Student Physical Examination Form

Student Name: _____

DATE OF MOST RECENT MANTOUX TUBERCULIN:

TEST: _____ RESULT: _____ FOLLOW-UP: _____

COMPLETE IMMUNIZATION HISTORY (OR ATTACH COPY)

DPT/DTaP					
Tdap (Grade 6)					
Polio					
MMR					
Measles (on or after 1 st birthday)					
Mumps (on or after 1 st birthday)					
Rubella (on or after 1 st birthday)					
Hib					
Hepatitis B (min spacing intervals)					
Varicella (on or after 1 st birthday)					
Meningococcal (Grade 6)(after 10 th birthday)					
Pneumococcal (Pre-School)					
Influenza (Pre-School)					

PLEASE LIST ANY HEALTH PROBLEMS WHICH MIGHT INTERFERE WITH THE STUDENT'S EDUCATIONAL PROGRAM OR LIMIT HIS/HER PARTICIPATION IN THE REGULAR PHYSICAL EDUCATION PROGRAM:

INDICATE ANY RESTRICTIONS:

COMMENTS:

DATE OF EXAMINATION: _____

SIGNATURE OF PHYSICIAN: _____

PRINTED NAME, ADDRESS AND TELEPHONE: _____

EAST BRUNSWICK PUBLIC SCHOOLS
Student Services

TO: Parents/Guardian of _____
Name of Child

Name of School: _____ Grade: _____

FROM: School Nurse DATE: _____

RE: Authorization for Administration of Medications in School

Administrative policy of the East Brunswick Public Schools requires the school nurse to have the written permission of a child's parent/guardian and physician in order to administer any medication during the school day. (This includes non-prescription medication)

The medication must be given to the school nurse, by an adult, in a pharmacy labeled container which includes the name and the telephone number of the pharmacy, the prescription number, the student's name, directions for administering the medication, and the name of the physician prescribing the medication. No medication is to be kept in the classroom. Information regarding medication will be shared with staff on a need-to-know basis.

Parent will provide a physician's note if this student suffers from a life threatening condition which requires immediate use of an inhaler or pre-filled auto-injector mechanism (Epi-Pen). Student must report to the school nurse to demonstrate they have proper knowledge and use of these medications. Self-management privileges will be revoked if students do not use these medications properly.

Any student whose physician orders a pre-filled auto-injector mechanism (Epi-Pen) for anaphylaxis shall have a volunteer, non-medical designee to administer one dose of prescribed epinephrine via a pre-filled auto-injector mechanism when the school nurse is unavailable. This also pertains to those students who are capable of and have self-medication orders.

I release, indemnify, and hold harmless the Board of Education and its employees against any and all liability for damage or injury arising out of approval of this request.

Please return this form to the school nurse after completed by parent and physician. This request must be reviewed each school year.

I hereby authorize the school nurse to administer his/her medication to:

_____, as prescribed by: _____
Child's Name Physician's Name - please print
(STAMP NOT ACCEPTABLE)

Parent's Signature Date
Comments (optional)

EAST BRUNSWICK PUBLIC SCHOOLS
Student Services

PHYSICIAN'S INSTRUCTIONS FOR ADMINISTERING MEDICATION IN SCHOOL

Students Name: _____ **Grade** _____
School _____

TO BE COMPLETED BY THE PHYSICIAN:

Medication for the above-named child is necessary during the school day and should be administered as follows:

Date of Order: _____ Name of Medication _____

Diagnosis: _____

Purpose of medication: _____

Dose: _____ Time: _____ A.M. _____ P.M. _____ P.R.N.

Can a reaction be expected: _____

If so, describe: _____

In the event of a field or class trip, the above named child may do without prescribed medication on that day.
(Effective for this school year only) ☐ Yes may omit for trips ☐ No may not omit for trips

Student may self-carry and administer inhaler-epipen ☐ Yes ☐ No Hx: Anaphylaxis: ☐ Yes ☐ No
Parent will provide an additional inhaler or pre-filled auto-injector mechanism (Epi-Pen) identical to the one the student is authorized to carry which will be retained by the school nurse in accordance with the district medication policy.

I certify that student has been trained in the use of the Inhaler _____ and /or Epipen _____

ASK/ENCORE program - permission for students to self administer inhaler or EpiPen. ☐ Yes ☐ No

Please note: NO other medications may be self carried or self-administered by the student.

Name of physician (please print): _____

(Signature of physician) STAMP NOT ACCEPTABLE

Address: _____

Phone #: _____ Date: _____

Parent's Signature

Date



East Brunswick Public Schools

Bears and Cubs program

Student's name: _____ DOB: _____

Please initial the item below regarding your child's participation in the program:

1. _____ I understand that my child must be fully toilet trained to enroll in this program. For a child to be considered Toilet Trained, they must be able to maneuver their own clothing, fully clean themselves, verbally be able to express when they need to utilize the bathroom and cannot wear any type of diaper or pull-up.
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Photo/Image permission

I/We GRANT permission for this student's name, photo/image to be published on the school and/or District's public internet site and any social media sites run by the district. This permission also allows for the same name, photo/image and personal identifiers to be used in newsletters, presentations, flyers, and press releases, on EBTv, and in outside and news publications and broadcast as described above. Notice: Failure to submit an answer will result in your granting permission.

In class, District Media and Internet Publicity permission:

☐ Grant permission ☐ Do not grant permission

Parent signature: _____ Date: _____

Parent Name: _____