



# BRIELLE ELEMENTARY SCHOOL

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

PHONE: 732.528.6400

FAX: 732.528.0810

**CHRISTINE CARLSON**  
Superintendent/  
Principal

**COLIN SABIA**  
Vice Principal/  
Director of Special Services

**DAWN CHERRY**  
School Business Administrator/  
Board Secretary

Dear Parents/Guardians,

**Welcome to the 2021-2022 Blue & Gold Brielle Elementary Preschool Program!**  
Preschool orientation will be conducted virtually through a video link presentation available on the schools website.

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 2022-2023 school year*

PM Program: 12:50pm-3:00pm

*This program is for students that are eligible for Kindergarten during the 2023-2024. Or 2024-2025 school year*

The scheduled hours have been modified to adjust to the necessary sanitizing that will need to take place between the AM program and PM program.

### TUITION

**AM Program** Tuition is \$2450.00 / Year

**PM Program** Tuition is \$1850.00 / Year

Payment will be collected twice a year: August 15<sup>th</sup> and January 15<sup>th</sup>

### 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)
- 

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

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 4<sup>th</sup> birthday, or any (5) doses
- POLIO(OPV/IPV)-Ages 1-6 (3) doses, with (1) given on or after 4<sup>th</sup> 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 2021
- HIB (Haemophilus Influenza B) minimum 1 dose needed after 1<sup>st</sup> birthday
- Pneumococcal minimum 1 dose needed after 1<sup>st</sup> 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



PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Cell #: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Relationship: Mother Father Guardian

Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Cell #: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Relationship: Mother Father Guardian

Military Status: Indicate Mother, Father or Both Active Duty \_\_\_\_\_ National Guard/Reserve \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

IF EITHER PARENT CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY WE WILL CONTACT THE DESIGNATED PEOPLE BELOW

NAME	PHONE	RELATIONSHIP TO STUDENT

\_\_\_\_\_  
Family Doctor Name

\_\_\_\_\_  
Doctor Telephone Number

Proof of Residency (2) \_\_\_\_\_

\_\_\_\_\_

I certify that the information provided in this form is true and accurate. I understand that misrepresenting myself as a legal resident of Brielle may result in criminal prosecution or legal attempts to collect tuition.

\_\_\_\_\_  
Signature of Parent/Guardian completing record

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Staff processing record

Records Requested \_\_\_\_\_  
Date

Records Received \_\_\_\_\_  
Date



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 Vice Principal/  
 Director of Special Services

EILEEN GORGA  
 School Business Administrator/  
 Board Secretary

### New Student Physical Examination Form

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Entering \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Exam Date \_\_\_\_\_ Allergies \_\_\_\_\_

Pulse \_\_\_\_\_ BP \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Vision R \_\_\_\_\_ L \_\_\_\_\_

HEENT \_\_\_\_\_

Heart & Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_

Genitalia \_\_\_\_\_

Extremities \_\_\_\_\_

Skin \_\_\_\_\_

Significant PMH \_\_\_\_\_

Remarks/Significant Findings:

\_\_\_\_\_  
 \_\_\_\_\_

Physician's/Provider's Stamp\*\*

\_\_\_\_\_  
 \*\*Provider's Signature & Date of PE

- Please attach a copy of child's most recent immunizations

## 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 4<sup>th</sup> Birthday.

Polio: (OPV/IPV)-Any four doses, or the third dose given on or after the 4<sup>th</sup> 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 1<sup>st</sup> 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 1<sup>st</sup>. 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 1<sup>st</sup>.