



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

Tuition

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



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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 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 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.