

Plumsted Township School District
New Egypt Primary School

131 Evergreen Road
New Egypt, NJ 08533
Telephone (609) 758-6800 Ext. 111
Fax (609) 758-0912

Child's Name: _____

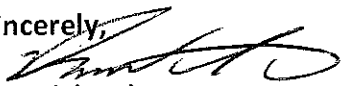
Welcome to the New Egypt Primary School Preschool Program!

Please return all of the following registration documents and payment to the Primary School office. Please keep in mind that the preschool classes are limited to 16 students and admission to the program will be based on this consideration.

- ___ Original Birth Certificate (raised seal)
- ___ Preschool Physical Examination & Immunization form (completed & signed by your child's physician).
- ___ Completed Health History form
- ___ \$35.00 non-refundable/non-transferable registration fee (check made out to Plumsted Township BOE).
- ___ Tuition deposit equal to one month's tuition which will be applied to the last month's unpaid balance. (This does not cover September's tuition).
- ___ Preschool Tuition Contract (completed and signed)
- ___ Registration Card (completed and signed)
- ___ AM/PM Session Request form (Please note: We cannot guarantee the session request will be granted).

If you have any question please call the main office at 609-758-6800 ext. 1-1-1.

Sincerely,


Mr. Richard P. DeMarco
Principal

Every Child, Every Day, Whatever It Takes!

At the New Egypt Primary School we believe in developing the whole child. We focus on helping children to become physically and emotionally healthy, as well as respectful and caring citizens.

Therefore, our school-based character education program encourages students to be "Bucket-Fillers". Our preschool program assists students in developing positive peer relationships including friendship, cooperation, and sharing.

They also teach:

- self-control
- self-monitoring
- self-correction

This will encourage a child toward optimum social-emotional health.

Board of Education

President

Mrs. Sandra Soles

Vice President

Mrs. Lester Septor

Board Members

Mrs. Susan Potter

Mr. Christopher Probasco

Mrs. Monica Sempervive

Mr. Joseph Surdo

Mr. Larry Witham

Central Office

Superintendent

Mr. Gerald North

Business Administrator/Board

Secretary

Mr. Sean Gately

School Administration

Principal

Mr. Richard P. DeMarco

Director of Special Projects

Mrs. Colleen Gravel

Director of Special Education

Dr. Jessica Howland

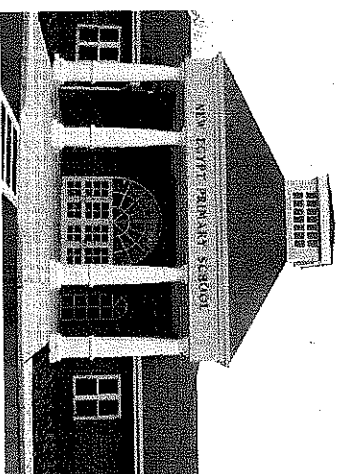
Director of Literacy

Mrs. Michelle Krain

Director of STEAM

Mr. Thomas Senko

NEW EGYPT
PRIMARY SCHOOL
PRESCHOOL
PROGRAM



"Every Child, Every
Day, Whatever it
Takes"

131 Evergreen Road

New Egypt, NJ 08533

(609)758-6800

ext. 111

Neps.newegypt.us

Class Placement

Class size is limited to 16 students (admission to the program will be based on this consideration). Our AM & PM classes will accommodate the needs of children ages 3-5. Parents may request their child to be placed in either session. We cannot guarantee the session request will be granted. Teacher requests will not be accepted. We reserve the right to make class placement changes to adequately serve the developmental needs of the child and maintain an appropriate child/teacher ratio.

Enrollment/Registration

A \$35.00 non-refundable and non-transferable registration fee per-child is required upon enrollment. If enrollment is cancelled, notice must be given, in writing, two weeks in advance. If proper notice is not established, one (1) month's tuition will be charged.

Tuition

Tuition is based on an annual fee, and all school holidays are taken into consideration when rates are established.

A deposit equal to one month's tuition is required. This deposit is applied to the last month's unpaid balance. Before any prepaid tuition can be refunded we require a written notice of withdrawal two weeks in advance and tuition for that period.

Plumsted Township Preschool Program 2017 - 2018

Hours and Tuition:

AM Session: 8:35 AM - 11:05 AM

PM Session: 12:45 PM - 3:15 PM

Full Day Session: 8:35 AM - 3:15 PM

Early Dismissal Hours:

AM Session: 8:35 AM - 10:05 AM

PM Session: 11:20 AM - 12:55 PM

Full Day Session: 8:35 AM - 12:55 PM

Monthly Tuition:

Half Day (2.5 hrs.)

5 days a week: \$280.00

3 days a week : \$240.00

(Monday, Wednesday, Friday)

2 days a week: \$160.00

(Tuesday, Thursday)

Full Day (6hrs. 40 min.)

5 days a week: \$660.00

3 days a week: \$510.00

(Monday, Wednesday, Friday)

2 days a week: \$380.00

(Tuesday, Thursday)

To Enroll:

Pick up a registration packet in the main office of the New Egypt Primary School between the hours of 8:00AM - 4:00PM.

Plumsted Township Public Schools Preschool Program Curriculum PHILOSOPHY

The philosophy of the preschool curriculum is that children learn best through hands-on activities and experiences. A safe and comfortable environment is created, which encourages children to take risks through interactive discoveries and play. All children are viewed as individuals and not as a homogeneous group. Developmentally appropriate activities are provided and active centers are presented to accommodate diverse learners. The focus is on the whole child, which encompasses everything from social/emotional development to academic growth and awareness. A positive sense of self is supported by fostering independence and offering choices. Children are given the opportunity to discover that they are confident and successful learners.

2017 - 2018 NEW EGYPT PRIMARY SCHOOL PRESCHOOL TUITION CONTRACT

Student's Name: _____
Parent(s)/Guardian(s): _____
Mailing Address: _____
Home Phone: _____ Cell Phone: _____ Email: _____

Registration Information

A \$35.00 non-refundable and non-transferable application/registration fee per child is required upon enrollment. If enrollment is cancelled, notice must be given, in writing, two weeks in advance to the School Business Administrator. If proper notice is not established, one (1) month's tuition will be charged. All required documents for enrollment must be completed prior to start.

Current or prior tuition accounts must be current for the Preschool registration to be accepted for 2017 – 2018 school year.

Tuition

A deposit equal to one month's tuition is required. The deposit will be applied to the last month's unpaid balance.

Tuition payment is due on or before the 5th of the current month. A \$25.00 late fee will be charged if payment is not received in a timely manner. If tuition is not paid by the 25th day of the current month, the child will not be able to return to school on the 1st day of the following month. Re-enrollment will be required once all tuition is paid. Attendance will not be allowed while tuition accounts are in arrears.

The school reserves the right to refund any future tuition paid and to decline school enrollment to students whose accounts are not current.

Arrangements for payment of tuition as to timing or amount to be paid that differ from the stated agreement must be presented and approved in advance and in writing by the Business Administrator. Any alternate arrangements as to payment must be agreed to in writing and signed by the parent/guardian and the Business Administrator.

Payment Information

Please make checks payable to the Plumsted Township BOE. Payments can be mailed to: NEPS Coordinator, Dr. Gerald H. Woehr Elementary School, 44 N. Main Street, New Egypt, NJ 08533. Payments can also be hand delivered to the Primary School Main Office or the Dr. Gerald H. Woehr Elementary School payment box.

Monthly Tuition Rates

Half Day: 2 days a week - \$160.00; 3 days a week - \$240.00; 5 days a week - \$280.00
Full Day: 2 days a week - \$380.00; 3 days a week - \$510.00; 5 days a week - \$660.00

Agreement

I have read this contract, and I agree to the terms and conditions stated. I also agree to pay the Plumsted Township BOE the tuition and fees specified. I further agree to abide by the school policies and regulations as outlined in the school handbook and by the Principal.

I agree that if tuition is not paid for my child, he or she will not return to the school until the account payment is current. I understand that if this happens, my child must be re-enrolled in the program.

I also agree that if collection of any unpaid tuition is placed in the hands of an attorney or collection agency for collection, I promise and agree to pay the district's reasonable fees and collection costs even though no suit or action is filed. However, if a suit or action is filed, the amount of such reasonable fees shall be fixed by the court or courts in which the suit or action, including any appeal therein, is tried, heard or decided.

This contract represents the entire agreement between the parent/guardian and the school district.

I agree to all the provisions as indicated above.

Financially Responsible Parent/Guardian Signature

Date

Print Name

School Business Administrator

2016 – 2017 NEPS PRESCHOOL REQUEST FORM

Preschool Request – To preserve the integrity of our program, you may not choose different days than those specified. We cannot guarantee that the session request will be granted. We reserve the right to make class placement changes to adequately serve the developmental needs of the child and maintain an appropriate child/teacher ratio.

Half Day Sessions:

- AM:**
- _____ 2 days a week – AM Session (Tuesday and Thursday) – 8:35 am – 11:05 am – *Monthly Tuition* – \$160.00
 - _____ 3 days a week – AM Session (Monday, Wednesday, Friday) – 8:35 am – 11:05 am – *Monthly Tuition* – \$240.00
 - _____ 5 days a week – AM Session (Monday - Friday) – 8:35 am – 11:05 am – *Monthly Tuition* – \$280.00

- PM:**
- _____ 2 days a week – PM Session (Tuesday and Thursday) – 12:45 pm – 3:15 pm – *Monthly Tuition* – \$160.00
 - _____ 3 days a week – PM Session (Monday, Wednesday, Friday) – 12:45 pm – 3:15 pm – *Monthly Tuition* – \$240.00
 - _____ 5 days a week – PM Session (Monday - Friday) – 12:45 pm – 3:15 pm – *Monthly Tuition* – \$280.00

Full Day Sessions: Full Day Session deposits may be paid in two equal installments. The first is due at the time of registration. The second half is due on or before August 1st. All other payment terms remain the same.

- _____ 2 days a week – Full Day (Tuesday and Thursday) – 8:35 am – 3:15 pm – *Monthly Tuition* – \$380.00
- _____ 3 days a week – Full Day (Monday, Wednesday, Friday) – 8:35 am – 3:15 pm – *Monthly Tuition* – \$510.00
- _____ 5 days a week – Full Day (Monday - Friday) – 8:35 am – 3:15 pm – *Monthly Tuition* – \$660.00

A \$35.00 non-refundable, non-transferable registration fee and last month's tuition is due upon registering. Remaining tuition payments are due on the 1st of the month.

Registration Fee Date: _____ Cash / Check Number: _____ Amount: _____

1st Tuition Payment Date: _____ Cash / Check Number: _____ Amount: _____

For Office Use Only:

Preschool / Kindergarten	AM / PM / Full Day	Days: 2 3 5	<input type="checkbox"/> D	<input type="checkbox"/> T	<input type="checkbox"/> F	Teacher: _____
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PLUMSTED TOWNSHIP SCHOOL DISTRICT
PRE-SCHOOL PHYSICAL EXAMINATION

STUDENT _____ DOB _____ SEX _____

ADDRESS _____

DATE OF EXAMINATION _____ (Within 1 year of entry) HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____

DISEASE HISTORY: (PLEASE SPECIFY TYPE AND AGE AT ONSET)

	YEAR		YEAR		YEAR		YEAR
ALLERGIES		CHICKEN POX		DRUG SENSITIVITIES		OTITIS MEDIA	
ASTHMA		HEART DISEASE		NEUROMUSC. DISEASE		CONVULSIVE DISORDER	
HEPATITIS		LYME DISEASE		RHEUMATIC FEVER		DRUG SENSITIVITIES	
DIABETES		MONONUCLEOSIS		STREP INFECTIONS		OTHER	

OPERATIONS/INJURIES: _____
CONGENITAL DEFECTS: _____

BEE STING ALLERGY:

- HAS THIS CHILD EVER BEEN STUNG BY A BEE? YES _____ NO _____
- IF YES, DID THIS CHILD REACT? YES _____ NO _____
- IF THIS CHILD REACTED, WAS IT LOCALIZED OR GENERALIZED? YES _____ NO _____
- PLEASE DESCRIBE THE REACTION _____
- DOES THIS CHILD REQUIRE MEDICATION: YES _____ NO _____ MEDICATION _____

PHYSICAL EXAMINATION:

EYES _____ SPEECH _____ ABDOMEN _____ ORTHOPEDIC _____ GENITO-URINARY _____
NOSE _____ THROAT _____ THYROID _____ STRUCTURE _____ EARS (OTOSCOPIC) _____
SKIN _____ HEART _____ NUTRITION _____ POSTURE _____ NERVOUS SYSTEM _____
LUNGS _____ HERNIA _____ TEETH/MOUTH _____ FEET _____ GENERAL APPEARANCE _____
LYMPH GLANDS _____

VISION: DATE _____

WITH GLASSES: RIGHT _____ LEFT _____ BOTH _____ WITHOUT GLASSES: RIGHT _____ LEFT _____ BOTH _____
MUSCLE BALANCE: _____ COLOR PERCEPTION RESULTS _____

HEARING: DATE _____

SWEEP CHECK: RIGHT _____ LEFT _____ COMPLETE PURE TONE: RIGHT _____ LEFT _____

IMMUNIZATION RECORD: (PLEASE GIVE FULL DATES – MONTH/DAY/ YEAR)

	#1	#2	#3	Booster #1	Booster #2
DPT					
OPV					
MMR (MEASLES, MUMPS, RUBELLA)					
MEASLES (AFTER 1 ST BIRTHDAY)					
VARICELLA (CHICKEN POX VACCINE)					
HIB					
HEP B.					
PCV (PNEUMOCOCCAL CONJUGATE VACCINE)					
INFLUENZA VACCINE					

TB SCREENING (MANTOUX TEST)

TESTED

READ

RESULT (MM)

DATE _____
DATE _____

RECOMMENDATIONS OR RESTRICTIONS (IF ANY): _____

I HAVE EXAMINED THIS CHILD AND FIND HIM/HER PHYSICALLY FIT TO PARTICIPATE IN SCHOOL ACTIVITIES.

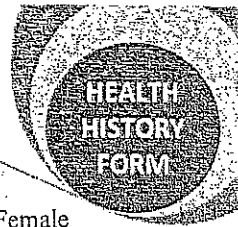
SIGNATURE OF PHYSICIAN

ADDRESS OF PHYSICIAN

PRINTED NAME OF PHYSICIAN

TELEPHONE NUMBER

PLUMSTED TOWNSHIP SCHOOL DISTRICT/NEW EGYPT PRIMARY SCHOOL



This form should be filled out by parent/ guardian. Return the completed form to school nurse.

Student Name: _____ Date of Birth: _____ Grade: _____ Sex: Male/Female

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1: _____
Tel # (H) _____ (C) _____ (W) _____

Parent/Guardian #2: _____
Tel # (H) _____ (C) _____ (W) _____

FAMILY

Check all the people that the child lives with:

- Mother Father Other: _____
- Brothers (how many?) _____ Ages: _____ Sisters (how many?) _____ Ages: _____

How many members are there living in the child's household (counting child): _____

Does this child live with both parents? Yes No If not, with whom? _____

MEDICAL HISTORY

Does your child have any health concerns the nurse needs to be aware of? Yes No
If YES, please describe _____

Does your child have any allergic reaction (bad effect) from any of the following? (Check all that apply.)

- Outside or Indoor allergies (for example: bees, grass, pollen, cats ...)
- Food Allergies (for example: peanuts, milk, wheat ...)
- Medicine or shots (immunization)
- No, my child has no allergies that I know of

If YES, what is your child allergic to? _____

Has your child been prescribed an Epi Pen? Yes No Has your child ever used an Epi Pen? Yes No

Does your child currently take medications? Yes No If YES, what medicine? _____

Has your child ever been hospitalized or had surgery? Yes No If yes, please specify: _____

Does or has your child received medical care for any of the following (check all that apply):

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Concussion/Head injury | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Other |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Orthopedic | |

MEDICAL PROVIDER INFORMATION

Primary care provider: _____ Phone # _____

Dentist: _____ Phone # _____

Child's Health insurance:

Private Insurance/Employee sponsored _____ NJ Family Care _____ Other _____ None _____

If you do not have a doctor or health insurance:

- Would you like assistance finding a health care provider? Yes No
- Would you like assistance obtaining health care insurance? Yes No

Check here if you want to discuss confidential information with the school nurse. Yes No

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PLUMSTED TOWNSHIP SCHOOL DISTRICT

Student Name _____ State ID # _____
(last) (first) (middle) (suffix)

Home Address _____ County _____ Home Phone _____

Male ___ Female ___ Gr. ___ HR. _____

Birth Information Date _____ City _____ State _____ Country _____

Language spoken at home _____ Student lives with: ___ Mother ___ Father ___ Guardian ___ Other _____
(if not English)

Primary Physician _____ Physician Phone # _____

Ethnic: ___ American/Indian/Alaskan ___ Asian ___ Black ___ Hispanic
___ Pacific Islander/Hawaiian ___ White ___ Other _____

Email Address of Parent / Guardian: _____

Emergency Contacts: Only contacts over 18 years of age and listed on this emergency card will be permitted to pick your child up from school.

Mother's / Guardian's Name _____ Address _____
(if different from student)

phone # _____ work phone # _____ cell phone # _____

Name of Mother's Employer: _____ Location of Employer: _____

Father's / Guardian's Name _____ Address _____
(if different from student)

phone # _____ work phone # _____ cell phone # _____

Name of Father's Employer: _____ Location of Employer: _____

Name of friend, relative or child care provider permitted to pick up and care for child if parent / guardian can not be reached:
(Additional contacts can be listed on back of card.)

1. name relationship phone # work phone # cell phone #

2. name relationship phone # work phone # cell phone #

In case of accident or serious illness, all reasonable efforts will be made to contact the parent / guardian. If necessary, the primary physician and / or 911 will be called and the student sent to the nearest hospital. When a student becomes ill at school it is the policy of Plumsted Twp. Schools to send them home. On no occasion will a student be sent home if there is no one to provide care.

Physical Examinations * School Nurse will provide services unless otherwise noted.

Students must receive routine medical exams upon entry into school. It is also recommended that students receive subsequent medical exams at least once during each developmental stage. Plumsted Twp. Schools requests physical exams for students in grades 4, 7 and 10. Student Medical Examinations must be given by the child's primary health care provider. Students who do not have a primary health care provider may receive an examination by the School Physician.

My child does not have a primary health care provider. NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 800-701-0710 or visit www.njfamilycare.org to apply online.

You may release my name and address to the NJ FamilyCare Program to contact me about health insurance.

Signature _____ Print Name _____ Date _____

Written consent required pursuant to 20 U.S.C 1232g(b)(1) and 34 C.F.R. 99.30(b).

*Students are screened by the school nurse, for height, weight, vision, hearing and blood pressure.

*The State of NJ requires that all children age 10-18 be screened for Scoliosis (curvature of the spine) every other year.

I want my child screened for Scoliosis at school. I wish to be present when my child is screened for Scoliosis.

My child will be screened for Scoliosis by our private physician. I will send a report of this exam to school.

Annual Medical History: *All information will be shared with appropriate school personnel.*

- 1. List any medications taken on a regular basis (prescription and over-the-counter): _____
- 2. List any allergies (food, environmental, bee stings, medications): _____
- 3. Describe the symptoms your child has during an allergic reaction: _____
- 4. List any childhood diseases, serious illnesses, broken bones, hospitalizations or surgeries this past year: _____
- 5. List any disabilities (physical, emotional, learning, etc.) and / or physical restrictions: _____
- 6. Does your child have any of the following:

Anemia ___ Seizures ___ Heart Disease ___ Diabetes ___ Heart Murmur ___ Menstrual Problems
Asthma ___ Nose Bleeds ___ Headaches ___ Eye Problems ___ Orthopedic Problems ___ Digestive Disorders
Bowel / Bladder Disorder ___ Speech Problems ___ Neurological Disorder ___ Glasses / Contacts

All checked items must be explained:

Please return this card to school as soon as possible. Notify the school immediately if there are changes in this information.

Signature of Parent / Guardian: _____ Date: _____

2017 – 2018
PLUMSTED TOWNSHIP SCHOOL DISTRICT
PRESCHOOL PROGRAM
AM/PM/FULL DAY SESSION REQUEST FORM

Student's Name: _____

Hours: AM Session 8:35 AM – 11:05 AM

PM Session 12:45 PM – 3:15 PM

Full Day Session 8:35 AM – 3:15 PM

_____ 5 Days a Week – AM Session

_____ 5 Days a Week – PM Session

_____ 5 Days a Week – Full Session

_____ 3 Days a Week – AM Session (M, W, F)

_____ 3 Days a Week – PM Session (M, W, F)

_____ 3 Days a Week – Full Session (M, W, F)

_____ 2 Days a Week – AM Session (T, TH)

_____ 2 Days a Week – PM Session (T, TH)

_____ 2 Days a Week – Full Session (T, TH)

Please note: We cannot guarantee that the session request will be granted. We reserve the right to make class placement changes to adequately serve the developmental needs of the child and maintain an appropriate child/teacher ratio.

**Plumsted Township School District
New Egypt Primary School
2017 - 2018 Preschool Program**

Student's Name: _____

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Registration Fee (Non-refundable)

Check Number: _____ Date: _____

Amount: _____

Tuition Deposit:

Check Number: _____ Date: _____

Amount: _____ (____) Days per Week

Class size is limited to 16 students. Admission to the program will be based on this consideration.