

Welcome to New Egypt Primary School!

Preschool is an exciting and important time in a child's life. Your child may be leaving you for the very first time, or moving from a day care setting to a more structured learning environment. New Egypt Primary School is committed to do all that we can to ensure a smooth and comfortable transition for both you and your child.

New Egypt Primary School has been uniquely designed to meet the needs of a diverse set of preschool learners.

It is our goal to provide excellent social and academic experiences in a nurturing learning atmosphere for preschoolers of all abilities

Board of Education

President

Mrs. Leslie Septor

Vice President

Mr. Joseph Surdo

Board Members

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Mr. Robert Kudrick

Mrs. Susan Potter

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Superintendent

Mr. Gerald North

Business Administrator/

Board Secretary

Mr. Sean Gately

School Administration

Principal

Andrea Caldes

Director of Special Products

Mrs. Colleen Gravel

Director of Special Education

Dr. Jessica Howland

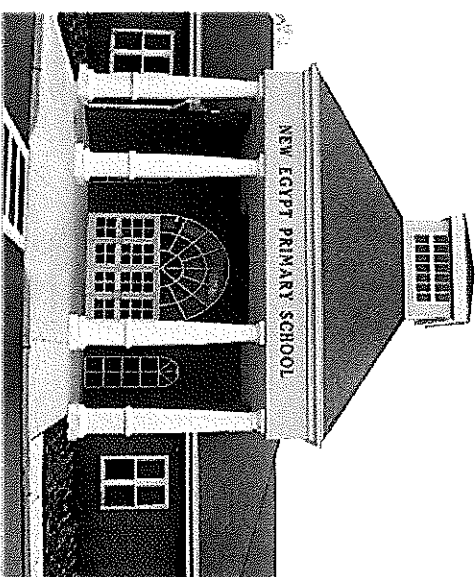
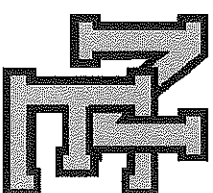
Director of Literacy

Mrs. Michelle Halperin-Krain

Director of STEAM

Mr. Thomas Semko

New Egypt
Primary School



Mrs. Andrea L. Caldes, Principal

131 Evergreen Road
New Egypt, NJ 08533
609-758-6800 EXT. 5000

www.newegypt.us

Unleashing Unlimited
Opportunities... Empowering One
Warrior at a Time!

Class Placement

Our classes accommodate the needs of children ages 3 - 5. Parents may request full-day or half-day sessions.

All placement decisions are based on our ability to adequately serve the developmental needs of each child while maintaining an appropriate teacher/child ratio.

Enrollment/Registration

There is a \$35.00 non-refundable/non-transferrable registration fee per child that is required upon enrollment.

Tuition

Tuition is based on an annual fee. All school holidays are taken in consideration when rates are established.

One month's tuition is required as a deposit. This deposit will be applied to the last month's tuition.

Cancellations must be done in writing two weeks in advance. If notice in writing is not received, one (1) month's tuition will be charged.

www.newegyptus

Preschool Options

Full Day Preschool

Hours of Operation and Tuition

8:45 a.m. - 3:25 p.m.

5 days a week - \$660.00/ per month

(Monday - Friday)

3 days a week - \$510.00/ per month

(Monday, Wednesday, Friday)

2 days a week - \$380.00/ per month

(Tuesday, Thursday)

Half Day Preschool

Hours of Operation and Tuition

AM Session: 8:45 a.m. - 11:15 a.m.

PM Session: 12:55 p.m. - 3:25 p.m.

5 days a week - \$280.00/ per month

(Monday - Friday)

3 days a week - \$240.00/ per month

(Monday, Wednesday, Friday)

2 days a week - \$160.00/ per month

(Tuesday, Thursday)

Before and After School Care

Available!

Please note: New Egypt Primary School follows the Plumsted Township School District Calendar

District Calendar

To Enroll:

Pick up a registration packet in the main office of the New Egypt Primary School
Office or visit our website @

www.newegyptus

Mon. - Fri. 8:00 a.m. - 4:00 p.m.

Plumsted Township Public Schools Preschool Program

Our Early Childhood Education Academic Programs are based on the New Jersey Student Learning Standards.

Literacy, mathematics, science, and social studies are integrated with character education and civic awareness.

Teaching our students 21st century skills infused with educational technology are critical components of our program.

Our STEAM (Science, Technology, Engineering, Art and Mathematics) program engages our full day preschool students in exploratory, play based, multidisciplinary activities that are interactive, fun, and age appropriate.

New Egypt Primary School recognizes and celebrates the uniqueness of each student while understanding the importance of developing the whole child.

Our focus is to provide a nurturing, child centered educational program that serves the diverse needs of all students.

Plumsted Township School District

New Egypt Primary School

131 Evergreen Road
New Egypt, NJ 08533
Telephone (609) 758-6800 Ext. 5000
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.

- _____ 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)
- _____ Complete Pre-registration on-line (found on preschool website www.newegypt.us)
- _____ After completing the Pre-registration on-line print out the contact information and bring to school.
- _____ AM/PM Session Request form (Please note: We cannot guarantee the session request will be granted).
- _____ Custody Form

If you have any question please call the main office at 609-758-6800 ext. 5000.

Sincerely,



Andrea L. Caldes
Principal

2018 - 2019 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 2018 – 2019 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 1st of the current month. A \$25.00 late fee will be charged if payment is not received by the 5th day of the current month, and the child will not be able to return to school on the 15th day of the current 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, Clara Rose, New Egypt High School, 117 Evergreen Road, New Egypt, NJ 08533. Payments can also be hand delivered to the Primary School Main Office.

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

2018 – 2019 NEPS PRESCHOOL REQUEST FORM

Student Name: _____

Parent/Guardian Name: _____

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 changes to adequately serve the developmental needs of the child and maintain an appropriate child/teacher ratio.

Half Day Session:

AM:

___ 2 days a week – AM Session (Tuesday and Thursday) – 8:45 am – 11:15 am – Monthly Tuition - \$160.00

___ 3 days a week – AM Session (Monday, Wednesday, Friday) – 8:45 am – 11:15 am – Monthly Tuition - \$240.00

___ 5 days a week – AM Session (Monday – Friday) - 8:45 am – 11:15 am – Monthly Tuition - \$280.00

Half Day Session:

PM:

___ 2 days a week – PM Session (Tuesday and Thursday) – 12:55 am – 3:25 pm – Monthly Tuition - \$160.00

___ 3 days a week – PM Session (Monday, Wednesday, Friday) – 12:55 am – 3:25 pm – Monthly Tuition - \$240.00

___ 5 days a week – PM Session (Monday – Friday) - 12:55 am – 3:25 pm – Monthly Tuition - \$280.00

Full Day Session: 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 Session (Tuesday and Thursday) – 8:45 am – 3:25 pm – Monthly Tuition - \$380.00

___ 3 days a week – Full Day Session (Monday, Wednesday, Friday) – 8:45 am – 3:25 pm – Monthly Tuition - \$510.00

___ 5 days a week – Full Day Session (Monday – Friday) - 8:45 am – 3:25 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:

2018 – 2019

**PLUMSTED TOWNSHIP SCHOOL DISTRICT
PRESCHOOL PROGRAM
AM/PM/FULL DAY SESSION REQUEST FORM**

Student's Name: _____

Hours: AM Session 8:45 AM – 11:15 AM

PM Session 12:55 PM – 3:25 PM

Full Day Session 8:45 AM – 3:25 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
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 Student Health History Form
To be completed by Parent/Guardian

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

PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1 Name: _____

Parent/Guardian #2 Name: _____

FAMILY INFORMATION:

Check all people child lives with:

Mother Father Guardian: _____

Brothers (how many?) _____ Ages: _____ Sisters (how many?) _____ Ages: _____

Total number of people living in the household: _____

MEDICAL HISTORY:

Does your child have any health concerns the nurse needs to be made 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).

Outdoor or indoor allergies (if yes, please list) _____

Food allergies (if yes, please list) _____

Medication or immunizations (if yes, please list) _____

No, my child does not have any allergies that I am aware of.

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, list medication _____

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):

Asthma Heart Disease Seizure Concussion/Head Injury

Diabetes Orthopedic Mental Health Other

MEDICAL PROVIDER INFORMATION

Primary Care Provider Name: _____ Phone # _____

Dentist Name: _____ Phone # _____

Child's Health Insurance: Private Insurance/Employer 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? _____

Would you like assistance obtaining health care insurance? _____

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

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Plumsted Township School District

CUSTODY FORM

TO BE COMPLETED PER N.J.S.A. 18A:38-1 AND N.J.A.C. 6A;22.3.1 (a), to verify the custody and eligibility of the student. Complete copies of all custody orders entered by the Superior Court of NJ and/or by the courts of any other State must be submitted.

Student's Name:

Mother's Name:

Father's Name:

Person filling out this form:

Please read ALL of the following and check ALL lines that apply to this student's current situation:

Student resides with both parents

Parents are divorced

Legal Custody:

Parents have joint legal custody

Mother has sole legal custody

Father has sole legal custody

Residential Custody:

Parents have equal-time residential custody

Mother has primary residential custody

Father has primary residential custody

Parents are separated

Legal Custody:

Parents have joint legal custody

Mother has sole legal custody

Father has sole legal custody

Residential Custody:

Parents have equal-time residential custody

Mother has primary residential custody

Father has primary residential custody

Parents were never married

Legal Custody:

Parents have joint legal custody

Mother has sole legal custody

Father has sole legal custody

Residential Custody:

Parents have equal-time residential custody

Mother has primary residential custody

Father has primary residential custody

Child has court-appointed guardian

Child is in court-assigned foster care

If parents are not married and/or not living together:

Is other parent living or deceased: ____

List name, address, home and work telephone of other parent:

Name:

Address:

Phone(home)

Cell

Work

Please initial each of the following:

____ I understand that without evidence/court documentation to the contrary, both natural parents of a child have equal access to the child, and can release the child from school or withdraw / transfer the student to another district.

____ I understand that without any evidence / court documentation to the contrary, Both natural parents of a child have equal access under N.J.A.C. 6A:32-7 to all school records and information.

____ I understand that the information furnished in this form will be relied upon by the school district as the basis for admitting the child to school, and for making determinations regarding custody and access issues, and that I am responsible to keep the school district advised of any subsequent changes in custody or other status affecting this child.

Signature of Parent/Legal Guardian

Date

Printed Name of Parent/Legal Guardian