

Millstone Township Primary School

Schoolhouse Road, Millstone Township, NJ 08510

Paul Baker
Principal
732-786-0950 ext. 40003
Fax: 732-446-5342
pbaker@millstone.k12.nj.us



Mr. Scott Hobson
Assistant Principal
732-786-0950 x40002
Fax: 732-446-5342
shobson@millstone.k12.nj.us

February 2019

Dear Parents or Guardians,

In addition to our half-day Kindergarten program, the Millstone Township School District also offers a Kindergarten Enrichment Program. This fee-based program extends your child's time in school to a full day. Transportation is provided.

The 2019-2020 program fee is \$425 a month per child or \$4,250 for the school year.

Children who are enrolled in the program will have the opportunity to remain in the school with their assigned kindergarten teacher until the end of the regular school day. A minimum of 14 registered students are required for a class to be offered.

The following is a sample of a student's day with the Enrichment Program:

9:05 a.m. – 11:45 a.m.	Kindergarten Program – Academics
11:45 a.m. – 12:55 p.m.	Recess, Lunch (may be brought or purchased) and Rest Time
12:55 p.m. – 1:35 p.m.	Enrichment Activities in Music, Spanish, Physical Education and Computers
1:35 p.m. – 2:15 p.m.	Enrichment: Science or Social Studies Topics
2:15 p.m. – 2:45 p.m.	Group Activity to promote Social Skills
2:45 p.m. – 3:30 p.m.	Centers and Free Playtime
3:30 p.m. – 3:45 p.m.	End-of-Day Activities

If you would like to enroll your child in this program, please complete the attached form and return to the Primary School main office with your deposit of \$425. Registration for the program is completed on a first come basis, according to the date the form and check are received in this office.

If you have any questions regarding this program, please feel free to call the Primary School at 732-786-0950, extension 40003.

Sincerely,

Paul Baker
Principal

**Millstone Township School District
5 Dawson Court
Millstone Township, NJ 08535**

The Kindergarten Enrichment Program

My child is presently registered for Millstone Township's kindergarten program. Please enroll my child in The Kindergarten Enrichment Program for the 2019-2020 academic year.

Child's Name: _____

Address: _____

Phone Number: _____ Email: _____

My signature below indicates that I wish to enroll my child in the Kindergarten Enrichment Program and that I understand the following:

- In order to administer this program, it will be necessary for the district to retain a minimum of 14 students registered per class throughout the school year. Without the necessary enrollment, an individual class may be cancelled. Enrollment and class placement will be on a first come basis.
- Children enrolled in the program will be transported to and from school.
- The fee for the 2019-2020 program will be set in April. Presently, the fee is \$425 per month or \$4,250 per year.
- A registration fee of \$425 must accompany this registration form. This fee will be applied to the first month's tuition. Subsequent monthly fees must be paid by the 15th of the prior month (by September 15th for October, etc.)
- Checks should be made payable to the Millstone Township School District and should be forwarded to the Business Office.
- The school calendar (180 days) will be followed.
- The program is not a full day kindergarten program. Each student's record will reflect their enrollment in a half-day Kindergarten class.
- The district must receive, in writing, a thirty-day notice to have a student removed from the program.
- Fees will not be prorated for absences.

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Date: _____

Please return this form to:

Millstone Township Primary School
Schoolhouse Road
Millstone Township, NJ 08510

Millstone Township School District
Millstone Township, NJ 08510

Student Registration Information

The following information is provided to assist you with registration of your child. Please read this information carefully.

New Jersey law requires that Millstone Township provide a free public education to any student between the ages of 5 and 20 who is:

- Living with a parent or guardian whose permanent home is located within the district or who is temporarily living in the district.
- Living with a person, other than a parent or guardian, who resides in the district and who is supporting the student without compensation, as if the student were his or her own child because the parent cannot support the child due to family or economic hardship.
- Living with a person, other than a parent or guardian, who resides in the district when the parent is a member of the New Jersey National Guard or the reserve component of the U.S. armed forces and has been ordered to active military service in time of war or national emergency.
- The child of a parent or guardian who is homeless.
- Placed in the district by court order.
- A child of a parent or guardian who resided in the district prior to being called to active military duty in time of war or national emergency.
- Residing on federal property within the district.

The following may be used as proof of eligibility for enrollment in the district:

- Property tax bills, deeds, contracts of sale, leases, mortgages, signed letters from landlords and other evidence of property ownership, or residency.
- Voter registration, licenses, permits, financial account information, utility bills, delivery receipts, and other evidence of personal attachment to a particular location.
- Court orders or state agency agreements.
- Receipts, bills, cancelled checks or other evidence of expenditures showing support of the student.
- Medical reports, social worker assessments, or employment documents showing family or economic hardship.
- Affidavits, certificates or sworn statements pertaining to statutory criteria for school attendance.
- Documents pertaining to military status.
- Any record by a government agency.

The information and documentation you offer will be considered in evaluating an application, and, unless required by law, the student will not be denied enrollment based on your inability to provide certain documentation where other acceptable evidence is provided.

Please be aware that any initial determination of the student's eligibility to attend school in this district is subject to a more thorough review and subsequent re-evaluation, and that tuition may be assessed in the event that an initial admitted student is later found ineligible. If a student is found ineligible, now or later, you will be provided the reasons for our decision and instructions on how to appeal.

Millstone Township School District

5 Dawson Court, Millstone Township, NJ 08535



Dr. Christopher Huss
Superintendent of Schools
Phone: 732-786-0950 X51010
e-mail: chuss@millstone.k12.nj.us

Bernard Biesiada
Business Administrator/Board Secretary
Phone: 732-786-0950 X51002
e-mail: bbiesiada@millstone.k12.nj.us

PRESCHOOL AND KINDERGARTEN ENRICHMENT TUITION Registration Fee – September 2019

Millstone Township Board of Education will accept the initial registration fee covering the September tuition for the 2019-2020 Enrichment Program either by check or credit card. To have your credit card charged, please complete the form below.

Please note the district also offers the option to automatically charge each month's tuition to the same or another credit card. Keep in mind that tuition fees are prepaid on the 15th of the month for the following month's tuition. Therefore, your credit card will automatically be charged on the 15th of every month from September through May for the remaining tuition due for October through June.

Accounts which remain past due on the first of the month in which tuition is due will be assessed a \$25.00 late fee. Accounts which become three months past due will cause your child to be ineligible for participation in the enrichment program. By signing below you agree to the payment terms for participation in the enrichment program.

We accept Visa, Master Card, or Discover. We do NOT accept American Express.

Business Office
732-786-0950 ext. 51005 kbock@millstone.k12.nj.us

Student Name: _____

Parent/Guardian: Please Print _____

Program: _____ Pre-School - Half Day (\$325/month) _____ Pre-School – Full Day (\$750/month)

_____ Kindergarten Enrichment (\$425/month)

_____ Please charge the initial fee for September 2019

_____ Please charge initial fee for September 2019 AND automatically charge my credit card on the 15th of every month for 2019-2020 school year.

Name on Credit Card _____

Credit Card Type & Number _____ Expiration Date _____

Check Number _____

Signature _____

MILLSTONE TOWNSHIP SCHOOL DISTRICT SCHOOL ENTRANCE PHYSICAL EXAMINATION

Student _____ Date of Examination _____
(must be within 1 year of entry)

Grade Entering _____

Birth Date _____ Sex _____ Height _____ Weight _____

Vision _____ Hearing _____ Blood Pressure _____

Disease History (please specify type and age at onset):

Allergies _____	Convulsive Disorders _____
Congenital Defects _____	Diabetes _____
Drug Sensitivities _____	Heart Disease _____
Hepatitis _____	Otitis Media _____
Neuromuscular Disorders _____	Rheumatic Fever _____
Asthma _____	Strep Infections _____
Chickenpox _____	Mononucleosis _____
Lyme Disease _____	Other Illnesses _____
Operations or Injuries _____	

Physical Examination

Ears _____	Eyes _____	Skin _____
Lymph Glands _____	Thyroid _____	Throat _____
Nose _____	Teeth and Mouth _____	Speech _____
Heart _____	Lungs _____	Abdomen _____
Hernia _____	Nutrition _____	Nervous System _____
General Appearance _____		Other _____
Orthopedic _____		

Immunization Record (exact dates including month, day, and year are required by law)

	#1	#2	#3	booster1	booster2
DPT _____	_____	_____	_____	_____	_____
POLIO _____	_____	_____	_____	_____	_____

*One booster of DPT & POLIO must be given on or after the 4th birthday.

Measles Vaccine (given after first birthday) _____
 Rubella Vaccine (given after first birthday) _____
 Mumps Vaccine (given after first birthday) _____
 MMR BOOSTER _____ (must be given at least 1 month after first dose and prior to kindergarten)

Hepatitis B Vaccine #1 _____ #2 _____ #3 _____
 Hib Vaccine _____
 Varicella Vaccine _____ * required for school, unless child had disease
 Mantoux _____ (not required)

Recommendations or restrictions (if any):

I have examined this child and find him or her physically fit to participate in all school activities.

Signature of Physician _____ Date _____
 (stamps or counter-signatures are NOT acceptable)

Print Physician's Name _____ Telephone _____

Millstone Township School District
Student Health History and Record Status

Student _____ Date of Birth _____

Address _____ Town _____ Zip _____

Date of Entry _____ Grade _____

Parent(s) or Guardian(s) Name _____ Phone _____

Name and Address of Previous School _____

Prenatal/Development History

List any significant problems during pregnancy or newborn period _____

List any significant developmental delays _____

Family History

This child is # _____ of _____ children. Recent changes in family life _____

List any custody problems or visitation limitations (court papers must be supplied, if applicable) _____

List chronic diseases in family (include grandparents) _____

Habits and Personality

Please describe this child in terms of temperament and attitudes _____

List any specific information about this child which you would like the school to know _____

Medical History

Allergies _____	Diabetes _____	Heart Disease _____
Drug Sensitivities _____	Lyme Disease _____	Otitis Media _____
Hepatitis _____	Rheumatic Fever _____	Strep _____
Mononucleosis _____	Chickenpox _____	Asthma _____
Hearing Problems _____	Convulsive Disorders _____	Vision Problems _____
Neuromuscular Problems _____		Operations _____
Special Conditions or Problems _____		
Medication taken regularly and reason _____		

Signature of Parent or Guardian

Date

For School Nurse:

Immunizations Complete	Needs Physical	Needs Mantoux	Original Health Record Received
Yes No	Yes No	Yes No	Yes No

**Millstone Township Primary School
Health Office
732-786-0950 ext. 40006**

Dear Parents or Guardians,

Below is a permission slip that will allow the health office to discuss your child's health concern with the appropriate school staff. Please note that if your child has a food allergy, a letter may also go home with your child's classmates informing their parents of the condition so that a safe environment can be provided for your child. Your child's name will not be disclosed.

Please complete and return this form to the health office. If you have any questions, please contact the health office.

Please note that if your child has a food allergy, it is the parents' responsibility to provide the health office a list of safe snacks that your child is allowed to have. This list will then be distributed to the child's class.

Thank you,

Eleanor Czysz, RN

_____ I hereby give permission for the health office to discuss any health concerns regarding my child's allergies with the appropriate personnel.

_____ I do not wish my child's health concern to be discussed.

Child's Name _____ Grade _____

Teacher _____

Specific allergy, food allergy or medical condition _____

For peanut allergies:

My child does or does not (circle one) need to sit at the peanut free table.

Parent or Guardian Signature: _____

Date: _____