

ALPHA PUBLIC SCHOOL

817 North Boulevard
Alpha, New Jersey 08865

Telephone: (908) 454-5000

Fax: (908) 454-4347

www.apsedu.org

Mr. Seth Cohen

Chief School Administrator

May 2023

Dear Parents,

Welcome to Alpha Public School Pre-School. The Pre-School is 5 half-day sessions per week from 8:30 to 11:00 am. When Alpha School is on a half day session of school, dismissal is 10:00 am. If school requires a 90 minute delay Pre-School hours are 10:00 to 11:30 am.

In order to make registration as smooth as possible, there are several forms required to complete the registration process. The following items need to be submitted by **August 29, 2023**.

1. Official record of birth
2. All Registration Paperwork, included in this packet
 - a. New Student Registration
 - b. 2023-2024 Student Emergency Form
 - c. Permission/Authorization Form
 - d. Pre-School Tuition Contract (Deposit of \$450.00 due on July 1, 2023)
 - e. Proof of Residency (please see the attached form for requirements)
3. Vaccinations must be completed by **August 29, 2023**
 - a. Please see the attached form for the minimum vaccinations required.
 - b. The State of NJ requires that ALL children attending Pre-school must annually receive at least 1 dose of the Influenza vaccine between 09/01 and 12/31 of each year starting 09/08. ***Documentation must be received by 12/31 in order for the student to remain in the Pre-school Program.***
 - c. Student Health History & Medical Treatment Consent Form
3. A Universal Child Health Record Form is also attached and must be completed by your physician. This form is to be completed by **August 29, 2023**.

We are very excited to welcome your child to Alpha Public School, and we look forward to the year ahead.

Sincerely,

Seth Cohen
CSA

Alpha Public School
Student Registration Form

Date: ____/____/____

Grade/Teacher: _____

STUDENT INFORMATION:

Full Legal Name: (Last, First, Middle) _____

Current Address: (Number/Street, City, State, Zip) _____

Gender (M/F) _____

Home Telephone _____

Cell Telephone _____

Date of Birth ____/____/____

Place of Birth (City, State, County, Country) _____

Name of Previous School _____

Address (City, State, Zip) _____

Phone _____

Ethnic Data: (Please check the category that best describes your child.)

/____/ White

/____/ Hispanic/Latino

/____/ Black/African American

/____/ Asian

/____/ American Indian/Alaska Native

/____/ Native Hawaiian/Pacific Islander

Is English the primary language spoken at home? ____ Yes ____ No

If no, please print the language(s) spoken: _____

Student Resides With - Name(s) of Parent/Guardian _____

Relationship to Student _____

All Other Members of Household

Relationship to Student

Birthdate

Grade in School

PARENT INFORMATION:

Mother: Contact: 1st ____ 2nd ____ (Choose one)

Mother (Last Name, First Name) _____

Home Phone _____

Mother's Address: (Number/Street, City, State, Zip) _____

Cell Phone _____

Email Address

Employer's Name _____

Occupation _____

Work Phone _____

Father: Contact: 1st _____ 2nd _____ (Choose one)

Father (Last Name, First Name)

Home Phone

Father's Address: (Number/Street, City, State, Zip)

Cell Phone

Email Address

Employer's Name

Occupation

Work Phone

Please answer the following questions. If you answer Yes to any of these questions, please provide documentation.

1) Is student in Foster Care or in a court placement?

_____ No _____ Yes (If yes, please provide further information/documentation.)

2) Parents status: _____ Married _____ Divorced _____ Separated

- Is there a Court Custody Agreement or any Legal Documents regarding this student?

_____ No _____ Yes (If yes, please provide further information/documentation.)

3) Is there a guardianship agreement?

_____ No _____ Yes (If yes, please provide further information/documentation.)

4) Is the student currently receiving or received Special Education Services or been eligible under Section 504?

_____ No _____ Yes (_____ 504 / _____ SE - Classification, description of handicap currently or previously)

5) Does the child have any chronic medical problems, special needs or handicapping conditions?

_____ No _____ Yes (Please explain) _____

6) What kind of health insurance does the child have? (Please check one.)

_____ Private or employment based health insurance

_____ Medicaid

_____ NJ FamilyCare

_____ Other health insurance: _____

_____ Uninsured

RESIDENCY:

Please be advised that I, the parent(s)/guardian(s) of _____,
(Print Student's Name)

entering grade _____, would like to register my child with the Alpha Public School District. I certify that I am domiciled in the Town of Alpha, New Jersey, and that the requested information and/or documentation provided herein is true and accurate. I further certify that to determine a student's eligibility for enrollment in the District, the Alpha Board of Education has the right to request documentation of domicile, residency, or affidavit of student status.

I further certify that if information/documentation of residency is falsely represented to the Alpha School District, legal action may be taken against me for payment of full tuition (back to the start date of the student's attendance in our district) together with Attorney's fees that may be incurred by the District.

I understand that I am responsible for full tuition payment to the Alpha Public School District if I am not domiciled in the Borough of Alpha, New Jersey. I affirm that all the information provided on this registration form is true and accurate. I also understand that if my residency status changes during my child's enrollment in the Alpha School District, it is my responsibility to notify the district immediately.

Name (printed): _____

Signature: _____ Date: _____

REQUIRED DOCUMENTATION:

- 1) An original birth certification with raised seal (will be copied and returned);
- 2) Report of Physical Exam completed by the child's physician (examination must be conducted with 1 year before the start of school);
- 3) Vaccination Record completed by the child's physician;
- 4) Proofs of residency – At least one from Column A and one from Column B (will be copied and returned)

Column A

- Property Tax Bill
- Contract of Sale
- Mortgage
- Deed
- Lease

Column B

- Driver's License
- Court Order
- Utility Bill
- Cancelled Check

2023-2024 Student Emergency Form

(This form needs to be completed EVERY school year)

****NOTIFY SCHOOL OFFICE OF ANY CHANGES DURING THE YEAR****

Date: ____/____/____

Date of Birth: ____/____/____

Student Name: _____
Last First Middle

Address: _____
Street Address Alpha City 08865 Zip Code

Child Resides with: _____

Are there any legal documents affecting your child? Yes ___ No ___ If Yes, please attach documents.

Mother's/Guardian's Name: _____ Mother/Guardian will be contacted: 1st ___ 2nd ___

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Father's/Guardian's Name: _____ Father/Guardian will be contacted: 1st ___ 2nd ___

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Emergency Contacts: In case the child listed above becomes ill or is injured at the school and I cannot be contacted, the school authorities have my permission to contact and release my child to the custody of one of the following. These contacts will also be contacted if your child is absent from school without notification. They will be contacted in numerical order in case of emergency.

1. _____
Name Relationship Phone
2. _____
Name Relationship Phone
3. _____
Name Relationship Phone

Health Insurance

Does your child have health insurance? Yes _____ No _____ My child does not have health insurance. You may release my name and address to NJ FamilyCare Program to contact me about

Provider: _____

health insurance. NJ FamilyCare provides free or low cost health insurance for uninsured children and certain low income parents. For more information call 1-800-701-0710 or visit www.njfamilycare.org to apply online.

Date: _____

Printed Name: _____

Signature: _____

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

In an emergency when parents cannot be reached, I authorize the school to call:

(Name, Address & Phone Number)

Physician / Clinical Facility: _____

Dentist: _____

Hospital: _____

Update Health Records: (List any medical/surgical care your child has received during the past year)

Recent Serious Illness

Recent Serious Hospitalization

Recent Immunizations

Restrictions

Recent Dental Exam (Date/Braces?)

Recent Eye Exam (Date/Contact/Glasses?)

Current Medications:

Yes _____ (Describe Below) No _____

Medication/Dosage

For What Condition

Allergies: _____

Additional Medical Notes:

I, the undersigned, do hereby authorize officials of Alpha Public School to contact directly the persons named on this form and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that physicians, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

Parent's / Guardian's Signature: _____ Date: _____

Alpha Public School
Permission/Authorization Form for Pre-School
2023-2024 School Year

Student Name: _____

For: Pre-School

This form will be kept in the main office for the 2023-2024 school year.

Field Trip Permission: Teachers will send home information prior to the date of each trip. This standard permission may be revoked or changed relative to each trip. It is the parents' choice whether students should attend trips.

I grant permission for my child to participate in field trips during the 2023-2024 school year. I understand that these trips will be adequately supervised by school staff, and they may be either a walking trip or transportation will be provided on safe, registered school buses operated by properly licensed drivers.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Photographic/Video Release: I grant Alpha Public School the right to use my child's photograph, either in video, print, or electronic format for any appropriate use in school materials, including, but not limited to, websites, newsletters, brochures, and marketing materials. This right can be transferred to third-party sources (such as local newspapers) for publicity reasons in the media and legitimate organizations partnering with the school. These rights are perpetual and not limited geographically. Of note, students' names (abbreviated or full) and grade level may appear on any internal and third-party sources materials as previously stated.

- YES**, I grant permission as stated above regarding my child for the 2023-2024 school year.
- NO**, I do not grant permission to the above regarding my child for the 2023-2024 school year.
- NO**, I do not grant permission to the above regarding my child for the 2023-2024 school year. However, I do grant permission to include my child's photograph and general information in the annual school yearbook.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

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May 2023

Dear Pre-School Parents,

Your \$450.00 non-refundable deposit required includes the first and last months tuition.

Below is the 2023-2024 tuition contract. Please sign the contract.

Tuition is \$2,250 for the 2023/24 school year. Monthly tuition payments are due the 1st of every month beginning October 1, 2023 including May 1, 2024 which result in (8) equal payments of \$225. Advanced monthly payments will be accepted.

Initial Deposit is due on July 1, 2023

If there are any questions or concerns about this contract, please call Ms. Ascolese at 908-454-5000 x200.

Sincerely,

Seth Cohen
Chief School Administrator

Preschool Tuition Contract with Alpha Public School for 2023-2024

I agree to forward tuition of \$2,250 for the 2023/24 school year which results in 8 payments in the amount of \$225.00 per month including the deposit of \$450.00, payable on the first day of every month including May 2024. One month's prior notice is required upon the withdrawal from the program before April 30. No refund of tuition can be made after this date. A child may be suspended if a payment is 30 days past due.

Child's Name

Parent's Signature

Date