STUDENT REGISTRATION PACKET
PRE-SCHOOL
HOW TO COMPLETE PRE-SCHOOL REGISTRATION

1. Please visit www.brickschools.org/Registration to complete the Pre-Enrollment Online Registration Form (Instructions for the online Registration Form are at the back of this document.)
2. Schedule an appointment from the Registration Homepage
3. Print, review and complete all required forms for each student
4. Gather all required Documents
5. Attend your scheduled Registration Appointment to complete the Registration Process

Requirements
In order to register for Pre-School, your child must have been selected through the Pre-School Lottery. The Lottery for 2019-20 was conducted in April, and is now closed. Only those parents notified by a letter of their child’s acceptance should complete the Registration Process.

Only an original Birth Certificate with a raised seal is accepted as proof of age. Baptismal or hospital certificates are not accepted. There are no exceptions to this state age requirement.
All parents/guardians must follow the steps listed below to register your student.
You MUST make an online appointment with the Central Registration through www.brickschools.org.

Notice to Parents:
Some documents require a seal from a NJ State Notary Public. You may take the paperwork to a notary of your choice or the Brick Township Public Schools can notarize with all parties present at the time of your appointment.

The additional documents needed to complete Registration are:

Registration Document Checklist

1. Online Registration Confirmation form – Signed
2. Parent/Guardian’s Documents (Already completed at Lottery Signup)
3. Student’s Original Birth Certificate
4. Proof of Residency Documents: (Already completed at Lottery Signup)
5. Student Records: (Not needed for Pre-School)
6. Medical Records:
   a. Completed Health Questionnaire Form
   b. Consent to Emergency Student Treatment Form
   c. Physical Exam Document
   d. Immunization Records
explain any “Yes” answer on the space provided.

MEDICATIONS:
Does your child take any daily medications? Yes ______  No ______
If Yes, please list daily medications and doses: ____________________________
Will your child require medication given in school? Yes ______  No ______

ALLERGIES: Is your child allergic to any of the following:
Medications: Yes _____ No ______
If Yes, please list: ______________________________________________________
Seasonal Allergies: Yes _____ No ______
If Yes, please explain: ____________________________________________________
Bee Sting/Insect Bites: Yes _____ No ______
If Yes, list medication needed for allergic reaction: ____________________________
Food Allergies: Yes _____  No ______
If Yes, which foods? _____________________________________________________ Type of Reaction? ______________________ Type of medication needed for reaction? ________________________________
Asthma: Yes _____  No ______
If Yes, frequency of attacks? ______________________________________________
Known triggers? __________________________________________________________
Current daily asthma medications? ___________________________________________
Normal Peak Flow _________________________________________________________
HEART DISEASE/HEART MURMUR: Yes _____  No ______
If Yes, any limitations in activity? ____________________________________________

Please Note: A doctor’s note is required stating there is no limitation of activity to participate in gym, sports, or recess.

KIDNEY DISEASE: Yes _____  No ______
If yes, please list: _______________________________________________________

DIABETES: Yes _____  No ______
If yes, we will discuss and formulate care plan for the school year.
Student’s Name: 

SEIZURES:  
Medications/Limitations:  

Date of last seizure: ___________________________  Type of seizure: ___________________________  

If current seizure disorder, we will meet and formulate care plan for the school year.  
LYME DISEASE:  Yes _____ No _____  
If Yes, date of diagnosis: ________________  Current medications/limitations?  
GLASSES:  Yes _____ No _____  
If Yes, when are they to be worn?  
HEARING DIFFICULTIES:  Yes _____ No _____  
If Yes, please explain:  
FREQUENT EAR INFECTIONS:  Yes _____ No _____  
If Yes, approximately how many infections and what age(s)?  
FREQUENT STREP INFECTIONS:  Yes _____ No _____  

History of any of the following?  

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEAD INJURIES</td>
<td></td>
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<tr>
<td>BROKEN BONES</td>
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<tr>
<td>HOSPITALIZATIONS</td>
<td></td>
<td></td>
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<tr>
<td>SURGERIES</td>
<td></td>
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</tbody>
</table>

If you answered Yes to any of the above, please give dates and explain:  

Please list any other disabilities, limitations, or health concerns:  

Previous School Attended: ___________________________  Phone: ___________________________  

Parent/Guardian Signature: ___________________________  Date: ___________________________
I ____________________________, parent/legal guardian of the student named below, do hereby CONSENT (in advance) to any emergency treatment and/or hospital care rendered to the student at a Medical Center of Ocean County facility in the event that any situation should arise during school hours or during any school activities that would require emergency treatment or care rendered to the named student.

This consent is given at the request of the Brick Township Board of Education and the Medical Center of Ocean County so that prompt emergency treatment of the student may be rendered. This consent extends to the Hospital and its affiliated physicians, nurses, employees and administrative officer.

I understand that this consent will be lodged with the school that is attended by the student so that it will be immediately available for delivery to a Medical Center of Ocean County facility in the event that emergency treatment of the student is required.

I further understand that in the event of the rendering of any emergency treatment to the student by the hospital that the hospital will promptly communicate with me at the telephone number listed below in order to advise me of the emergency situation and treatment rendered to the student.

I further understand that any costs incurred as a result of hospital treatment will be my responsibility and not that of the Brick Township Public School District.

AS TO THE STUDENT:  ____________________________  ____________________________  
(Name)  (Age)  

__________________________  ____________________________  
(Street Address – Town – State – Zip Code)  (Date of Birth)  

ALLERGIES that the hospital and/or emergency care provide would need to be aware of.

AS TO THE PERSON SIGNING THE CONSENT:  ____________________________  
(Name)  

__________________________  ____________________________  ____________________________  
(Relationship to Student)  (Street Address – Town – State – Zip Code)  (Phone Number)  

__________________________  
(Signature of Person Giving Consent – Parent/Legal Guardian)  Date  

Copies:  School Nurse – Athletic Office
Required Pre-School & Kindergarten Physical Examination for Pupils
Entering PRE-SCHOOL

Child’s Name: ____________________________ (Last, First, Middle)

Address: ____________________________ City/State: __________ Phone: __________

Birth Date: ____________ Birth Wt: ____________ Male: ___ Female: ___

Parent’s Name: ____________________________

CODE: 0 – No Defect 1 – Slight Deviation 2 – Requires Attention

E.N.T. __ R _______ L ________ Heart _______________ Spine _______________ Height ____________

Vision __ R _______ L ________ Abdomen _______________ Lungs _______________ Posture ____________

Hearing __ R _______ L ________ Hernia _______________ Extremities _______________ B.P. ____________

Teeth _______________ Glands _______________

ILLNESSES:

Chicken Pox ____________ Mumps ____________ Pneumonia ____________ Heart Disease _

Measles ____________ Convulsions ____________ Allergies ____________ T.B. ____________ Contact

German Measles ____________ Diabetes ____________ Scarlet Fever ____________ Operations ____________

Rheumatic Fever ____________ Ear Trouble ____________

<table>
<thead>
<tr>
<th>VACCINE TYPE</th>
<th>1ST DOSE MO/DAY/YR</th>
<th>2ND DOSE MO/DAY/YR</th>
<th>3RD DOSE MO/DAY/YR</th>
<th>4TH DOSE MO/DAY/YR</th>
<th>5TH DOSE MO/DAY/YR</th>
<th>MO/DAY/YR</th>
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</thead>
<tbody>
<tr>
<td>DIPHTHERIA, TETANUS, PERTUSSIS (DTP)</td>
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<td>(If Td, Diph, or DTP, indicate in corner box) One dose on or after fourth birthday.</td>
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<tr>
<td>POLIO ORAL POLIO VACCINE (OPV)</td>
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<td>(If Oral Vaccine, indicate OPV in corner box) One dose on or after fourth birthday.</td>
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<tr>
<td>MEASLES, MUMPS, RUBELLA (MMR)</td>
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<td></td>
<td>MEASLES SEROLOGY</td>
<td>DATE</td>
<td>TITER</td>
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<tr>
<td>On or after first birthday</td>
<td></td>
<td></td>
<td>RUBELLA SEROLOGY</td>
<td>DATE</td>
<td>TITER</td>
<td></td>
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<tr>
<td>MEASLES (Two doses required)</td>
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<tr>
<td>RUBELLA</td>
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<tr>
<td>MUMPS</td>
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<tr>
<td>HAEMOPHILUS B (HIB) **</td>
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<td>HEPATITIS B ***</td>
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<tr>
<td>VARICELLA (Chicken Pox)</td>
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<tr>
<td>INFLUENZA</td>
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<tr>
<td>PNEUMOCOCAL</td>
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<tr>
<td>Mantoux Tuberculin Test – Date:</td>
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<tr>
<td>Only as Required by State Law for Transfer Students</td>
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</tbody>
</table>

Recommendations or restrictions concerning this student: ____________________________

Physician’s Signature: ____________________________ Date of well child physical: __________

Physician’s Stamp
This registration portal is used to collect basic information about your child before you come to the Registration Office in person. Please fill out all information requested. This will save time when you meet with the registrar.

- Be sure to include at least 1 emergency contact and your child’s doctor.
- Do not use this portal to register your child for the Pre-School Lottery
- Select an alternate language if you want the portal to display in another language
- Click on the requested image to begin.

Select an alternate Language [here](#)

The following Screen will display. Click the “Add Student “button to begin.
The screen below will then be displayed on your computer.

- Please enter all information using upper and lower case.
- Choose 2018-19 for the school year if you are registering for this school year.
- Choose 2019-20 for the school year if you are registering for NEXT school year.
- Select your **School of Attendance**. Check the registration website “School Finder” for assistance with your neighborhood school.
- Choose the **Grade level** your child will be attending when they enroll.
• Enter your child’s legal first name as it appears on the birth certificate.
• Enter your child’s legal last name as it appears on the birth certificate.
• Enter any Suffix such as Jr., Sr., II, III, IV, etc.
• Choose your child’s ethnicity. You can choose more than one category.
• Choose your child’s Gender.
• Enter your child’s date of birth.
• Enter your child’s city of birth if they were born in the United States.
• Enter your child’s state of birth if they were born in the United States. NJ is the first item in the drop down list.
• Enter the Country your child was born in. United States is the first item in the dropdown list.
• Enter the Birth certificate number if it’s available.
• Enter Date First Enrolled in US School (if born outside the US).
• Enter Date of First Entry to US (if born outside the US).
• Choose the language spoken by your child. English is the first item in the drop down.
• Choose the language spoken by family members at home. English is the first item in the drop down.
• Select the appropriate option for the Military Connected Indicator. This field relates to either parent/guardian.
• Select the Insurance Provider that provides coverage for your child. Leave blank if your child is not covered by Medical Insurance
• In the Has Med Insurance field, indicate if your child is covered by Medical Insurance
• In the Release to NJ Family Care field, indicate if you do or do not consent to release your information to the NJ Family Care program.
• Indicate if you are filing a Third-Party Residence form.
• Indicate whether the student resides with one or both parents.
• List the names of all siblings of the student. Enter NONE if there are no siblings.
• Click the Save Student button after checking your information.
• A Confirmation Screen will now be displayed. If you have another child you wish to enter, click the Add Another Student button and complete the same process for that child.
• When you are done entering student Information, click the Advance to Next Screen button to continue.

<table>
<thead>
<tr>
<th>STUDENTS WHO YOU HAVE ENTERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATUS</td>
</tr>
<tr>
<td>Completed</td>
</tr>
</tbody>
</table>

Add Another Student

If you have entered all of your students, then click the 'Next Screen' button below

Advance to Next Screen
- You will now be asked to enter the home address, along with information for the first guardian. The mother should be registered as the first guardian unless she does not live with the child. In that case the first guardian should be either the Father, or legal guardian.

<table>
<thead>
<tr>
<th>SECTION 1: ADD THE STUDENT'S PRIMARY ADDRESS</th>
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</thead>
<tbody>
<tr>
<td>House #*</td>
</tr>
<tr>
<td>Street Name*:</td>
</tr>
<tr>
<td>Apt #</td>
</tr>
<tr>
<td>City*: Brick Township</td>
</tr>
<tr>
<td>State*: NJ</td>
</tr>
<tr>
<td>Zip*</td>
</tr>
<tr>
<td>County: Ocean</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 2: GUARDIAN AT PRIMARY ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prefix*</td>
</tr>
<tr>
<td>First Name*:</td>
</tr>
<tr>
<td>Last Name*:</td>
</tr>
<tr>
<td>Relationship to Student*:</td>
</tr>
<tr>
<td>Home Phone</td>
</tr>
<tr>
<td>Cell</td>
</tr>
<tr>
<td>Cell Provider: <em>Unknown Provider</em></td>
</tr>
<tr>
<td>Work</td>
</tr>
<tr>
<td>Primary Email:</td>
</tr>
</tbody>
</table>

- Enter the guardian’s house number.
- Enter the guardian’s street. **Do not** abbreviate Street, Avenue, and Court etc.
- Enter any apartment number.
- Enter guardian's city. It is defaulted to Brick Township.
- State is defaulted to NJ.
- Enter guardian’s zip Code.
- County is defaulted to Ocean.
- Enter the guardian’s Prefix i.e. Mr. Mrs., Ms., Miss, Dr.
- Enter the guardian’s first and last name.
- Choose the guardian’s relationship to Student.
- Enter the guardian’s home, work, and cell numbers including cell provider.
- Enter the guardian’s Primary Email address. This email will be used to set up your parent access account.
- **Click Save Primary Contact Information** to save the information.
On the next screen, you will see a summary of the Primary Address & Primary Guardian. Repeat the contact entry process for:

- a second **Parent/Guardian**;
- at least one **Emergency Contact**; and
- Contact Information for your child’s **Doctor**.

After you have completed the entry of all your contact information, click the **Advance to Next Screen** button. At this time, you will be given an opportunity to review all the information you have entered. You can make changes or proceed to submit the registration request.
- Review all of the information you have entered and make any corrections.
- At the bottom of the screen you have the ability to enter your email address to receive a confirmation email.
- Click on the **Submit Registration Information** button.

After you submit the registration, the system will generate a PDF Confirmation Form indicating that you have successfully completed the online Registration process.
The Confirmation Form will be displayed as shown below. Please print 2 copies - one for your records, and one which you will need to bring to your In-Person Registration meeting. After you print the Confirmation Form, click Logout to end your session.

Please visit the Brick Township Public School District Website / Registration [http://www.brickschools.org/Registration](http://www.brickschools.org/Registration) Homepage for complete details on the remaining process for Registration. Once you have submitted your Information, you need to:

- **Make an appointment** to meet with our Registrar or attend a District Registration Event
- **Print & Complete** all Required Forms.
- Gather all **Required Documentation**