

ENROLLMENT APPLICATION

251 Warren Street, Jersey City, NJ 07302
(201) 369-7003 fax (201) 369-7006
email: infoxc@theriverschool.com

Hours of Operation: Monday thru Friday, 7:30am - 6:30pm

Child's Name _____ Date of Birth/ Due Date _____
Child's Nickname _____ Sex _____ Anticipated Enrollment Date _____

Street _____ Apt. _____ City _____ State _____ Zip _____

Parent's Name / Legal Guardian _____

Home Address _____ E mail _____
Home Phone _____ Cell Phone _____
Place of Business _____ Business Phone _____
Address _____

Parent's Name / Legal Guardian _____

Home Address _____ E mail _____
Home Phone _____ Cell Phone _____
Place of Business _____ Business Phone _____
Address _____

Persons authorized to assume responsibility for the child if the parent is not available:

Name _____ Name _____
Relationship _____ Relationship _____
Address _____ Address _____
Phone _____ Phone _____
Child's Doctor _____ Phone _____

Address _____

By my signature, I attest to the following:

That the above information is correct (sign) _____ (date) _____

That in the event of a medical emergency, I authorize the River School to seek emergency medical care as deemed necessary by the Director. (sign) _____ (date) _____

That I have received the Information to Parents Document. (sign) _____ (date) _____

That I have received the Positive Discipline Statement (sign) _____ (date) _____

Custodial Information: If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please explain below and attach a copy of the appropriate court documents. (Court Order)

Program Requested: please check the program desired: 2 days _____ 3 days _____ Full time (5 days) _____

Part time applicants please circle preferred days: M T W TH FRI

FOR OFFICE USE ONLY:

Application date _____ Start Date _____ Class Placement _____

Date security deposit received ___ / ___ / ___ Amount received _____ Date 1st month's tuition received ___ / ___ / ___