

**ENROLLMENT APPLICATION**  
256 Warren Street, Jersey City, NJ 07302  
(201) 427-9070 fax (201) 427-9073  
email: warren@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 1<sup>st</sup> month's tuition received \_\_\_ / \_\_\_ / \_\_\_