

**ENROLLMENT APPLICATION**

30 Newport Parkway, Jersey City, NJ 07310  
(201) 626-8888 fax (201) 626-8920  
email: newport@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 \_\_\_ / \_\_\_ / \_\_\_