Parents who plan to enroll their child in Kindergarten (New to District) for September 2012 are to follow the guidelines and schedule below:

**PARENTS MUST PICK UP REGISTRATION PACKET PRIOR TO REGISTRATION DATES AT YOUR NEIGHBORHOOD SCHOOL.**

**PARENTS WHO DO NOT HAVE REGISTRATION PACKETS WILL NOT BE ABLE TO REGISTER ON THE DATES BELOW**

**IF YOUR CHILD IS ENROLLED IN OUR PRE-K PROGRAM THIS YEAR YOU ARE NOT REQUIRED TO RE-REGISTER.**

To enter Kindergarten classes, a child must be five years of age on or before October 1st of this year.

**REGISTRATION DATES**

| SCHOOL 3 | WEDNESDAY, MAY 23RD | 9:30am – 11:30am and 1:00pm – 2:30pm | Phone: 201-313-2330 |
| SCHOOL 4 | WEDNESDAY, MAY 23RD | 9:30am – 11:30am and 1:00pm – 2:30pm | Phone: 201-313-2340 |
| SCHOOL 5 | THURSDAY, MAY 24th | 9:30am – 11:30am and 1:00pm – 2:30pm | Phone: 201-313-2350 |
| SCHOOL 6 | WEDNESDAY, MAY 23RD | 9:30am – 11:30am and 1:00pm – 2:30pm | Phone: 201-313-2360 |

**NEW KINDERGARTEN REGISTRATIONS**

At the time of registration parents are required to present ALL OF THE DOCUMENTS BELOW

1. Four (4) proofs of residency in Cliffside Park (MUST present ALL four proofs of residency listed below)
   A. A deed showing ownership in Cliffside Park along with your tax bill.
   B. A copy of lease or notarized letter from landlord, a recent rent receipt, landlord’s phone number and number of occupants in dwelling.
   C. Most recent PSE&G bill, telephone bill, etc.
   D. Driver’s license with Cliffside Park address.
2. Your child’s original birth or baptismal certificate.

**MEDICAL**

Physical examination forms must be presented at the time of registration.

(Forms can be download at: www.cliffsidepark.edu)

Proof of immunizations, as required by State Law. This must include the month, day and year in which the immunizations were administered and have the physician’s signature or stamp. These documents will be reviewed by our school nurse during registration.

**Kindergarten Medical**

A. Diphtheria-Whooping Cough-Tetanus (DPT) – Four doses with last one administered on or after the fourth birthday or any five doses.
B. Polio – Three doses with last one administered on or after the fourth birthday or any four doses.
C. Measles, Mumps and Rubella (MMR) – Two doses with one administered on or after the first birthday or laboratory evidence of immunity.
D. Varicella Vaccine (Chicken Pox) – One dose administered on or after the first birthday or laboratory evidence of immunity.
E. Hepatitis B – Three doses.

Please submit any other information concerning your child’s history of illness which may help us to better understand your child’s needs.

**NO CHILD WILL BE OFFICIALLY REGISTERED UNTIL ALL OF THE ABOVE REQUIREMENTS ARE MET.**