



*Welcome to the world of learning*



**Cliffside Park School District**



**JEWISH FAMILY SERVICE  
OF BERGEN AND  
NORTH HUDSON**

**CLIFFSIDE PARK  
SCHOOL  
DISTRICT**

**PRE-K  
WRAP-AROUND  
PROGRAM**

*A collaborative program offered by  
Cliffside Park School District  
and  
Jewish Family Service*



**Open to all  
Pre-Kindergarten age  
children who are  
residents of  
Cliffside Park**

The Wrap-Around curriculum is designed to teach, challenge, motivate and excite students by keeping them active through self-discovery and hands-on experiences.

**Early Learning Center  
WRAP-AROUND  
PROGRAM**

**Enrollment**



The Early Learning Center (ELC) Wrap-Around Program in Cliffside Park School District is a tuition-based, half-day program designed to provide con-



tinuous learning and child care for participants.

All classes will be supervised by our Board of Education's NJ certified teachers.

The daily curriculum utilized in the program will mirror the curriculum in the district's ELC.

At the time of registration, all enrollees must pay program fees for the first month and last month. A \$50.00 non-refundable registration fee is due for each child.

The monthly rate for our half-day program is \$325.00. Payments can be paid by check, money order or credit card. For your convenience, automatic credit card debits are available upon request. All payments are due on the 1st of each month. Cash payments are unacceptable. All fees are non-refundable.

For additional information, you may contact: Linda Ludwikowski, Afterschool Coordinator at School #6 by calling (201) 313-8158.

**Registration Form 2010-2011**

One per child

	Time	Price
<input type="checkbox"/> Registration Fee		\$50.00
<input type="checkbox"/> Morning Session	8:45am to 11:15pm	\$325.00
<input type="checkbox"/> Afternoon Session	12:30pm to 3:00pm	\$325.00

Subtotal: \_\_\_\_\_

Total: \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

**Method of Payment**

- Check # \_\_\_\_\_
- Money Order # \_\_\_\_\_
- Visa
- MasterCard
- American Express

Credit Card # \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature \_\_\_\_\_

**JEWISH FAMILY SERVICE  
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NORTH HUDSON**

1485 TEANECK ROAD  
TEANECK, NJ 07666  
T: 201-837-9090  
F: 201-837-9393  
WWW.JFSBERGEN.ORG