



**Cliffside Park Public Schools**  
**Afterschool Program**  
**2010 - 2011 Registration Form**

<b>Student Name:</b>		
<b>Grade:</b>	<b>School Attending:</b>	
	Cliffside Park School # ____	
<b>Address:</b>		
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Permission To Walk Home:</b> Yes or No
<b>Special Health Problems or Allergies:</b>		<b>Emergency Contact (Name &amp; Phone #)</b>
<b>Non-Refundable Registration fee: \$50.00 per child</b> <b>Non-refundable monthly fee: \$100.00 per child</b> <b>Additional Aftercare 5:00 – 6:00pm monthly fee: \$35 per child</b> <b>(Complete a separate form for each child)</b> <b>JFS is requesting payment of <u>1<sup>st</sup> and last month</u> at the time of registration.</b>		
<b>Total Payment:</b> _____		
<b>Checks or Money Orders only payable to Jewish Family Service # _____</b> <b>NO CASH</b>		

***\*Registration will be based upon first come first served basis.***

Parents should pick up their children at the school. Please be prompt. There is a fine for late pick-up of children. Payment of this fine is due before the next scheduled day of program (paid directly to the Site Supervisor). Students who are picked up late more than twice will not be allowed to continue in the program.

**Parent/Guardian**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Please return this form to:***

**Linda Ludwikowski**  
**Afterschool Coordinator**  
**School 6 Media Center**  
**440 Oakdene Avenue**  
**201-313-8158**