

## Wrap-Around Program

**Our program offers a  
safe, nurturing,  
enriching  
educational  
environment for  
children either in the  
mornings or afternoons.**



### Fee At Time of Registration:

A non-refundable \$50.00 per child registration fee is due with each application.

Monthly Fee \$325.00

First and last month payments are required at the time of enrollment .

### The following discounts are available:

\$25 discount on the registration fee for applications received by

\$25 discount on the registration fee for enrolling in monthly automatic payments

If you pay for the year in full you will receive a 5% discount in tuition.

### Monthly Payments:

Monthly payments are due on the 1st of the month. All monthly payments must be mailed out Directly to **Jewish Family & Children's Services of Northern NJ** at 1485 Teaneck Road, Teaneck, NJ 07666. Payments will not be accepted at the schools. By enrolling your child/ children you agree to abide to all policies. There is a \$25 late fee after the 5th of the month and \$35 service charge for insufficient/declined funds.

**For additional information please contact:**

**Linda Ludwikowski,**

**LLudwikowski@cliffsidepark.edu**

**Afterschool Coordinator**

**(201) 313-8158**

**CLIFFSIDE PARK  
SCHOOL DISTRICT**

**WRAP AROUND**

**2017-2018**



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

**PRE-K Wrap-Around Program  
2017-2018**

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

**The Wrap-Around Program in the Cliffside Park School District is a tuition based half-day program to provide continuous learning either before or after the regular Pre-K session.**

**All classes will be supervised by our certified teachers.**



**Welcome To The World Of Learning**

\_\_\_\_\_  
**Student Name: (PRINT CLEARLY)**

\_\_\_\_\_  
**Address:**

\_\_\_\_\_  
**Email:**

\_\_\_\_\_  
**Primary Phone Number:**

\_\_\_\_\_  
**Emergency Contact Name & Number:**

**Payable to:** *Jewish Family & Children's Services of Northern NJ*    **Payment Methods:** Checks, Money Orders or Credit Card    **\*NO CASH\***

**NAME ON CARD:** \_\_\_\_\_ **Amount \$** \_\_\_\_\_

**Check, MO or Credit Card #** \_\_\_\_\_ **CVV#** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**PLEASE INDICATE IF YOU WOULD LIKE YOUR CREDIT CARD or ACH account AUTOMATICALLY CHARGED EACH MONTH:**

**CIRCLE ONE: YES    NO**

**BY CHOOSING YES YOU AUTHORIZE Jewish Family & Children's Services of Northern NJ TO CHARGE YOU CREDIT CARD/CHECKING ACCOUNT MONTHLY**

**Parent/Guardian Signature:** \_\_\_\_\_

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