

**CLIFFSIDE PARK PUBLIC SCHOOLS  
PRE-KINDERGARTEN (1/2 DAY) REGISTRATION  
2021-2022**

Parents who plan to enroll their child in Pre-Kindergarten (1/2 DAY) for September 2021 are to follow the guidelines and schedule below:

**PARENTS MUST PICK UP REGISTRATION PACKET PRIOR TO REGISTRATION DATES AT SCHOOL 5 ONLY!**

**REGISTRATION DOES NOT GUARANTEE ENTRANCE INTO ANY OF OUR PRE-K PROGRAMS SINCE SPACE IS LIMITED!**

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

**PARENTS MUST REGISTER ON THE NIGHT INDICATED BELOW, ONLY!**

**Registration will take place at:**

**School #5  
214 Day Avenue  
Cliffside Park, NJ 07010  
201-313-2350**

**Tuesday, April 27<sup>th</sup> 4:00 pm – 7:00 pm - Night**

**Thursday, April 29<sup>th</sup> 4:00 pm – 7:00 pm - Night**

**To enter Pre-K classes (1/2 DAY) a child must be four years of age on or before October 1<sup>st</sup> of this year.**

**ALL PRE-K(1/2 DAY)**

**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 or a copy of lease and notarized landlord statement.
  - B. Most recent PSE&G bill, telephone bill, or cable bill.
  - C. Most recent bank statement.
  - D. Driver's license or identification with current Cliffside Park address.
2. Your child's **original** birth or passport.

**MEDICAL**

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

**PHYSICAL MUST HAVE BEEN DONE AFTER SEPTEMBER 1, 2020**

**(Forms can be download at: [www.cliffsidepark.edu](http://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 and stamp. These documents will be reviewed by our school nurse during registration.

- A. Diphtheria-Whooping Cough-Tetanus (DPT) –four doses.
- B. Polio –three doses.
- C. Measles, Mumps, and Rubella (MMR) - One dose administered on or after the first birthday or laboratory evidence of immunity.
- D. Varicella Vaccine (Chicken Pox) – One dose administered on or after first birthday or laboratory evidence of immunity.
- E. Haemophilus Influenzae B (Hib) - One dose on or after first birthday.
- F. Pneumococcal Conjugate Vaccine (PCV): One dose on or after the first birthday.
- G. Hepatitis B - Three doses.
- H. Flu Vaccine – One dose administered between September 1<sup>st</sup> and December 31, 2020.

**Please inform the nurse of any other information concerning your child's history of illness, allergies and or asthma 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.**