Parents who plan to enroll their child in Pre-Kindergarten (1/2 DAY) for September 2013 are to follow the guidelines and schedule below:

**PARENTS MUST PICK UP REGISTRATION PACKET PRIOR TO REGISTRATION DATES AT SCHOOL 4 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

INFORMATION REGARDING OUR ½ DAY WRAP AROUND PROGRAM WILL BE AVAILABLE AT REGISTRATION

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

Registration will take place at:

School #4
279 Columbia Avenue
Cliffside Park, NJ 07010
201-313-2340

- **Tuesday** March 5 (Students with last names beginning with A-L) 5:30 pm – 7:30 pm  Night
- **Thursday** March 7 (Students with last names beginning with M-Z) 5:30 pm – 7:30 pm  Night
- **Wednesday** March 13 (9:30am-11:30am and 1:00pm-2:00pm – MUST CALL FOR AN APPOINTMENT)

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

PHYSICAL MUST HAVE BEEN DONE AFTER SEPTEMBER 1, 2013

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.

- 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 1st and December 31, 2013.

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.**