



The KinderGan
PRESCHOOL

Enrollment For After School

Student Information

Date of Application: ___ / ___ / ___

Name: _____
Last First Middle Hebrew

Address: _____
Street Address City State Zipcode

Phone: (____) _____ - _____

Date of Birth: _____ Child's Age: _____ Child's Grade: _____

Child's School: _____

Family Information

Parent Names: _____

Home Address (If Different from Child's): _____

Cell Phone: (____) _____ - _____ e-mail: _____

Please select the days your child will be attending and total the tuition:

Check Here:	Days:	Dates:	Fees:	Per Semester:
<input type="checkbox"/>	2 Days	M/T/W/Th (Circle your preferred two days)	\$4,000	Fall Semester: \$1,200 Winter Semester: \$1,600 Spring Semester: \$1,200
<input type="checkbox"/>	3 Days	M/ T/ W/ Th (Circle your preferred three days)	\$5,200	Fall Semester: \$1,560 Winter Semester: \$2,080 Spring Semester: \$1,560
<input type="checkbox"/>	4 Days	Monday - Thursday	\$6,800	Fall Semester: \$2,040 Winter Semester: \$2,720 Spring Semester: \$2,040

Please Note: There is no after-school on Fridays for children K-5th grade.

Tuition Payment Schedule: \$350 non refundable deposit is due with enrollment, and will be put towards tuition if enrolled. Deposits can be send in via check made out to KinderGan or via Zelle to admin@maplewoodjewishcenter.org (please put in the memo After School deposit)

The remainder of the tuition is to be paid in three semester installments, due on the 1st of each semester.

Tuition can be paid by sending in three head checks.

Checks should be made out to KinderGan and mailed to our building, 113 Parker Ave, Maplewood NJ, 07040

Immunization Policy Parent Statement: I certify that my child, named above, is up-to-date on all immunizations required for children his/her age by the NJ State Department of Health. I understand that this is a requirement for enrollment in KinderGan After-School.

Refund Policy: In the event a class is at risk of cancelation you will be notified on or before August 1st, 2025; deposite and tuition would be refunded in full. We reserve the right to add, cancel, or blend classes based on enrollment. We are unable to offer make-up classes for individual days missed by your child.

- Yes, my child is up-to-date on all immunization required for children of this age by the NJ State Department of Health
- No, my child has a medical expection from one or more NJ State required immunizatons. I have attached official documentation from my child's healthcare provider, and this conforms to the CDC list of valid exemptions.

I have read and accept the above registration, refund and immunization policies.

Parent/Guardian Signature: _____ Date: _____

Total Tuition: \$ _____