



The KinderGan
PRESCHOOL

Application 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: *Includes Busing Transportation | Monthly: | Fees: *Children coming from Clinton School | Monthly: |
|-------------|--------|---|---|----------|---|----------|
| | 2 Days | M/T/W/Th (Circle your preferred two days) | \$4,100 | \$410 | \$3,850 | \$385 |
| | 4 Days | Monday - Thursday | \$6,250 | \$625 | \$600 | \$6,000 |

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

Tuition Payment Schedule: \$250 non refundable deposit is due with enrollment, and will be put towards tuition if enrolled.

The remainder of the tuition is to be paid in 10 monthly installments, due on the 1st of every month.

Tuition can be paid by sending in 10 head checks, through Zelle or via credit card with a 3.5% processing fee.

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

Zelle: zelle payments can be send to KinderGan@maplewoodjewishcenter.org, please include in the notes; payment is for after school

Credit Card: payments can be made through our website KinderGanpreschool.com/after-school

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 calcelation you will be notified on or before August 1st, 2024; 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 exeption 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: \$ _____