

Glen Rock Community School
600 Harristown Road
Glen Rock, NJ 07452
201-389-5011
FAX 201-389-5018

**Transitional Kindergarten
Registration/Emergency Information 2018-2019**

Name of Child _____ Female__ Male__ DOB _____

Name of Parents _____ Home Telephone _____

Address _____

Parent 1 Email _____ Parent 2 Email _____

Parent 1 Cell # _____ Parent 2 Cell # _____

Parent 1 Work # _____ Parent 2 Work # _____

Emergency Contact 1: Name _____ Phone _____

Emergency Contact 2: Name _____ Phone _____

My child's likeness may be shared with the media for publicity purposes.

My child has permission to leave school for a field trip and to ride a bus for that purpose.

Medical conditions, special needs/concerns of which we should be aware* _____

Does child require an Epi Pen? _____ A separate "Authorization to Use" form must be completed.

If yes, please explain your child's allergy _____

Payment

The TK class will meet Mon-Fri, 8:30 a.m. – 3 p.m., following the Glen Rock District calendar.

Tuition for the 2018-19 school year is \$8,700* to be paid in 10 monthly installments of \$870; the first payment due at registration and each subsequent payment by the first of the month for the nine months beginning Oct. 2018 through June 2019. (September payment is collected at time of registration.) Additional information regarding payment and late fees is available in the Transitional Kindergarten Parent Agreement.

*A 5% discount will apply if tuition is paid in full at registration.

Due at Registration:

Registration Fee:	75
First month tuition installment:	<u>870</u>
Total due at registration:	\$ 945

VISA # _____ OR Master Card # _____

Expiration month/year _____ 3-digit code on back _____

OR Check # _____ Cash _____

*By signing below, I acknowledge that information from my child's medical records on file with the Glen Rock School District will be shared with the staff of Transitional Kindergarten by the school nurse on a "need to know" basis.

Parent/Guardian Signature _____ Date _____