



21 West Main Street, Bergenfield, NJ 07621

T: 201-384-6111  F: 201-384-6133  www.ganaviv.com

Enrollment Date: \_\_\_\_\_ School Year \_\_\_\_\_

Childs Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Primary Phone for Snow: \_\_\_\_\_

Schedule: Monday \_\_\_\_\_ to \_\_\_\_\_ Tuesday \_\_\_\_\_ to \_\_\_\_\_

Wednesday \_\_\_\_\_ to \_\_\_\_\_ Thursday \_\_\_\_\_ to \_\_\_\_\_ Friday \_\_\_\_\_ to \_\_\_\_\_

Lunch Program: \_\_\_Monday \_\_\_Tuesday \_\_\_Wednesday \_\_\_Thursday \_\_\_Friday

 **Parents' Information**

	<b>PARENT 1</b>	<b>PARENT 2</b>
Full Name		
Cellular Phone		
E-MAIL		
Business Name		
Business Phone		
Business Address		

 **Emergency Contacts/Persons Authorized to Pick Up your Child**

Contact Name	Contact Phone	Other Number	Relationship to Child

 **Doctor's Information**

Physician's Name		Phone Number	
Address			
Allergies:			

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 Siblings

<i>Childs Name</i>	<i>Age</i>	<i>D.O.B.</i>	<i>Boy/Girl</i>	<i>School Attending</i>

 Names of Persons Prohibited from Picking Up your Child

If a parent is prohibited from picking up the child you must provide a copy of the appropriate court order

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 Authorization

I attest that I am a custodial parent or legal guardian of the child named in this application and that I am authorized to enroll this child in school and make decisions regarding his/her care and education.

I attest that all of the information included in this enrollment application is true and accurate, and that I understand that this information will be used in any case of emergency or as the need arises to the best judgment of the school or its employees.

I understand that it is my sole responsibility to keep this information up to date with the school and notify the school immediately of any changes in contact, emergency, medical or schedule information.


I understand that the registration fee is non-refundable and the one month deposit is used for a tuition guarantee and is only refundable for Day Care enrolled children after the child has started the **2017-2018** school year with a one month written notice. If my child does not start September 2017 for any reason my security deposit is forfeited.

I understand that I am prohibited from soliciting Gan Aviv employees for child care or any other circumstances that will conflict with the employee's schedule, including work days, set up days, cleanups and meetings. Such solicitation will cause for immediate expulsion of child from Gan Aviv.

I attest that I have received, read, and understood the school's policies regarding expulsion, discipline, communicable disease, and the state's information to parent's document.


I understand that my child will not be allowed to attend Gan Aviv without the necessary paperwork and payments.


Parent Name	Parent Signature	Date
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 A Registration Fee of \$165 per session is due upon enrollment for previously enrolled children

 A Registration Fee of \$250 for the School Year is due upon enrollment for New Enrollment

 A one month Security deposit is required with this application for all enrolled Children.

 A Commitment fee of \$60 is required per child per year.

 Please attach 2 pictures of child with this application and a signed Agreement.

Referred By: \_\_\_\_\_