

**CLIFFSIDE PARK PUBLIC SCHOOLS
PRE-KINDERGARTEN REGISTRATION
2025-2026**

**We are pleased to announce that the Cliffside Park General Education Preschool Program has been approved by the State of New Jersey to begin a 5-year Preschool Expansion Program.
This program will be open to three and four year old children for full-day pre-kindergarten.
SPACE IS LIMITED!**

PARENTS MUST CALL SCHOOL 5 TO SCHEDULE A REGISTRATION APPOINTMENT!

Registration will take place on **Thursday, April 3rd from 4:30 pm – 7:30 pm** at:

School #5

214 Day Avenue

Cliffside Park, NJ 07010

CALL FOR AN APPOINTMENT: 201-313-2350

**ALL FORMS MUST BE COMPLETED THOROUGHLY AND NOTARIZED AT THE TIME OF REGISTRATION.
ONCE WE'VE REACHED CAPACITY, YOUR CHILD WILL BE PLACED ON A WAITLIST!**

REQUIREMENTS:

To enter Pre-K 3 classes, your child must be three years of age on or before October 1st of this year.

To enter Pre-K 4 classes, your child must be four years of age on or before October 1st of this year.

REGISTRATION PACKET: Forms can be downloaded at www.cliffsidepark.edu or picked up from the School 5 Security Booth PRIOR to the registration date.

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 or a copy of lease and notarized landlord statement.
 - B. Most recent PSE&G bill, telephone bill, or cable bill.
 - C. Most recent bank statement.
 - D. Driver's license or identification with current Cliffside Park address.
2. Your child's **original** birth certificate or passport.

MEDICAL:

1. **Physical examination forms must be presented at the time of registration and HAVE BEEN DONE AFTER SEPTEMBER 1, 2024.**
2. 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 and 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 1, 2025 and December 31, 2025.

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.

REGISTRATION DOES NOT GUARANTEE ENTRANCE INTO ANY OF OUR PRE-K PROGRAMS AS SPACE IS LIMITED!

**CLIFFSIDE PARK PUBLIC SCHOOLS
PRE-KINDERGARTEN REGISTRATION
2025-2026**

Nos complace anunciar que el programa preescolar de educación general de Cliffside Park ha sido aprobado por el estado de Nueva Jersey para comenzar un programa de expansión preescolar de 5 años.

Este programa estará abierto a niños de tres y cuatro años de pre-kindergarten de jornada completa.

¡EL ESPACIO ES LIMITADO!

¡LOS PADRES DEBEN LLAMAR A LA ESCUELA 5 PARA PROGRAMAR UNA CITA DE INSCRIPCIÓN!

La inscripción se realizará el jueves 3 de abril de 4:30 pm – 7:30 pm en:

Escuela #5

214 Avenida del Día

Cliffside Park, Nueva Jersey 07010

LLAME PARA UNA CITA: 201-313-2350

TODOS LOS FORMULARIOS DEBEN SER COMPLETADOS PLENAMENTE Y OBSERVADOS POR NOTARIO AL MOMENTO DEL REGISTRO.

¡UNA VEZ ALCANZADO LA CAPACIDAD, SU HIJO SERÁ COLOCADO EN UNA LISTA DE ESPERA!

REQUISITOS:

Para ingresar a las clases de Pre-K 3, su hijo debe tener tres años de edad el 1 de octubre de este año o antes.

Para ingresar a las clases de Pre-K 4, su hijo debe tener cuatro años de edad el 1 de octubre de este año o antes.

PAQUETE DE INSCRIPCIÓN: Los formularios se pueden descargar en www.cliffsidepark.edu o recogerlos en la caseta de seguridad de la Escuela 5 ANTES de la fecha de inscripción.

Al momento de la inscripción los padres deben presentar **TODOS LOS DOCUMENTOS A CONTINUACIÓN:**

1. Cuatro (4) pruebas de residencia en Cliffside Park (DEBE presentar TODAS las cuatro pruebas de residencia que se enumeran a continuación)

A. Una escritura que demuestre la propiedad de Cliffside Park junto con su factura de impuestos o una copia del contrato de arrendamiento y una declaración notariada del propietario.

B. Factura de PSE&G, factura de teléfono o factura de cable más reciente.

C. Extracto bancario más reciente.

D. Licencia de conducir o identificación con dirección actual de Cliffside Park.

2. El certificado de nacimiento o pasaporte original de su hijo.

MÉDICO:

1. Los formularios de examen físico deberán presentarse al momento de la inscripción y **HABERSE REALIZADO DESPUÉS DEL 1 DE SEPTIEMBRE DE 2024.**

2. Comprobante de vacunas, según lo exige la Ley Estatal: Debe incluir el mes, día y año en que se administraron las vacunas y tener la firma y el sello del médico. Estos documentos serán revisados por nuestra enfermera escolar durante la inscripción.

a. Difteria-Tos Ferina-Tétanos (DPT) –cuatro dosis.

b. Polio: tres dosis.

c. Sarampión, Paperas y Rubéola (MMR): una dosis administrada en o después del primer cumpleaños o evidencia de inmunidad de laboratorio.

d. Vacuna contra la varicela: una dosis administrada en o después del primer cumpleaños o evidencia de inmunidad de laboratorio.

e. Haemophilus Influenzae B (Hib): una dosis al cumplir el primer año o después.

f. Vacuna neumocócica conjugada (PCV): una dosis al cumplir un año o después.

g. Hepatitis B - Tres dosis.

h. Vacuna contra la gripe: una dosis administrada entre el 1 de septiembre de 2025 y el 31 de diciembre de 2025.

Informe a la enfermera sobre cualquier otra información relacionada con el historial de enfermedades, alergias o asma de su hijo que pueda ayudarnos a comprender mejor las necesidades de su hijo.

NINGÚN NIÑO SERÁ REGISTRADO OFICIALMENTE HASTA QUE SE CUMPLAN TODOS LOS REQUISITOS ANTERIORES.

LA INSCRIPCIÓN NO GARANTIZA LA ENTRADA A NINGUNO DE NUESTROS PROGRAMAS DE PRE-KÍN YA QUE EL ESPACIO ES LIMITADO!

**Cliffside Park Public Schools
School No. Five
214 Day Ave.
Cliffside Park, New Jersey 07010**

Dana M. Martinotti (201)313-2350

Principal Fax (201)313-5642

**2025-2026
PRE-KINDERGARTEN REGISTRATION
AT SCHOOL NO. 5**

THURSDAY, APRIL 3, 2025
4:30 P.M. - 7:30 P.M.

**PLEASE CALL 201.313.2350
TO SCHEDULE AN APPOINTMENT**

FORMS MUST BE FILLED OUT COMPLETELY PRIOR TO REGISTRATION

FORMS CAN BE FOUND AT:

<http://www.cliffsidepark.edu/index.php/student-registration/>

FORMS CAN ALSO BE PICKED UP AT THE SCHOOL 5 SECURITY BOOTH

JUEVES 3 DE ABRIL DE 2025
4:30 p.m. - 7:30 P.M.

**POR FAVOR LLAME AL 201.313.2350
PARA PROGRAMAR UNA CITA
LOS FORMULARIOS DEBEN LLENARSE COMPLETAMENTE ANTES DE LA
INSCRIPCIÓN**

LOS FORMULARIOS SE PUEDEN ENCONTRAR EN:

<http://www.cliffsidepark.edu/index.php/student-registration/>

**LOS FORMULARIOS TAMBIÉN SE PUEDEN RECOGER EN LA PUESTA DE SEGURIDAD
DE LA ESCUELA 5**



Cliffside Park School District
Student Entry Data Form

Grade _____ Sex: M ___ F ___ Non-binary _____ Counselor _____

Last Name _____ First _____ Middle _____

Address _____ Primary Phone No. _____
(Please use the same number for all children)

Date of Birth _____ City/Country of Birth _____

If not born in the US: Date of Entry _____ Entry Date into US School _____
(Month-Day-Year) (Month-Day-Year)

Native Language _____ Home Language _____
(First language student spoke)

Preferred Language of Communication _____

Parent One: Name _____ Parent Two: Name _____
Check One: Mother ___ Father ___ Guardian ___ Check One: Mother ___ Father ___ Guardian ___
Parent One: Place of Birth _____ Parent Two: Place of Birth _____
Parent One: Occupation _____ Parent Two: Occupation _____
Parent One: Work Phone _____ Parent Two: Work Phone _____
Parent One: Cell Phone _____ Parent Two: Cell Phone _____
Parent One: Home Phone _____ Parent Two: Home Phone _____
Parent One: Email Address _____ Parent Two: Email Address _____

Marital Status of Parent(s): Married ___ Divorced ___ Separated ___ Single ___
(Check One) Domestic Partnership _____

Custody: Father ___ Mother ___ Guardian ___ Name _____
(Check One)

Siblings: Brothers ___ Sisters ___ If they attend our schools, please indicate below:
a. Name _____ School _____ Grade _____ b. Name _____ School _____ Grade _____
c. Name _____ School _____ Grade _____ d. Name _____ School _____ Grade _____
e. Name _____ School _____ Grade _____ f. Name _____ School _____ Grade _____

Name of Emergency Contact: _____ Relation to student: _____

Primary Phone: _____ Secondary Phone: _____

Name and Address of School previously attended: _____

Check all that apply: Title One or BSIP Services ___ ESL ___ Speech ___ Gifted/Talented _____

Has your child ever been retained: Yes ___ No ___ If Yes, what grade(s) _____

Comments: _____

SCHOOL USE ONLY: Student ID# _____ Ethnic Code _____ Homeroom _____ Grade _____

Proof of Birth Submitted: Birth Certificate ___ Transfer Card ___ Passport _____

Student ID – (Note: If student attended a Cliffside Park School, please REACTIVATE old ID #)

CLIFFSIDE PARK PUBLIC SCHOOL DISTRICT
525 Palisade Avenue
Cliffside Park, NJ 07010

AFFIDAVIT OF RESIDENCY

STATE OF NEW JERSEY:

SS:

COUNTY OF BERGEN:

I, _____, of full age, being duly sworn according to law,
upon my oath depose and say:

I, _____, parent/guardian, hereby certify that my
child(ren) and I are officially residing at _____, in the
Borough/Township/City of _____.

Name of Children	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby submit the following forms of proof, which establish that my child(ren)
and I are domiciled in the Borough of Cliffside Park:

One (1) of the following:

- Deed of Home
- Property Tax Bill
- Mortgage Statement
- Official Current Lease with termination date clearly indicated on the lease agreement along with the Notarized Landlord Affidavit.

One (1) of the following:

- Driver's License or Photo Id with current address-Used for Identification

Purposes Three (3) of the following (showing family name and Cliffside Park address:

- Current Utility Bill (PSE&G, Cable, Telephone, Water)
- Current Bank Statement
- NJ Vehicle Registration
- Other proof as per N.J.S.A. 18A; N.J.S.A. 6A:_____

Please note that additional documentation may be required.

I further state that this form and the attached documents constitute true and accurate proof that the student(s) listed above reside with me within the Borough of Cliffside Park and will continue to do so. If any child(ren) listed above stops living with me, or if I move my residence out of the Borough of Cliffside Park, I will promptly notify the Cliffside Park Board of Education in writing.

“If it is determined by investigation that the above stated is not my valid Cliffside Park residency and the residence where the child(ren) names in this affidavit also resides, I acknowledge that I will be responsible to pay the tuition to the Cliffside Park Board of Education for those children listed above while attending the Cliffside Park Public School system and that unless the District approves continued school attendance as a tuition student, the child(ren) may be removed from the school. I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.”

The person signing the affidavit understands that any false statement, answers, or declarations contained in this affidavit may subject the affiant to criminal prosecution for the crime or false swearing in violation of N.J.S.A. 2C:28-2. If a person is convicted of such a crime, he or she may be punished by a fine of up to \$10,000.00, or be imprisoned for up to 18months, or both.

Signature of Parent/Guardian

Subscribed and sworn to before me

This ____ day of _____, 20__ (Signed)_____

Notary Public of _____

Commission Expires _____

(Notary Stamp with name of Notary and Seal)

CLIFFSIDE PARK PUBLIC SCHOOL DISTRICT Re-Registration Form
STUDENT INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Date of Birth: Month: _____ Day: _____ Year: _____ Age: _____ M/F: _____

Address: _____

School
 Attending: _____

Regular Education

Special Education

Parents/Guardians	Mother	Father	Guardian
Name			
Native Language			
Custody Arrangements			
Address			
Own or Rent			
Home Phone			
Business Name			
Business Address			
Business Phone			
Cell Phone			

I certify that all of the information contained in this application is true under the penalties as prescribed by the laws of the State of New Jersey and the United States Government. I further understand that it is the policy of the Cliffside Park Board of Education to prosecute all cases of fraud to the fullest extent of the law and to recover full tuition costs and legal fees, where applicable.

 Signature of Parent

 Date

Please Print Name: _____

CLIFFSIDE PARK PUBLIC SCHOOL DISTRICT

RESIDENCY DECLARATION

I _____ hereby swear under penalty of law that the documentation that I am providing is true and accurate.

I further declare that _____ is domiciled (living with) me in the Borough of Cliffside Park and is declared as a dependent on my income tax return.

Signature

Please Print Name

Dated:

Witnessed By:

Dated:

CLIFFSIDE PARK BOARD OF EDUCATION

Landlord's Statement

Full Name of Landlord

Address of Landlord

**Home & Cell Telephone
of Landlord**

Name of Tenant(s)

Address of Tenant

**Name of Child(ren)
Residing with
Tenant(s)**

I, the owner of the property listed above, hereby affirm that the parent(s) / guardian(s) and of the children above do reside in the Borough of Cliffside Park.

I understand that if the residency information that I am providing is found to be false I will be responsible – along with the person(s) named as the tenant(s) – for all the tuition costs and fees paid by the Cliffside Park Board of Education in addition to any legal fees that may be incurred. I further understand that the current tuition rate is \$8,500 per year.

Further, I understand that any person – including landlords – who fraudulently allows a child of another person to use his or her residence or address and is not the primary financial supporter of that child and/or any person who fraudulently claims to have given up custody of his or her child to a person in another district commits a **CRIMINAL OFFENSE** which is punishable by law.

Landlords's Signature

Date

**Sworn and Subscribed
To me on (Date)**

Name of Notary

Address of Notary

Phone Number of Notary

Cliffside Park Public Schools

A physical examination MUST have been performed within 365 days of entrance into school

Name: _____ **School:** _____ **D.O.B:** _____

Address: _____ **Grade:** _____

VACCINE TYPE	1 st Dose Mo/Day/Yr	2 nd Dose Mo/Day/Yr	3 rd Dose Mo/Day/Yr	4 th Dose Mo/Day/ Yr	5 th Dose Mo/Day/Yr	6 th Dose Mo/Day/Yr
DTP, DT, DTaP, Tdap, Td Or Tdap (indicate Type)						
Polio (Indicate OPV or IPV)						
M M R						
Measles (Live)						
Rubella						
Mumps						
HbPV/HIB						
Hepatitis B						
Varicella			Gardasil			
Pneumococcal Conjugate						
Meningococcal			Flu Vaccine			
Hepatitis A			Mantoux		Result	

(only if indicated)

Physician's Examination: Code: No Defect = 0 Defects = X Under Treatment = T

Eyes	Hearing	Height	Health History Dates	
Ears	Throat	Weight	Asthma	Diabetes
Nose	Lungs	Blood Pressure	Allergies	Surgeries
Heart	Genitalia	Abdomen	Chicken Pox	Rheumatic Fever
Skin	Scoliosis	Nutrition	German Measles	Convulsions
Hernia	Dental	Nervous System	Tuberculosis	Epilepsy
Coordination	Vision	Feet	Measles	Emotional Problems
		Lymph Nodes	Mumps	Serious Injury

General Condition: _____

May May not – participate in all physical activities and athletic competition

The above mentioned student is is not on medication - Name of medication: _____

Reason for medication: _____ Other medical concerns: _____

Physician's Name:	Physician's Signature:
Address:	Date of Examination:
Phone: _____ Fax: _____	Email: _____

(Physician's Stamp Required)