



Rutherford Public Schools Jumpstart Summer Program

Any child who is pre-enrolled in the Rutherford School District for kindergarten or first grade is eligible to attend the Jumpstart Summer Program. Please complete this enrollment form and include a \$400.00 check payable to the Rutherford Board of Education. If you plan to use the 8am early drop off childcare, the fee will be \$500.00.

Student Name (listed on birth certificate): _____ **Preferred Name:** _____

Home Address: _____ City: _____ State: _____ Home Phone: _____

Gender: M F Birth date: _____ Birthplace: (City, State, Country) _____

Entering Grade for September 2017: Kindergarten 1st Grade

___ I would like to enroll my child in the 8am early morning childcare program for an additional \$100.

Child's first language: _____ Other language(s) spoken by child: _____

School last attended (if any) (name and address): _____

Parent Information

Parent 1 Name: _____

Child resides with: Y N

Address: _____

City, State, Zip: _____

Home Phone: _____

This is the child's primary address: Y N

Work Phone: _____

Cell Phone: _____

E-mail _____

Parent 2 Name: _____

Child resides with: Y N

If the address is the same as the one to the left check here:

Address: _____

City, State, Zip: _____

Home Phone: _____

This is the child's primary address: Y N

Work Phone: _____

Cell Phone: _____

E-mail _____

Other LEGAL Guardian Information (Must provide court custody document.)

Guardian Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Day Phone: _____ Other Phone: _____

Summer Emergency Contact Information (other than Parent/Legal Guardian)

Name	Relationship to child	Phone 1	Phone 2
1. _____			
2. _____			
3. _____			

Emergency Messages

Primary home phone: _____

Primary Phone 2: _____

Primary Email: _____

Primary Email 2: _____

Does your child have any medical conditions we should be aware of? Please list them.

The following person(s) may pick up my child(ren):

<u>Name</u>	<u>Relationship to child</u>

Please enter all information and sign below.

Signature of Parent and/or Legal Guardian: _____ Date: _____

Please send this enrollment form and \$400.00 check, or \$500.00 for those children in early drop off program, payable to:

Rutherford Board of Education
176 Park Avenue
Rutherford, NJ 07070

(201) 438-7675 x1112

Deadline for registration: Wednesday, May 16, 2018