



The KinderGan
PRESCHOOL

Enrollment For After School

2026 - 2027 School Year

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:	Per Semester:
<input type="checkbox"/>	2 Days	M/ T/ W/ Th (Circle your preferred two days)	\$4,250	Fall Semester: \$1,275 Winter Semester: \$1,700 Spring Semester: \$1,275
<input type="checkbox"/>	3 Days	M/ T/ W/ Th (Circle your preferred three days)	\$5,500	Fall Semester: \$1,650 Winter Semester: \$2,200 Spring Semester: \$1,650
<input type="checkbox"/>	4 Days	Monday - Thursday	\$6,950	Fall Semester: \$2,085 Winter Semester: \$2,780 Spring Semester: \$2,085

Start Date for Each Semester: Fall - September 1st | Winter - Decmeber 1st | Spring - April 1st

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

Tuition Payment Schedule: \$350 non refundable deposit is due with enrollment, and will be put towards tuition if enrolled.

Deposits can be send in via check made out to KinderGan or via Zelle to afterschool@maplewoodjewishcenter.org (please put in the memo After School deposit)

The remainder of the tuition is to be paid in three semester installments, due on the 1st of each semester.

Tuition can be paid by sending in three head checks or via three Zelle payments

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

Refund Policy: In the event a class is at risk of cancelation you will be notified on or before August 1st, 2026; deposit 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.

Withdrawal Policy: In the event you choose to withdraw your child from our program at any point of the year, for any reason, payments made cannot be refunded. All future payments will be forgiven.

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.

Yes, my child is up-to-date on all immunization required for children of this age by the NJ State Department of Health. I have attached my child's immunization record

No, my child has a medical exemption 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: Total _____ Date: _____

Tuition: \$ _____