

## 210 9th Street, Suite 1 Jersey City, NJ 07302 (201) 420- 8111 admissions@scandischool.com scandischool.com

## Application For Enrollment At SSJC FOREST KINDERGARTEN ELEMENTARY SCHOOL 2024-2025

Forest <b>Kindergarten</b> Program* Full Day 8:30 am - 3:00 pm	Annual Tuition \$26,500
Pre- Extended Day Program 3:00-4:00 pm	\$1,000

Elementary	1st Grade	2nd Grade	3rd Grade	4th Grade	Annual Tuition	
Program* Full Day 8:30 am - 3:00 pm					\$24,900	
Pre- Extended Day Program 3:00-4:00 pm					\$1000	

Please include a non-refundable application fee of \$100 upon registration Upon starting please include a non-refundable \$500 material fee with your deposit One- time new student enrollment fee \$1,000

## ALL MEALS INCLUDED

\* All kindergarten & grade level students must be of age by October 1st, 2024

Program	2 Days	3 Days	5 Days
Extended Day** 3:00-6pm	\$2,750	\$2,950	\$3,050
Select Days	Monday Tuesday	Wednesday T	hursday Friday

<sup>\*\*</sup> Includes afternoon snack

APPLICANT INFORMATION

Child's Full Name:			
Date of Birth:			

Preferred gender pronoun:				
Does the child live with both parents?				
If no, please give home address:				
Does your child speak a				
PARENT INFORMATION				
Parent Name:				
Home address:				
City:	State:	Zip Code:		
Cell phone:		Home phone:		
Email:				
		Title:		
Business address:				
Business phone:				
PARENT INFORMATION				
Parent Name:				
Do both parents live tog	jether?			
If no, please provide ho	me address:			
Email:				
Occupation: Title:				
Business address:				
Business phone:				

## ADDITIONAL FAMILY INFORMATION

Applicants Parents are now:					
Married	Separated	Divorced	Single Parent	Partners	
Please list any	y siblings in ap	oplicant's family	y (name and age):		
Please list any	yone else with	n permission to	pick your child up	from school:	
DETAILED INF		cribe your child	overall?		
Please descri	be your family	y approach to a	cademics?		
What is impor	tant for us to	know about yo	ur child's past educ	cational experiences?	
Which school	did your child	d attend before	? And what are the	reasons for leaving?	
Does your chi	ild have any fo	ood allergies of	f medical issues tha	at we should be aware of?	

What are your hopes and goals for your child this year?	
How did you hear about our program?	
I/We hereby submit this Application to enroll my/our child in at S (the "School Year"), beginning September 3, 2024 and ending o program. I/We have enclosed a \$100.00 application fee togethe acknowledge is nonrefundable. I/We acknowledge that by subrous consider my/our child for enrollment at SSJC for the School Year our child the School Year. If SSJC accepts this Application on be submit a signed "Enrollment Agreement for the 2024-2025 Sch with a nonrefundable commitment deposit and materials fee of enrollment fee of \$1,000 by the deadlines prescribed in the Agrepot at SSJC for the School Year. My/our signature(s) constitute the above policies and practices.	on June 4, 2025, for the above-selected er with this Application, which I/we mitting this Application, SSJC shall r, but is not guaranteeing a spot for my/ehalf my/our child, then I/we shall cool Year" (the "Agreement") together \$500, and a one-time new student reement, in order to hold our my/child's
Parent/guardian Signature:	Date:
Parent/guardian Signature:	Date: