



בס"ד

Welcome to Clifton Cheder/Bais Yaakov of Clifton.

We highly encourage you to come in for a tour and see our wonderful school in action!

Below is an explanation of our admission process.

**Admission Process:**

- Complete both the family and student application attached.
- Include two years of Limudei Kodesh & General Studies report cards as well as results of the two most recent Achievement Tests (if applicable).

Once an application is submitted, a meeting is scheduled for both parents with our menahel, and a student interview is arranged.

Please note that there is a \$100 interview fee per child to be paid at the time of the interview. Upon acceptance, the fee will go toward the registration fee.

You will be contacted once a decision regarding admission is made.

Please feel free to reach out to Mrs. Tali Goldfarb at extension 3 with any questions about the admission process.

We look forward to seeing you!

Where Chinuch and Cheshek go hand in hand.

1333 BROAD STREET ❖ CLIFTON, NJ 07013 ❖ 973-472-0011 ❖ ADMIN@CLIFTONCHEDER.ORG ❖ Fax: 866-518-5682

## 5786/2025-26 FAMILY INFORMATION

APPLICATION DATE: \_\_\_\_\_

Last Name

Home or Primary Phone #	Home Street Address	City/State	Zip Code

	Title (Mr./Mrs.)	First Name	Cell #	Email
<b>Father</b>				
<b>Mother</b>				

Parents' Education				
	Elementary School	Mesivta/High School	Bais Medrash/Yeshiva/Seminary	Higher Education
<b>Father</b>				
<b>Mother</b>				

	Occupation	Employer	Work #
<b>Father</b>			
<b>Mother</b>			

Paternal Grandparents				
Last Name	Titles	First Names	City	State

Maternal Grandparents				
Last Name	Titles	First Names	City	State

Marital Status: \_\_\_\_\_

Shul with which parents are affiliated: \_\_\_\_\_ Rov: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family's Rov (if different from above) \_\_\_\_\_ Phone Number: \_\_\_\_\_

Students Applying	
Name	Grade Applying For

Other Sibling's Names	Age	Birth Date	School Attending

Cheder families that you know: \_\_\_\_\_

Clifton Cheder only accepts families who take a calculated approach to protect themselves and their children from the influences allowed by technology. The foundation of any family approach is taking the time to decide the values & sensitivities wanted for one's children and then applying them in detail to the content, supervision and personal examples provided to them.

Three important factors to focus on when creating a family approach to technology are **Sensitivities, Supervision & Setting an Example**. Answering the questions below can be a very helpful exercise to further clarify and detail your personal family approach.

**1. Sensitivities:**

What are my sensitivities in regard to my child being exposed to

- a) Violence
- b) Negative middos
- c) Romance
- d) Inappropriate dress
- e) Secular values & culture

**2. Supervision:**

How will my child be supervised while using technology?

How do I know for certain what they are doing/watching?

**3. Setting an Example:**

How am I setting an example for my children with my own usage of technology?

Please list, by name, the filtering and accountability programs that are used by your family on:

Parents' cell phones: \_\_\_\_\_ Home computer: \_\_\_\_\_

Home devices (ipads, tablets, etc.): \_\_\_\_\_

**Please note: Students are not allowed to have any personal internet capable devices. Student ownership of an internet capable device is reason to deny continued enrollment in the school.**

Please list the measures of supervision and home policies that you have instituted for your children's usage on parent cell phones and "home devices":

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אי"ה we will be able to pay full tuition.

We will need to apply for a scholarship. (Limited tuition assistance may be available on a first come first serve basis for students entering Kindergarten and above.)

## 5786/2025-26 EARLY CHILDHOOD DIVISION APPLICATION (Toddler, Nursery & Kindergarten)

**PHOTO**  
**(Required)**

APPLICATION DATE: \_\_\_\_\_

Last Name	First (and Middle)	Name Called

Gender	Date of Birth	Hebrew Date of Birth	Age as of October 31, 2025	Hebrew Name (First, Middle, Last) <i>(Please write in Hebrew)</i>
<input type="checkbox"/> male <input type="checkbox"/> female				

Toddler Program is for children who will be 2.5 by the first day of school.  
Nursery Program is for children who will be 3 years old by October 31, 2025.  
Kindergarten Program is for children who will be 4 years old by October 31, 2025.

Grade Applying For (3:00 end time)
<input type="checkbox"/> Toddler <input type="checkbox"/> Nursery <input type="checkbox"/> Kindergarten

After Care is available for Early Childhood students from 3 p.m. until 4 p.m.  
To join After Care, a daily, full year commitment is necessary. Please be aware that there is a very limited number of slots and students will be accepted on a first come first serve basis. In addition, these services are dependent on interest and ability to staff. If a group is not formed by June 1<sup>st</sup>, all *registered* parties will be notified that the service will not be available.

Interest in After Care
<input type="checkbox"/> Yes, 3:00 - 4:00 <input type="checkbox"/> No

Playgroup/School Name	Teacher	Phone Number
<i>Current</i>		
<i>Previous</i>		
<i>Previous</i>		

If this is not your child's first Early Childhood experience, what is the primary reason you are switching programs?

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What is your child’s favorite way(s) to play / recreational activity(ies)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your primary hopes for your child’s experience in Early Childhood? \_\_\_\_\_  
\_\_\_\_\_

Does your child expect to have daily or weekly screen time? \_\_\_\_\_

If yes, please list:

- How much screen time your child has per day/week \_\_\_\_\_
- Your guidelines for deeming material appropriate to watch or play \_\_\_\_\_
- Examples of what your child watches/plays \_\_\_\_\_
- How your child is supervised during screen time \_\_\_\_\_

**Cheder/BYC Parents are advised to be cautious in regard to bringing their children to the public library. Unfortunately, public libraries allow for easy access to inappropriate reading material and often unlimited internet access.**

Does your child frequent the public library? \_\_\_\_\_

If yes, please list:

- The guidelines you have for them when browsing and borrowing books?  
\_\_\_\_\_  
\_\_\_\_\_
- At what point do you anticipate the public library being inappropriate for your child? \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION:**

Does your child have any medical conditions or allergies that we should be aware of?  Yes  No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Does your child take any medications regularly?  Yes  No

If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_

**The Cheder policy is to only accept children who are appropriately immunized.**

Is your child up to date on his/her vaccinations?  Yes  No

**DEVELOPMENT:**

Has your child received or is currently receiving Early Intervention services?  Yes  No

Has your child received or is currently receiving additional support services?  Yes  No

If yes, please specify:

\_\_\_\_\_  
\_\_\_\_\_

HELPFUL INFORMATION:

Please use lines below to share anything else you think would be helpful in our understanding of your child (personal interests, personality, character).

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Our Cheder/Bais Yaakov currently provides limited resource services. In the event your child is referred for those services and should that service entail a cost, you will be notified and billed accordingly.

Please note: If your child is currently receiving education related services or is in the process of an evaluation to receive these services, it is your parental obligation to contact your local Board of Education to request and follow up any necessary evaluations. The Board of Education will not provide services based on the school's request.

Acceptance and continuing enrollment in the school is dependent upon a) the accuracy of this application, b) maintenance of regular attendance, and c) appropriate conduct both in and out of school.

Clifton Cheder/Bais Yaakov admits students of any race, color, and national or ethnic origin.

INFORMATION RELEASE CONSENT

I give permission for Clifton Cheder/Bais Yaakov to contact my child's current or previous teacher/school, Rov, etc. Information requested may include: conferencing with school personnel, observation in classroom setting, reports, or other related records.

I hereby certify that the information given in this application is complete and accurate.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

## 5786/2025-26 ELEMENTARY DIVISION APPLICATION

### (Pre1A – Grade 8)

APPLICATION DATE: \_\_\_\_\_

GRADE APPLYING FOR: \_\_\_\_\_

The last two years of Limudei Kodesh and General Studies Report Cards and results of the two most recent Achievement Tests must be submitted for this application to be processed.

Please note: Children should be five years old before October 31, 2025 to enter Pre1A, six years old before October 31, 2025 to enter 1<sup>st</sup> Grade, etc.

PHOTO  
(Required)

Last Name	First (and Middle)	Named Called

Hebrew Name (First, Middle, Last)	Date of Birth	Hebrew Date of Birth
(Please write in Hebrew)		

After Care is available for Boys, Pre1A-4<sup>th</sup>, from 4 p.m. to 5 p.m. To join After Care, a daily, full year commitment is necessary. Please be aware that there is a very limited number of slots and students will be accepted on a first come first serve basis. In addition, these services are dependent on interest and ability to staff. If a group is not formed by June 1<sup>st</sup>, all *registered* parties will be notified that the service will not be available, and After Care registration deposit will be refunded.

Interest in After Care (Boys, Pre1A-4 <sup>th</sup> )
<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of School	Dates of Attendance	Menahel / Menacheles / Principal	Phone Number
<i>Current</i>			
<i>Previous</i>			
<i>Previous</i>			

Contact who knows my child best:

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Summer camps attended:

Name of Camp	Location	Dates of Attendance

What is the primary reason for you wanting your child to switch schools?

\_\_\_\_\_

\_\_\_\_\_

What is your child's favorite subject? \_\_\_\_\_

Which subject does your child find most challenging? \_\_\_\_\_



What is your child’s favorite way(s) to play / recreational activity(ies)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your primary hopes for your child’s experience in Elementary School? \_\_\_\_\_  
\_\_\_\_\_

Does your child expect to have daily or weekly screen time? \_\_\_\_\_

If yes, please list:

- How much screen time your child has per day/week \_\_\_\_\_
- Your guidelines for deeming material appropriate to watch or play \_\_\_\_\_
- Examples of what your child watches/plays \_\_\_\_\_
- How your child is supervised during screen time \_\_\_\_\_

**Cheder/BYC Parents are advised to be cautious in regard to bringing their children to the public library. Unfortunately, public libraries allow for easy access to inappropriate reading material and often unlimited internet access.**

Does your child frequent the public library? \_\_\_\_\_

If yes, please list:

- The guidelines you have for them when browsing and borrowing books?  
\_\_\_\_\_  
\_\_\_\_\_
- At what point do you anticipate the public library being inappropriate for your child? \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION:**

Does your child have any medical conditions or allergies that we should be aware of?  Yes  No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Does your child take any medications regularly?  Yes  No

If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_

**The Cheder policy is to only accept children who are appropriately immunized.**

Is your child up to date on his/her vaccinations?  Yes  No

**DEVELOPMENT:**

Has your child ever received, or do you envision your child requiring, any additional support academically?

i.e: Tutorial, remedial, special class, etc.  Yes  No

Has your child ever received, or do you envision your child requiring, any additional support emotionally?

i.e: Psychologist, Social Worker, Therapist  Yes  No

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HELPFUL INFORMATION:

Please use lines below to share anything else you think would be helpful in our understanding of your child (personal interests, personality, character).

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Our Cheder/Bais Yaakov currently provides limited resource services. In the event your child is referred for those services and should that service entail a cost, you will be notified and billed accordingly.

Please note: Most of Clifton Cheder/Bais Yaakov’s special education services are provided through The Clifton Board of Education. If your child is currently receiving special education related services or is in the process of an evaluation to receive these services, it is your parental obligation to contact The Clifton Board of Education to request and follow up on any necessary evaluations. The Board of Education will not provide services based on the school’s request.

Acceptance and continuing enrollment in the school is dependent upon a) the accuracy of this application, b) maintenance of regular attendance, c) satisfactory work both in Limudei Kodesh and General Studies and d) appropriate conduct both in and out of school. Clifton Cheder/Bais Yaakov admits students of any race, color, and national or ethnic origin.

INFORMATION RELEASE CONSENT

I give permission for Clifton Cheder/Bais Yaakov to contact my child’s current or previous teacher/school, Rov, etc. Information requested may include: conferencing with school personnel, observation in classroom setting, reports, or other related records.

I hereby certify that the information given in this application is complete and accurate.

**We have attached the previous two years of report cards, both Limudei Kodesh and General Studies and the results of the last two Achievement Tests.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date