



THE AFTER SCHOOL PROGRAM SPECIALISTS

P.O. Box 670, Saddle River, NJ 07458 ~ (212) 595-1000

2019 - 2020 REGISTRATION FORM

Child: Last: _____ First: _____ Phone: _____ Gender: _____

Home Address: _____
Street Apt. # City State Zip

School: _____ Date of Birth: _____ Grade entering Sept. 2019: _____

| Parent 1 Information | | | Parent 2 Information | | |
|---|-----------------------|----------------------|---|-----------------------|---------------------|
| Name: First: _____ | Last: _____ | | Name: First: _____ | Last: _____ | |
| Address: same as above <input type="checkbox"/> | _____ | | Address: same as above <input type="checkbox"/> | _____ | |
| <small>Street</small> | <small>Apt. #</small> | <small>City</small> | <small>Street</small> | <small>Apt. #</small> | <small>City</small> |
| <small>State</small> | <small>Zip</small> | <small>State</small> | <small>State</small> | <small>Zip</small> | <small>Zip</small> |
| Business Phone: _____ | Cellular: _____ | | Business Phone: _____ | Cellular: _____ | |
| E-mail: _____ | | | E-mail: _____ | | |

| 2019 - 2020 | 1 DAY per week | 2 DAYS per week | 3 DAYS per week | 4 DAYS per week | 5 DAYS per week |
|---|---|---|--|--|--|
| Please <input checked="" type="checkbox"/> # of days attending per week | <input type="checkbox"/> \$ 42 per week | <input type="checkbox"/> \$ 82 per week | <input type="checkbox"/> \$ 120 per week | <input type="checkbox"/> \$ 156 per week | <input type="checkbox"/> \$ 190 per week |
| Please <input checked="" type="checkbox"/> which day/days attending | <input type="checkbox"/> MONDAY | <input type="checkbox"/> TUESDAY | <input type="checkbox"/> WEDNESDAY | <input type="checkbox"/> THURSDAY | <input type="checkbox"/> FRIDAY |

Please provide us with information about any special needs your child may have: ex. allergies, medication, special diets, restricted activities, etc. . .

SPECIAL NOTE: ADVANCE NOTICE MUST BE GIVEN WHEN YOUR CHILD IS GOING TO BE ABSENT FROM SPORTS & STUFF IN ORDER TO BE GRANTED A MAKEUP FOR THAT DAY. NO REFUNDS WILL BE GIVEN FOR INCIDENTAL ABSENCES.

To reserve a place for your child, a registration fee of \$40 must accompany this form. After school programs are by the month and must be paid for in advance. You may cancel at any time and payment will be refunded on a pro rata basis.

X _____
PARENT'S SIGNATURE

DATE