

NEW MILFORD AFTER SCHOOL ENRICHMENT PROGRAM
SPRING 2012

REGISTRATION FORM

Student Name: _____

Parent Contact: Name _____ Phone: _____

Parent Contact: E-mail _____

Secondary Contact: Name _____ Phone: _____

Student Address: _____

Grade: _____ HR Teacher/School : _____

Enrichment Class Number: _____ Enrichment Class Name: _____

Day: _____ Class Fee: \$ _____

Is there anything the Enrichment teacher needs to know about your child (asthma, food allergies, Epi-pen, diabetes, etc.)? _____

I grant permission for my child to participate in the After School Enrichment Academy as detailed above.

Parent Signature: _____ Date: _____

Please complete following After School Enrichment Dismissal Directive:

At dismissal, my child will:

_____ **Walk home**

_____ **Be picked up** by parent or by alternate:**

_____ **Name of Alternate** **Alternate Phone:** _____

****Please have your child picked up promptly at class end.**

Registration form and check should be mailed to:
New Milford Board of Education
145 Madison Avenue
New Milford, NJ 07646
Attn.: Theresa Fischer
After School Enrichment Academy Program Coordinator.
or
dropped off in Main Office at Berkley, Gibbs, or DEO Middle School

Registration Deadline: February 3, 2012