



THE AFTER SCHOOL PROGRAM SPECIALISTS

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

2018 - 2019 REGISTRATION FORM

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

Home Address: _____
Street Apt. # City State Zip

School: _____ Date of Birth: _____ Grade entering Sept. 2018: _____

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: _____		

2018 - 2019	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"/> \$ 41	<input type="checkbox"/> \$ 80	<input type="checkbox"/> \$ 117	<input type="checkbox"/> \$ 152	<input type="checkbox"/> \$ 185
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