



THE AFTER SCHOOL PROGRAM SPECIALISTS

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

2016 - 2017 REGISTRATION FORM

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

Home Address: _____
Street Apt. # City State Zip

School: _____ Date of Birth: _____ Grade entering Sept. 2016: _____

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>Street</small> _____	<small>Apt. #</small> _____
<small>City</small> _____	<small>State</small> _____	<small>City</small> _____	<small>State</small> _____
<small>Zip</small> _____		<small>Zip</small> _____	
Business Phone: _____	Cellular: _____	Business Phone: _____	Cellular: _____
Email: _____		Email: _____	

2016 - 2017	1 DAY	2 DAYS	3 DAYS	4 DAYS	5 DAYS
Please <input checked="" type="checkbox"/> # of days attending per week	<input type="checkbox"/> \$ 39	<input type="checkbox"/> \$ 76	<input type="checkbox"/> \$ 111	<input type="checkbox"/> \$ 144	<input type="checkbox"/> \$ 175
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