

CELEBRATE THE CHILDREN
AFTER SCHOOL PROGRAM- Fall 2017

REGISTRATION FORM

Student's Name		
Date of Birth:		Age:
Parent/ Guardian's Name		
Home Address		
Home Phone		
Work Phone		
Cell Phone		
Emergency Contact Name		
Emergency Contact Number		
Physician's Name & Number		
Allergies		
Who will be picking up your child?	<div style="text-align: center;"> Bus – Parent – Other Bus Company Name: _____ Bus Company Contact #: _____ _____ Other: _____ </div>	

Classes for enrollment:

	Day: _____		Day: _____
	Day: _____		Day: _____

PLEASE NOTE: Classes require a minimum of four student enrollments. CTC reserves the right to cancel a class due to insufficient enrollment.

Parent/Guardian Agreement: I understand that the After School Program is outside of school hours and that I am responsible for arranging pick up of my child at 4:45. I understand there will be a late fee of \$25 an occurrence to cover the cost of staffing for late pick ups. I agree to send this signed registration form along with the signed tuition agreement in with my child attn: Kristin Polster by Monday, September 8th. Classes will close once class starts.

PARENT/ GUARDIAN:

	Printed Name
	Signature
	Date

Any questions regarding programming or to apply for a scholarship please contact Kristin Polster,
kpolster@celebratethechildren.org or 973-989-4033 Ext. 199