

THE AFTER SCHOOL WORKSHOP ON MADISON, INC.

45 East 81st Street –PS 6, New York, NY 10028

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Tel: 212-734-7620

917-301-7373

FALL TERM 2017 CLASS REGISTRATION FORM

Student's name: Grade # Class #

Parent's name: Tel (Day): (Eve):
(Please print)

Email: Cell #

Allergies or special medical conditions:

.....

Additional emergency contacts:

.....

Pediatrician's name and phone #:

Please fill out and return to our mailbox in Main Office with check payable to: After School Workshop

Class Desired	Day and Time	Amount
1.		
2.		
3.		
4.		
5.		

Please check if you wish your child to attend The Workshop before ___ class OR after ___ class at a moderate cost.

We will be in touch with you via email to confirm place in class.

Name (Please Print):..... Signature:

Relation to Child Date: