

THE AFTER SCHOOL WORKSHOP ON MADISON, INC.

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917-301-7373

REGISTRATION FORM – SCHOOL YEAR 2017-2018

Start Date _____

Student's name: Date of birth :

Student's school: Grade Classroom number:

Home address: Home phone #:

Mother's name: Tel (Day):
(Please print)

Email: Cell #

Mother's firm and address:

Father's name: Tel (Day): Tel. (Eve):
(Please print)

Email: Cell #

Father's firm and address:

Allergies or special medical conditions:
.....

Additional emergency contacts & phone #s:
.....
.....

Pediatrician's name and phone #:

Please Check Sessions Desired: MON TUES WED THU FRI
2:35-6:00 _____

FEES:	Individual Session based on 3 hours or part	\$ 35.00
	Five-day week based on 15 hours or part	150.00
	Additional Time, per hour or part	12.00
	Late Fee (after 6:00 pm) each 15 min. or part	20.00

NOTE: There are no refunds or make-ups for absences.

Enclosed herewith is my check for \$ 185.00 for School Year 2017-18 as a non-refundable Registration Fee payable to The After School Workshop on Madison, Inc.

My child _____ has permission to go on excursions and trips with The After School Workshop on Madison, Inc.

Date _____ Signature _____

Relation to child _____

Please fill out and return to Main Office with check payable to: After School Workshop on Madison, Inc.