

THE AFTER SCHOOL WORKSHOP ON MADISON, INC.

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SPRING TERM 2019 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: