

HILLSIDE SCHOOL
AFTER SCHOOL ENRICHMENT PROGRAM (ASEP)
WINTER 2012 – Registration Form

Child's Name: _____ Check One: Boy _____ Girl _____ PTO Member: _____ (Y/N)

Child's Address: _____ E-mail: _____ (Print Clearly)

Child's Grade: _____ Teacher: _____

Parent's Name: _____ Work Phone#: _____

Home Phone#: _____ Cell Phone#: _____

Emergency Contact: _____ Emergency Phone#: _____

CHECK ONE:

Please dismiss my child after the ASEP and they are responsible to walk to the front of the building _____
(OR)

I will pick my child up at the classroom at 4:20 when the ASEP is over _____

(Kindergarten children must be picked up at the classroom)

SACC ONLY: Please complete only if your child normally attends the SACC program:

My child should go to SACC directly from the ASEP _____ (YES/NO)

Please dismiss my child after the ASEP and they are responsible to walk to the front of the building _____
(OR)

I will pick my child up at the classroom at 4:20 when the ASEP class is over _____

CLASS NAME:

MONDAY	TUESDAY	WEDNESDAY
(1 st choice) _____	(1 st choice) _____	(1 st choice) _____
(2 nd choice) _____	(2 nd choice) _____	(2 nd choice) _____

If signing up for **Golf** please indicate if your child is left or right handed _____

If signing up for **Chess** please indicate your child's level (Beginner or Intermediate) _____

I confirm that I assume all risk and liability resulting from my child's participation in the activities of the After School Enrichment Program (ASEP). I hereby waive all claims against the Closter PTO and/or its instructors in connection with my son/daughter's participation and agree that I will hold them harmless from all claims, damages and liabilities attributable to his/her participation. I acknowledge that I have read the ASEP General Information and understand all of the policies of the program.

Parent's Signature: _____

Date: _____

Please write ONE **CHECK** for each 1st choice class (Monday, Tuesday and Wednesdays) payable to Closter PTO and place in an envelope marked ASEP with the class name clearly marked on the outside of the envelope. (If your child does not get into their 1st choice and there is a price difference between the 1st and 2nd choice, you will be notified)

Send your envelope in no later than FRIDAY, JANUARY 6TH. (Only 1 envelope is necessary per child and please **do not staple** the check or tear this form) In the event classes exceed capacity and your child is closed out of a class, your child will have priority for the next session. Please **fill out all areas** of the registration form to avoid unnecessary phone calls for information.