

RIVER EDGE ELEMENTARY SCHOOLS'
SUMMER ENRICHMENT PROGRAM REGISTRATION FORM

Those students recommended for **Academic Support**
Courses must register on this form, at NO charge.

Student Name _____
Please Print Clearly

School _____

Present Grade _____ Teacher _____

Name of parent/guardian _____

Address _____

Phone _____ Work/Cell _____

Email _____

Please register my child for the following Enrichment courses at the fee listed in the course description. (Some courses include a Materials' Fee) Please also include

Time	Course Name	Course #	Fee	Total
8:30-9:20				
9:30-10:20				
10:30-11:20				
11:30-12:20				
Alternates				
8:30-9:20				
9:30-10:20				
10:30-11:20				
11:30-12:20				

Per Family non-refundable Registration Fee \$ 5.00

Grand Total:

Make checks payable to the **River Edge Board of Education**. Mail this registration form and full payment to: Chris Armen, Director-Summer Enrichment Program, Cherry Hill School, 410 Bogert Road, River Edge, NJ 07661

EMERGENCY FORM

This Emergency Form MUST be filled out for each participating student in the Summer Enrichment Program!

In case of an emergency, please contact:

1. Name _____

Address _____

Phone # _____ Work/Cell # _____

2. Name _____

Address _____

Phone # _____ Work/Cell # _____

Family Physician _____

Phone # _____

Are there any special problems that the River Edge Summer Enrichment Program staff should be aware of? _____

In an emergency, I hereby give my permission to the River Edge Summer Enrichment Program to obtain immediate medical services.

Parent's Signature _____