

**P.A. of P.S. 144 Fall/ Winter 2010-11
AFTER SCHOOL PROGRAM REGISTRATION APPLICATION**

CHILD'S NAME _____ **TEACHER/CLASS** _____

YOUR NAME: _____ **RELATIONSHIP TO CHILD:** _____

ADDRESS: _____

PHONE NUMBER: (Day) _____ **(Evening)** _____

Session 1 Monday through Thursday is for those students not in extended day and runs from 2:40 -3:20. Friday is from 2:40-4:10.

Please circle the class which you are signing up your child.

MONDAY (homework help) 2:40- 3:20 TUESDAY (homework help) 2:40- 3:20

WEDNESDAY (homework help) 2:40- 3:20 THURSDAY (homework help) 2:40- 3:20

FRIDAY Athletics (K-2) Science (Grades 3-6) 2:40-4:10

Session 2 Monday through Thursday is from 3:20-4:50. Friday is 4:10-4:50.

Please circle the class which you are signing up your child.

Monday: Sports (K-2) Legos/Building (Grades 3-6) Animation (Grades 3-6)

Tuesday: Legos/Building (K-2) Team Sports(3-6)

Wednesday: Arts & Crafts(K-2) Chess(K-2) Math& Strategy Games Grades (3-6)

Thursday: Arts & Crafts (K-2) Science (K-2) Team Sports(Grade 3-6)

Friday: Homework Help/Recreation Activities (K through Grade 6)

TOTAL ENCLOSED \$ _____. Please make check payable to *P.A. of P.S. 144Q*.
Detach and return this form to the P.A. by **Monday, September 20, 2010**. Please list three (3)
contacts for pick ups and emergencies. The following have been authorized to pick up my child
from the P.A. of P.S. 144Q After School Program:

Name _____ Phone: _____

Name _____ Phone: _____

Name _____ Phone: _____

MY CHILD MAY BE DISMISSED ALONE FROM SCHOOL. YES _____ NO _____

If my child requires pick up and no one is there at dismissal, I understand that there is no provision for "late care" nor is there security beyond 5:00 P.M. Dismissal from after school program is warranted. Poor discipline also can result in dismissal from the program. I have read and understand all the information presented. **ABSOLUTELY NO REFUNDS WILL BE GIVEN.**

SIGNATURE (Parent or Legal Guardian)

Date