

# Boosters Club

## After School Academic Enrichment Program

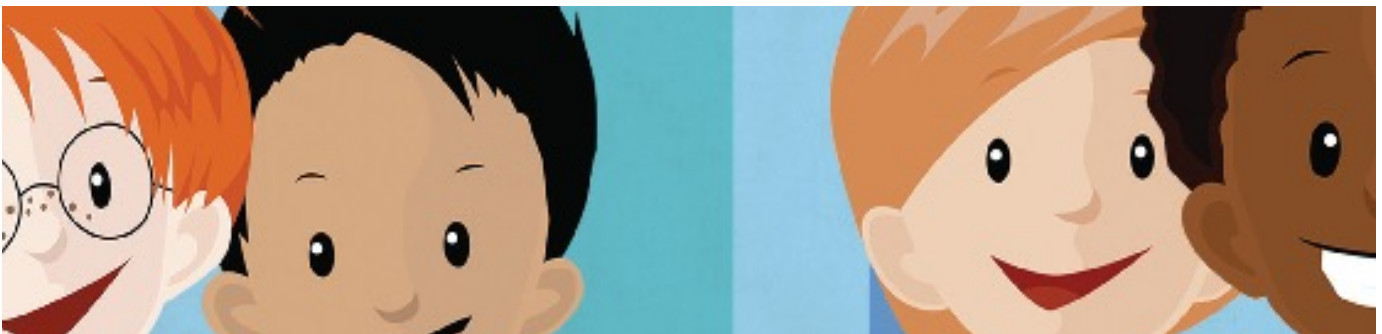
Booster Club 2017-2018 will be providing homework help, academic enrichment, and mentorship for students.

**1<sup>st</sup> Grade thru 3<sup>rd</sup> Grade**  
**Every Monday thru Friday**  
**3:00pm to 6:00pm**  
**New Life Building @ 82-10 Queens Boulevard**  
**Starts Thursday, September 7<sup>th</sup>, 2017**

**EARLY-BIRD DISCOUNT REGISTRATION DEADLINE: Sunday, August 28, 2016**

Space is limited and on a first come first serve basis so please fill out and return the attached application, along with a deposit, as soon as possible to secure a spot for your child/children. Keep the cover page, and payment schedule for your records.

We look forward to serving you and your family!



**CONTACT:**

Angelica Melo // Afterschool Program Director  
914-602-8010  
[afterschool@newlifecdc.us](mailto:afterschool@newlifecdc.us)

# Boosters Club

## After School Academic Enrichment Program

Payment Schedule for 2016-2017 School Year

### **EARLY-BIRD REGISTRATION BEST PRICE!!**

	<u>Payment Due by:</u>	<u>Amount Due:</u>
	August 28, 2017	\$245

### **Monthly Payments** Due the first Monday of every month

<u>Month:</u>	<u>Payment Due by:</u>	<u>Amount Due:</u>
September	Thurs Sept 7	\$300
October	Mon Oct 2	\$300
November	Mon Nov 6	\$300
December	Mon Dec 4	\$300
January	Mon Jan 8	\$300
February	Mon Feb 5	\$300
March	Mon Mar 5	\$300
April	Mon Apr 2	\$300
May	Mon May 7	\$300
June	Mon Jun 4	\$300

The price for two siblings is \$500. We also offer pick up for \$30 a month per child.

If paying by check, make checks payable to New Life CDC, in memo Booster Club.

Register at: [www.newlifecdc.us](http://www.newlifecdc.us)

Cell: (914)602-8010  
[afterschool@newlifecdc.us](mailto:afterschool@newlifecdc.us)

**Student Registration Form**

Please fill out the following:

**Student# 1**

Name: \_\_\_\_\_

School: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

**Student# 2**

Name: \_\_\_\_\_

School: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

**Student# 3**

Name: \_\_\_\_\_

School: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

**Contact Information**

Parent/Guardian Name: \_\_\_\_\_

Cell: (        ) \_\_\_\_\_ - \_\_\_\_\_

Work: (        ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_ .com

Relationship to child:    mother        father        other: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Cell: (        ) \_\_\_\_\_ - \_\_\_\_\_

Work: (        ) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_ .com

Relationship to child:    mother        father        other: \_\_\_\_\_

**Household Information**

**Mother's Name (print please):** \_\_\_\_\_

**Father's Name(print please):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Neighborhood:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Please list any other sibling/cousin or child under the age of 18 that is living within the household and NOT applying for afterschool.**

- Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relation to Child: \_\_\_\_\_
- Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relation to Child: \_\_\_\_\_

- Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Relation to Child: \_\_\_\_\_

**What is the primary language spoken at home?**

- English      Spanish      Urdu      Chinese      Vietnamese      Pilipino
- Other \_\_\_\_\_

**Parent English Speaking skill:**

- None/Limited
- Some
- Good/Excellent

**Church/ Mosque/ Temple/ Synagogue (if any) your family attends: \_\_\_\_\_**

**Authorized Pick Up**

Please list the people that are permitted to pick up your child or walk your child home.

Name: \_\_\_\_\_ Phone:(    ) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone:(    ) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone:(    ) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

**Emergency Contact**

In case of an emergency, the parent(s) will be the first contacted, but in the case that you could not be reached, please list 1 to 3 adults that could be contacted.

Name: \_\_\_\_\_ Phone:(    ) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone:(    ) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone:(    ) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_

Please list any medications, physical limitations, asthma, allergies (food, pollen), or other medical condition related to child:

**Student 1:** \_\_\_\_\_

**Student 2:** \_\_\_\_\_

**Student 3:** \_\_\_\_\_

# Boosters Club

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August 21<sup>st</sup>, 2017

Dear Parents,

Please be advised of the Following important pieces of information about Boosters Club for this year.

1. Boosters Club Parent Orientation is:

Friday September 1<sup>st</sup> at 6pm

At New Life in the Yellow Room

All parents must attend

2. First day at Boosters Club is Thursday September 7<sup>th</sup>, 2017

3. Pick up form available on day of Orientation

Should you have any questions, please Contact:

Angelica

914-6028010

[afterschool@newlifecdc.us](mailto:afterschool@newlifecdc.us)