

Boosters Club

After School Academic Enrichment Program

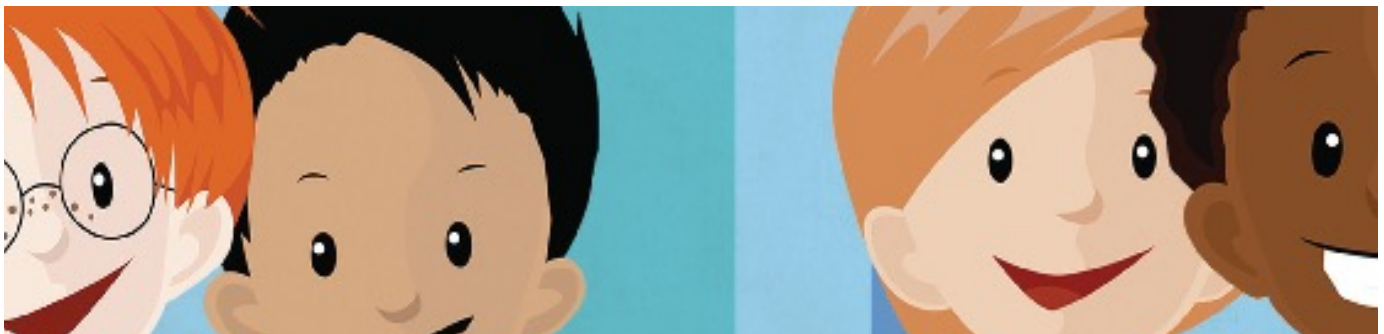
Booster Club 2016-2017 will be providing homework help, academic enrichment, and mentorship for students.

1st Grade thru 3rd Grade
Every Monday thru Friday
3:00pm to 6:00pm
New Life Building @ 82-10 Queens Boulevard
Starts Thursday, September 8th 2016

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
(718) 424-0122 ext.120
afterschool@newlifecdc.us

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Payment Schedule for 2016-2017 School Year

EARLY-BIRD REGISTRATION BEST PRICE!!

	<u>Payment Due by:</u>	<u>Amount Due:</u>
	August 28, 2016	\$195

Monthly Payments Due the first Monday of every month

<u>Month:</u>	<u>Payment Due by:</u>	<u>Amount Due:</u>
September	Thurs Sept 8	\$250
October	Mon Oct 3	\$250
November	Mon Nov 7	\$250
December	Mon Dec 5	\$250
January	Mon Jan 9	\$250
February	Mon Feb 6	\$250
March	Mon Mar 6	\$250
April	Mon Apr 3	\$250
May	Mon May 1	\$250
June	Mon Jun 5	\$250

If paying by check, make checks payable to New Life CDC, in memo Summer Boost.

Register at: (718) 424-0122 ext.120
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: _____