## **Bogart Memorial School After-School Program**

263 Larch Ave. Bogota, NJ 07603 Tel. 201/342-2093 Fax. 201/342-7320

I am interested in enrolling my child in the Bogart Memorial School After-School Program for the 2019/2020 School Year.

Child's Name:				- a mit all the all this bests
PERSONAL PROPERTY.				Tel.
				chool
Grade	Teacher		3 L.     -	# of days per week
	M T W F	F	Hours:	to
Mother's Name: _			in the second	April 1988 on to allocated it is now to the action of the consequence
				idd when received area. Macon
				a stgreat continuous y est autorio esta alta eta universi
Tel. Home:		Busin	ness:	
Cell:		E-ma	il:	
Father's Name:				
Employer Name/A				
Cell:			E-mail:	
EMERGENCY IN	FO: (An authori	zed person v	vho can pick ch	nild up other than a parent)
Name:			Address:	Wittenson
Tel. Home:		Business	3.	Cell: