

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 **2017/2018** School Year.

Child's Name: _____

Address: _____ Tel. _____

Age _____ Date of Birth _____ School _____

Grade _____ Teacher _____ # of days per week _____

Days of the week: M T W R F Hours: _____ to _____

Mother's Name: _____

Address: _____

Employer Name/Address: _____

Tel. Home: _____ Business: _____

Cell: _____ E-mail: _____

Father's Name: _____

Address: _____

Employer Name/Address: _____

Tel. Home: _____ Business: _____

Cell: _____ E-mail: _____

EMERGENCY INFO: (An authorized person who can pick child up other than a parent)

Name: _____ Address: _____

Tel. Home: _____ Business: _____ Cell: _____