

BOGART MEMORIAL SCHOOL

263 Larch Ave. Bogota, NJ 07603

Tel. 201/342-2093 Fax. 201/342-7320

I would like to enroll my child in Bogart Memorial for the 2017 Summer Program.

Child's Name: _____

Age: _____ Class this school year: _____ Date of Birth: _____

(circle all that apply)

(Half-Day 9:00-11:45) (Full-Day 9:00- 3:00) (Extended Day 7:00-6:30)

(Early Drop-Off 7:00-9:00 a.m.) (Extended Day 3:00-6:30 p.m.)

M T W R F

Hours _____ to _____

JULY 3- 7 _____ JULY 10-14 _____ JULY 17-21 _____ JULY 24-28 _____

JULY 31-4 _____ AUG. 7-11 _____ AUG. 14-18 _____ AUG. 21-25 _____

Parents Names: _____

Child's Address: _____

Telephone: Home: _____ Business: _____

Cell: _____ e-mail _____

EMERGENCY NAME _____ Relationship _____

(A person we can contact in the event a parent cannot be reached)

Tel. # _____ Address _____

* Programs will be canceled only in the event of insufficient enrollment