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

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: \_\_\_\_\_