

January 2010 – May 2010

3:00 pm – 4:30 pm

THE RECREATIONAL ENRICHMENT AFTER-SCHOOL PROGRAM (REAP)

SPRING 2010 REGISTRATION FORM

Student Information:

Last Name: _____ First Name: _____

Date of Birth: _____ Class: _____

Address: _____

Phone: _____

Parent/Guardian Information:

Name: _____ Cell Phone: _____

Day Phone: _____ Fax: _____

Transportation Information: Dismissal is at 4:30 pm. Parents must arrange transportation home.

Indicate your transportation plans below.

I will pick up my child. My child will travel home independently.

My child will be picked up by _____

I need car pool information. (Destination) _____

I am interested in private bus service or car service. (Depending on need).

Medical Information: Medication is administered between 3:00 pm and 4:30 pm.

TIME	NAME OF MEDICATION	DOSAGE

Allergies

Food: _____ Insect Bites: _____

Medication: _____ Other: _____

Does your child require the administration of an EpiPen during a severe allergic reaction?

Yes No Administered By: Staff Student

Medical Alerts

Asthma Does your child require the use of an inhaler? Yes No

Administered by: Staff Student

Glasses Seizure Disorder Other: _____



AFTER-SCHOOL ACTIVITY SELECTIONS: INDICATE 1ST AND 2ND CHOICE OF ACTIVITY

For more information, please contact:

Larry Litwack at 718-264-2931 x219

Email: llitwack@summitqueens.com

ACTIVITY	MONDAY 14 SESSIONS	TUESDAY 15 SESSIONS	THURSDAY 16 SESSIONS	SUBTOTAL
CARTOONING & ILLUSTRATION	<input type="checkbox"/> 1 <input type="checkbox"/> 2 Fee: \$425.00*			
COMPUTER GRAPHICS & ANIMATION		<input type="checkbox"/> 1 <input type="checkbox"/> 2 Fee: \$450.00*		
COOKING		<input type="checkbox"/> 1 <input type="checkbox"/> 2 Fee: \$450.00*	<input type="checkbox"/> 1 <input type="checkbox"/> 2 Fee: \$425.00*	
DANCE		<input type="checkbox"/> 1 <input type="checkbox"/> 2 Fee: \$375.00		
GUITAR WORKSHOP			<input type="checkbox"/> 1 <input type="checkbox"/> 2 Fee: \$425.00*	
MAGIC CARDS & MORE			<input type="checkbox"/> 1 <input type="checkbox"/> 2 Fee: \$375.00*	
PERFORMING ARTS	<input type="checkbox"/> 1 <input type="checkbox"/> 2 Fee: \$450.00*			
PHOTOGRAPHY		<input type="checkbox"/> 1 <input type="checkbox"/> 2 Fee: \$425.00*		
SCIENCE CLUB			<input type="checkbox"/> 1 <input type="checkbox"/> 2 Fee: \$425.00*	
SPORTS		<input type="checkbox"/> 1 <input type="checkbox"/> 2 Fee: \$375.00*	<input type="checkbox"/> 1 <input type="checkbox"/> 2 Fee: \$375.00*	
TENNIS CLINIC			<input type="checkbox"/> 1 <input type="checkbox"/> 2 Fee: \$475.00*	
WEIGHTS		<input type="checkbox"/> 1 <input type="checkbox"/> 2 Fee: \$375.00*	<input type="checkbox"/> 1 <input type="checkbox"/> 2 Fee: \$375.00*	
* Material Fee Included. Please make your check payable to: Summit School Enrichment. Return this form and payment to: The Summit School Attn: REAP 187-30 Grand Central Parkway, Jamaica Estates, NY 11432			Subtotal:	
			Registration Fee:	+ \$30.00
			Amount Due:	

PARENT PERMISSION:

I give permission for my child to participate in REAP.

Parent's Signature: _____

Date: _____