

Scholastic Advancement Concepts
After School Licensed by NYS D.O.H.M.H
60-87 Myrtle Avenue
Ridgewood, NY 11385
Telephone# (718)305-4888

AFTER SCHOOL PROGRAM-REGISTRATION

Student's Full Name: _____ Grade: _____

Address: _____
Street Apt#
_____ City State Zip

Home Phone# _____ Race: _____ Sex: _____ D.O.B _____

Mother's Info:

Name: _____ Work Phone# _____

Cell Phone# _____

Father's Info:

Name: _____ Work Phone# _____

Cell Phone# _____

The Legal Guardian(s) of this child is _____

Address: _____
Street Apt#
_____ City State Zip

I will be enrolling my child on a weekly basis.

I will be enrolling my child on a monthly basis.

I will be enrolling my child for the following days.

Monday Tuesday Wednesday Thursday Friday

My Child's schedule will vary week to week

School: _____

Parent Signature: _____

Address: _____
