

RIVER EDGE ELEMENTARY SCHOOLS'  
SUMMER ENRICHMENT PROGRAM REGISTRATION FORM

Those students recommended for **Academic Support**  
Courses must register on this form, at NO charge.

Student Name \_\_\_\_\_

Please Print Clearly

School \_\_\_\_\_

Present Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

Email \_\_\_\_\_

Please register my child for the following Enrichment courses at the fee listed in the course description. (Some courses include a Materials' Fee) Please also include

Time	Course Name	Course #	Fee	Total
8:30-9:20				
9:30-10:20				
10:30-11:20				
11:30-12:20				
<b>Alternates</b>				
8:30-9:20				
9:30-10:20				
10:30-11:20				
11:30-12:20				

Per Family non-refundable Registration Fee \$ 5.00

Grand Total:

Make checks payable to the **River Edge Board of Education**. Mail this registration form and full payment to: Chris Armen, Director-Summer Enrichment Program, Cherry Hill School, 410 Bogert Road, River Edge, NJ 07661

# EMERGENCY FORM

**This Emergency Form MUST be filled out for each participating student in the Summer Enrichment Program!**

In case of an emergency, please contact:

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Work/Cell # \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Work/Cell # \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone # \_\_\_\_\_

Are there any special problems that the River Edge Summer Enrichment Program staff should be aware of? \_\_\_\_\_

**In an emergency, I hereby give my permission to the River Edge Summer Enrichment Program to obtain immediate medical services.**

Parent's Signature \_\_\_\_\_