



**Schaefer "Explorations"
Summer Enrichment Program
Registration Form- SESSION B ONLY (July 7-18)**

PLEASE PRINT

Student's Name _____ PRESENT Grade & Teacher _____

Name of Parent/Guardian _____

Address: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ E-Mail: _____

Please register my child for the following courses for SESSION B. I also understand that an additional \$25.00 late registration fee should be included per family for applications postmarked after May 14. NO refunds will be made past June 13, 2014 and refunds made prior to June 13 will result in a \$25 processing fee. Refund checks will be mailed after August 1, 2014. Please register ONE child per registration form PER SESSION and include one check per child.

Make checks payable to the Oradell Board of Education.

Mail this registration form and full payment to:
Lesley Maklin, Assistant Director, Explorations
Oradell Public School
350 Prospect Avenue
Oradell, NJ 07649

Any questions, please call 201-261-1180 ext.152

**** Each class this session is \$70**

Period 1 (8:30-9:25) First Choice _____ \$70

Second Choice _____

Third Choice _____

Period 2 (9:30-10:25) First Choice _____ \$70

Second Choice _____

Third Choice _____

Period 3 (10:30-11:25) First Choice _____ \$70

Second Choice _____

Third Choice _____

subtotal= _____

Total payment enclosed for courses and late registration fee (if applicable) for **ONE child** Total =\$ _____



PLEASE circle T-shirt size for your child: (youth sizes run small)

YOUTH: Small Medium Large ADULT: Small Medium Large XL