

Check # _____
Amount _____
Date Received _____

Schaefer "Explorations"
Summer Enrichment Program
Kindercamp Registration Form

Student Name: _____

Date of Birth: _____

Please Circle: My child is a: boy girl

Name of Parent/Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Please register my child for Kindercamp. Enclosed you will find a check for \$395 with the understanding this course may be cancelled because of insufficient registration. I also understand that an additional \$25.00 late registration fee should be included per family for applications postmarked after May 15. NO refunds will be made past June 8, 2015 and refunds made prior to June 8 will result in a \$25.00 processing fee. Please register ONE child per registration form.

Make checks payable to the Oradell Board of Education. Mail this registration form and full payment to:

Ms. Lesley Maklin
Assistant Director, "Explorations"
Oradell Public School
350 Prospect Avenue
Oradell, NJ 07649

REGISTRATION DEADLINE: FRIDAY, MAY 15, 2015

CIRCLE T-SHIRT SIZE

YOUTH

Small

Medium

Large

ADULT

Small

Medium

Large

Extra Large