

*Manalapan-Englishtown Regional School District Summer
Program 2019 Registration Form*

Note: Registration form with signature AND payment are both due at registration. Please read all General Information and Registration Procedures on pages 2 & 3 of the Summer Program Brochure.

Checks payable to: Manalapan-Englishtown Regional Schools

Mail with payment to: Manalapan-Englishtown Regional School District,

Attention: SUMMER PROGRAM- Melanie Jonas, 54 Main Street, Englishtown, NJ 07726

Please write LEGIBLY:

1st Child's Last Name: _____ First Name: _____

CURRENT Grade: _____ Age: _____ Home Phone: _____

Parent/Guardian Cell Phone: _____ E-mail: _____

Address: _____ City: _____

Parent/Guardian Full Name: _____ Check #: _____ Amount: \$ _____

Course Title: _____ Time: 8:45am-10:15am -OR- 10:20am-11:50am

Course Title: _____ Time: 8:45am-10:15am -OR- 10:20am-11:50am

2nd Child's Last Name: _____ First Name: _____

CURRENT Grade: _____ Age: _____ Home Phone: _____

Parent/guardian Cell Phone: _____ E-mail: _____

Address: _____ City: _____

Parent/Guardian Full Name: _____ Check #: _____ Amount: \$ _____

Course Title: _____ Time: 8:45am-10:15am -OR- 10:20am-11:50am

Course Title: _____ Time: 8:45am-10:15am -OR- 10:20am-11:50am

***I am unaware of any health problem or condition that would interfere with my child's ability to participate in the above program.**

Parent Signature: _____