

## AFTER-SCHOOL CHILDREN'S COMMUNITY EDUCATION PROGRAMS

Mail or bring to:  
**Mount Laurel Community Education**  
**436 Masonville**  
**Mt. Laurel, NJ 08054**

All Mt. Laurel Community Education registration policies apply.

For Office Use Only    Fee for course: \_\_\_\_\_ Also see: \_\_\_\_\_  
Amount pd. \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Bal. \_\_\_\_\_ Date \_\_\_\_\_  
Amount pd. \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Bal. \_\_\_\_\_ Date \_\_\_\_\_  
Amount pd. \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Bal. \_\_\_\_\_ Date \_\_\_\_\_  
Refund pd. \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Bal. \_\_\_\_\_ Date \_\_\_\_\_

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**Name of Program:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **Location of Program:** \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Child's Regular or Subject Area Teacher \_\_\_\_\_  
Home Address: \_\_\_\_\_ Name of Parent/Guardian \_\_\_\_\_  
Home Phone \_\_\_\_\_ Emergency/Work/Cell Phone \_\_\_\_\_

**TUTORING ONLY:**                      Indicate (1) for 1st choice, (2) for 2nd choice    \_\_\_ Reading    \_\_\_ Language    \_\_\_ Study Skills    \_\_\_ Math  
Circle day(s) your child CANNOT attend tutoring:    Mons. Tues. Weds. Thurs. Fri.

**AFTER SCHOOL PROGRAMS THAT BEGIN IMMEDIATELY AT DISMISSAL:** Please check  whatever applies.  
 Using Day Care (For children who are already enrolled in our EDC. Children must sign in at EDC and then go to the class.)  
 Taking late bus home. (For children who live on the respective late bus route. For programs that end when late buses are scheduled.)  
 To be picked up by \_\_\_\_\_ Daytime/cell ph. # of person \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Walking home (parent must sign) \_\_\_\_\_

If there is a medical or learning concern regarding your child, that you feel the tutor should be informed of, particularly in case of emergency, please explain here: