

St. Aloysius Education Clinic
219 West 132nd Street
New York, New York 10027

ENRICHMENT PROGRAM

Child's Name _____ DOB _____

Present School _____ Present Grade _____

() Male () Female Race _____ Languages spoken in home _____

Address _____ Apt _____ Age as of June _____

City _____ State _____ Zip _____

Medical Problems _____

Allergies _____

Mother's Name _____ Father's Name _____

Employer _____

Business Phone _____

Cell Phone _____

Home Phone _____

E-Mail _____

Child lives with () Mother () Father () Other _____

Emergency contacts (Name) 1. _____ 2. _____

Relationship _____

Telephone _____

Does your child need a train or bus pass _____

Does your child have a special talent? If yes, describe _____

Does your child have an IEP? _____ If yes, explain _____

I understand that my child's picture may be used on the Clinic's website and / or in publications. Names are not used on website () Agree () Disagree

I give permission for my child to participate in all trips of the programs _____

I Understand That There Are Absolutely No Refunds _____

Print & Sign