

Registration/Information Request FORM

Please mail this form to:

Before & After School Program
ENS Youth Mentoring Partnership
3904 Lansing Court
Dumfries, VA 20026

- I would like to register my student for the 2008/09 School Year*
- AM Care Option
 PM Care Option
 Both AM & PM Care

Please find the \$45.00 Registration Fee plus the Applicable Last Week Tuition Fees Enclosed.

- I would like for someone from the Before and After Program to contact me with more information

Student Name: _____

Middle School: _____

Age: _____ Sex (Circle One): Male Female

Indicate Child's Grade for Current School Year: _____

Parent/Guardian Name: _____

Home Address: _____

City, State, Zip Code: _____

Day Phone: _____ Evening Phone: _____

Email Address: _____

Date: _____