

<b>AT LAST! CIT Registration</b> PWUFSD Administrative Annex 90 Avenue C, Port Washington, NY 11050		<b>by Mail Only</b>		Phone: (516) 767-5470 Fax: (516) 767-5479 E-Mail inquiries to: <a href="mailto:atlastinfo@portnet.k12.ny.us">atlastinfo@portnet.k12.ny.us</a> Web Site: <a href="http://www.PortNet.K12.NY.US">www.PortNet.K12.NY.US</a>	
Print First Name	Print Last Name		Current Grade	Age	Male <input type="checkbox"/> Female <input type="checkbox"/>
Mailing Address (Street)			City	State	Zip
Home Phone Number ( )		<b>T-Shirt: Please select one Adult Size:</b> <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		Birthdate	School
Parent Name	Work or cellular # ( )	Parent Name	Work or cellular # ( )		
Emergency Contact Person	Emergency Contact Phone # ( )	Doctor Name and Phone # ( )			
Student's E-mail Address:		Parent Cell Phone #: Mother ( )		Father ( )	
Pertinent Medical Info (especially allergies)					

**FEES: Make Checks Payable to Board of Education, Port Washington. Send entire payment with registration by April 8, 2009. The fees include five T-shirts per CIT.**

	Without Transportation	With Transportation
_____ Full Session, July 6-August 14 .....	\$950	\$1100
_____ Non-resident fee .....	\$ 50	\$ 50
_____ Third or following child registered entitles \$50 discount.		Less - _____
_____ Scholarship Contribution (separate check payable to Board of Education, Port Washington or charge my card)		Amt: _____
	Total _____	

METHOD OF PAYMENT	
<b>Full payment is required. Confirmation will be sent once processed.</b>	
<input type="checkbox"/> Check of money order payable to Board of Education, Port Washington. Check Number _____ Payment Amt. _____	
<input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Visa Charge \$ _____ Expiration Date _____ 3-4 digit security code: _____	
Cardholder's Name: _____ Card #: _____	
Signature _____ Date: _____	
Payment required by April 8, 2009. Refunds less a \$100 processing fee until May 1, 2009, none thereafter. New students will be notified for in-school interview date. If space is available, late registrations have a \$150 additional processing fee per student.	

**Contract/Agreement**

I support my child's application to this program and understand what is expected. Permission is granted for my child to participate in all trips and activities of the program. I will attend the mandatory Parent Orientation on April 30, 2009.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**STUDENT must fill out section below.**

Have you attended the AT LAST! summer program? \_\_\_\_ yes \_\_\_\_ no If yes, how many years did you attend? \_\_\_\_\_

**Summer Experience:** What have you done during the summer? Include camp, travel, community activities and/or study, particularly involving time spent with children.

2008 \_\_\_\_\_

2007 \_\_\_\_\_

**Related Experience:** Include jobs, volunteer work, hobbies and skills that show your interest in working with children and your ability to participate in a program like this one. \_\_\_\_\_

**References:** List three people who know you well and think you would make a good CIT. Teachers, clergy, and employers are suggested; no family members. Please print name, relationship and telephone number.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I have read and understood the information provided with this application. I would like to apply to this program with the understanding that I will attend regularly and participate appropriately. **Student Signature:** \_\_\_\_\_

**For Office Use:** Date: \_\_\_\_\_ Ck#: \_\_\_\_\_ Chg \_\_\_\_\_ Amt \_\_\_\_\_