

AT LAST! Intermediate Registration		by Mail Only		Phone: (516) 767-5470 Fax: (516) 767-5479	
PWUFSD Administrative Annex 90 Avenue C, Port Washington, NY 11050				E-Mail inquiries to: atlastinfo@portnet.k12.ny.us Web Site: www.PortNet.K12.NY.US	
Print First Name	Print Last Name	Grade Sept '09	Age	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Mailing Address (Street)		City	State	Zip	
Home Phone Number ()	T-Shirt-3 per child: Please select one size: Youth: <input type="checkbox"/> LG Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		Birthdate	School	
Mother/Parent Name	Work # ()	Father/Parent Name	Work # ()		
Emergency Contact Person	Emergency contact Phone # ()	Doctor Name and Phone # ()			
Parent E-mail Address:	Mother's Cell Phone ()	Father's Cell Phone ()			

FEES: If paid before April 30, (early-bird) deduct Full \$50, Mini \$25.00. Send entire payment with registration by May 30, 2009. Make Checks Payable to Board of Education, Port Washington.

			Without Transportation	With Transportation	
_____	Full Session, July 6-August 14	\$ 760	\$ 960	_____	
_____	Mini-Session 1, July 6-July 24	\$ 450	\$ 550	_____	
_____	Mini-Session 2, July 27-August 14	\$ 450	\$ 550	_____	
_____	Non-resident fee	\$ 50	\$ 50	_____	
_____	Third or following child registered entitles \$50 discount (\$25 mini-session).		Less -	_____	
_____	Scholarship Contribution (separate check payable to Board of Education, Port Washington or charge my card) Amt:			_____	
			Total	_____	

METHOD OF PAYMENT	
Full payment is required. Confirmation will be sent once processed.	
<input type="checkbox"/>	Check or 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 May 30, 2009. Refunds less a \$100 processing fee until May 30, 2009, none thereafter. If space is available, late registrations have a \$150 additional processing fee per student. Transportation will be delayed or unavailable for late registrants.	

COURSE SELECTION CHOICES (PLEASE PRINT) You must complete 1st and 2nd choices.

ODD DAYS:

Period 1 (9:30 a.m) 1st _____ 2nd _____
 Period 2 (10:30 a.m) 1st _____ 2nd _____
 Period 3 (11:30 a.m) 1st _____ 2nd _____

EVEN DAYS:

Period 1 (9:30 a.m) 1st _____ 2nd _____
 Period 2 (10:30 a.m) 1st _____ 2nd _____
 Period 3 (11:30 a.m) 1st _____ 2nd _____

Select 1 alternate choice for the odd and even day in case your choices are full. Odd: _____ Even: _____

Intermediate Summer Discoveries Registration						
Student's Name _____						
_____	Class	_____	Days	_____	Full Session	MS1 _____ MS2 _____ Fee _____
_____	Class	_____	Days	_____	Full Session	MS1 _____ MS2 _____ Fee _____
_____	Class	_____	Days	_____	Full Session	MS1 _____ MS2 _____ Fee _____
						Total _____
Payment for Summer Discoveries required by May 30, 2009. Refunds less a \$50 processing fee until May 30, 2009, none thereafter. Please include fees in the above payment box.						

Important: CONTINUE ON REVERSE SIDE FOR CONTRACT/AGREEMENT INFORMATION AND SIGNATURE →

For Office Use: Date: _____ Ck#: _____ Chg _____ AM _____ Ck# _____ Chg _____ PM _____

Contract/Agreement:

Please register my child for the 2009 summer program. As indicated below, parent or guardian must sign this contract.

- * A check/credit card payment must accompany this registration form.
- * If paid before April 30, deduct early-bird discount of \$50 from full session payment or \$25 for mini-session.
- * Full payment is due with registration no later than May 30, 2009.
- * Tuition is refundable prior to May 30 less a \$100 non refundable processing fee. No refunds thereafter.
- * Sibling discount for third or following child registered entitles a \$50 discount (mini-session discount \$25).
- * We reserve the right to cancel this registration if fees are not paid in full by May 30, 2009.
- * AT LAST! program complies with all Nassau County Health Department regulations.
- * Medical forms must be completed and returned on or before June 1, 2009 by all children participating in the program. Please note that health care provider's signature is required.
- * Confirmation of classes and bill for materials fees will be mailed to your home.
- * I will attend the Parent Orientation on Tuesday, June 16, 2009, 7:30 P.M.at Guggenheim Elementary School. If you have children in the Primary and Intermediate programs, we recommend attendance at both orientations. If this is not possible, please call 767-5470.
- * Three t-shirts are included in the registration fee. More can be purchased. Your child must wear the program T-shirt every day.
- * Permission is granted for my child to participate in any trip planned for the AT LAST! program. I understand that all such trips and activities will end by regular dismissal time from the program.
- * Please use the lines below to share any information about your child that will help us ensure that he/she enjoys the program, and any pertinent medical information (especially allergies).

Parent/Guardian Signature_____

Date:_____