

**Registration by Mail Only:**

# AT LAST! Primary Registration Form

Phone: (516) 767-5470 Fax: (516) 767-5479

E-Mail inquiries to: atlastinfo@portnet.k12.ny.us District Web Site: www.portnet.k12.ny.us

ATLAST!  
Education and Community Services  
PWUFSD Administrative Annex  
90 Avenue C, PW, NY 11050

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 ( )		Current School /School Fall '09			Birthdate (Must be 3 before 12/1/08)		
Mother/Parent Name		Work # ( )	Father/Parent Name		Work # ( )		
Emergency Contact Person		Emergency Contact Phone # ( )		Doctor Name and Phone # ( )			
Parent E-mail Address:			Mother/Parent's Cell Phone ( )		Father/ Parent's Cell Phone ( )		
Pertinent medical information (esp. allergies)							

## Fees for AT LAST!

	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	AT LAST! Fee: _____
___ Please enroll my child in Mr. Pee Wee Tennis (open to K, 1, 2) \$30 for full or mini session			+ _____
___ Non-resident fee \$50 for full or mini session			+ _____
___ Summer Discoveries Extended Day (fees listed below)			+ _____
___ Third or following child registered entitles \$50 discount (\$25 mini-session)			- _____
___ If postmarked by April 30, (early-bird) deduct \$50 discount (\$25 mini-session)			- _____
			<b>Total Payment Enclosed:</b> _____
___ Scholarship Contribution (separate check payable to <i>Board of Education, PW</i> , or charge my card)			+ _____

## Fees for Primary Summer Discoveries 12:30-3:30 Kindergarten through second grade students only!

<b>Monday – Friday:</b>	Full Session ___ \$675	Mini Session 1 ___ \$345	Mini Session 2 ___ \$345
<b>Monday/Wednesday:</b>	Full Session ___ \$270	Mini Session 1 ___ \$140	Mini Session 2 ___ \$140
<b>Tuesday/Thursday:</b>	Full Session ___ \$270	Mini Session 1 ___ \$140	Mini Session 2 ___ \$140
<b>Friday:</b>	Full Session ___ \$135	Mini Session 1 ___ \$70	Mini Session 2 ___ \$70

**Total Summer Discoveries Fee:** \_\_\_\_\_

Transportation is available for children who will be 4 on or before July 6, 2009 in compliance with NYS regulations.

Transportation address if different from mailing address: \_\_\_\_\_

I would like my child to be placed with \_\_\_\_\_. Please name your child's friend.

We will make every effort to place your child with **one** friend on the same grade level if indicated on this registration form.

## Payment

Full payment is required. Confirmation will be sent once processed. Refunds for AT LAST! are available less a \$100 processing fee until May 30th. Refunds for Summer Discoveries are available less a \$50 processing fee until May 30th. No refunds thereafter. If space is available, late registrations may be accepted after May 30th with a processing fee of \$150 per child.

Check or money order payable to *Board of Education, Port Washington*. Please use a separate check for each child.

Check Number \_\_\_\_\_ Payment Amt. \_\_\_\_\_

\_\_\_ Mastercard \_\_\_ Am Ex \_\_\_ Visa Charge \$ \_\_\_\_\_ Exp Date \_\_\_\_\_ 3-4 digit security code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Card #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

→ **IMPORTANT: Continue on Reverse Side for Contract Agreement Information and Signature** →

For Office Use: Immunization \_\_\_ Birth Certificate \_\_\_ Date: \_\_\_\_\_ Amt: \_\_\_\_\_ Ck # \_\_\_\_\_ PM \_\_\_\_\_ Ck # \_\_\_\_\_

# Contract Agreement

*Please register my child for the 2009 summer program.  
As indicated below, Parent or Guardian must sign this contract.*

- \* Medical Form must be received by June 1 in the Office of Community Services at 90 Avenue C.  
Your child cannot attend the program if this form is not received. Original form must be in program file.
- \* A check/credit card payment must accompany this registration form.
- \* 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.
- \* Bus pass, class placement and three T-shirts per child will be distributed at the Parent Orientation.  
Your child must wear the program T-shirt every day.
- \* I will attend the Parent Orientation on Tuesday, June 15, 2009, 7:00 P.M. at Manorhaven Elementary School.
- \* 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.
- \* The AT LAST! program does not provide support services. Students who enroll should be able to maintain themselves adequately in a regular classroom setting appropriate for their age and grade in order to continue participation.
- \* Please use the lines below to share any information about your child that will help us ensure that he/she enjoys the program (i.e., separation anxiety, transition issues).

---

---

---

---

---

---

---

---

---

- \* Please use the lines below to request financial assistance/scholarship based on eligibility for free or reduced lunch.

---

---

---

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_