

# Westchester Math Lab

## Enrollment Form

### Child's Information:

Child's Name: \_\_\_\_\_

Child's Birthday: \_\_\_\_\_ Age as of Fall 2010: \_\_\_\_\_

Grade as of Fall 2010: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact:

Mother's Name: \_\_\_\_\_

Work / Cell phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Work / Cell phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Contact Relation to child: \_\_\_\_\_ Phone: \_\_\_\_\_

### Enrollment Information:

Class: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_

Applying for sibling discount: Yes \_\_\_\_\_ No \_\_\_\_\_

Sibling Name if applicable: \_\_\_\_\_

Semester Fee: \_\_\_\_\_ Book Fee: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Total: \_\_\_\_\_