

## North East Westchester Special Recreation Inc. 63 Bradhurst Avenue, Hawthorne, New York 10532 914-347-4409 Fax 914-347-5054 www.northeastspecialrec.org

Registration Form Winter/Spring Programs Deadline December 30, 2015



Name of Participant:

Address:		Town:	Zip:
Home Phone #:		Cell Phone #:	
Birth Date:	E-mail:		Print clearly

Municipality where you pay Town/Village Taxes:

If previously enrolled please report any changes we might make to our record concerning medications, behavior management or physical limitations to insure safe programming. Please indicate in writing (N/C) if there is no change. \_\_\_\_\_ (Indicate any changes) \_\_\_\_\_\_

**Each New participant** will have to complete a Participant Information Form and intake interview. Please call us at 914-347-4409 to arrange this important process.

Code	WEEKLY PROGRAMS	COST	ENCLOSED
302	Bowling	\$275	
	Transportation Bowling WARC Boys & Girls Return only: Bradhurst	Club \$142	
402	Team Sports	\$240	
409	Aquatics Training	\$170	
403	Skills Training	\$180	
308	TGIF	\$100	
110	Dinner & A Movie	\$ 60	
115	Escapades	\$200	
100	Making & Moving	\$140	
108	Elective following Making and Moving – See The Sights	\$265	
114	Fantastic Friends on the Move	\$400	
	Camp out Fantastic Friends	\$75	
106	Fun Time	\$105	
101	Elective following Fun Time Session I Rock and Roll Bowl Session II Spring Has Sprung	\$180	
105	Ready, Set, Play	\$140	
408	Adult Trips Comfort Food Cook Off   Valentine's Day Celebration   Bridgeport Sound Tigers Game   Mall & Movies   Day at Blue Mountain   Westchester Knicks Basketball Game   Philipsburg Manor, Tarrytown   Garden Party   Seussical Jr. Irvington Town Hall The   TOTAL ENCLOSED:	stop state s	
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	CREDIT CARD CHARGES FILL OUT BACK OF S	SHEET \$5.00 SER	VICE CHARGE



• Program fees must be paid with this registration form to enroll your son/daughter in the program (s) indicated. Please make checks payable to North East Westchester Special Recreation.

Travel Authorization (For individual community participants) Please be specific in describing how this participant may be discharged from program (i.e.) can leave only with parent, travels independently etc.

Needs staff supervision while waiting for pick-up Yes No

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Credit Card Form

PLEASE PRINT
Name on Card:(Please print)
Mailing Address:
Town:
State/Zip:
Phone #:
Cell #:
Charge my Credit Card (check one)
Visa Master Card O
Card #:
Expiration date: Security Code:
A Service Charge will be applied to your account for \$5.00
Amount Charged \$
Signature:

I agree to pay above total amount according to card issuer agreement (Merchant Agreement if Credit Voucher)