

# Registration Form

Child's Name:

---

Age: \_\_\_\_\_ Grade Level:

---

Parent Name:

---

---

Address:

---

---

Phone: \_\_\_\_\_ Alt. Phone:

---

E-mail Address:

---

---

Emergency Contact:

---

Emergency Contact Phone:

---

Does your child have any allergies?

---

Anything else we need to know about your child?

Please mail this form along with fee (\$30 for first child, \$15 for siblings). Checks should be made out to NPC Association. **Due by Wednesday, December 18th.**

Mail to:

Meg Schaefer  
Ridgewood High School  
627 E. Ridgewood Avenue  
Ridgewood, New Jersey 07450