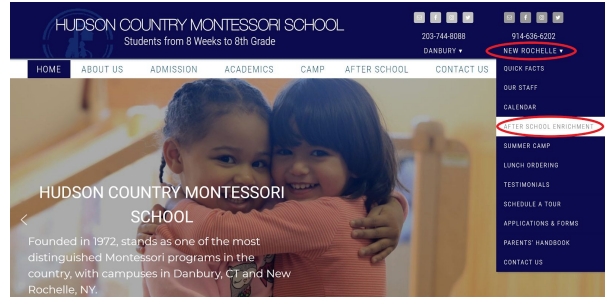




Hudson Enrichment Program

Session I

We are pleased to offer an after school enrichment program for the children at Hudson Country Montessori School. The activities have been chosen to balance intellectual, physical, small motor and concentration development, along with fun, relaxation and socialization. Please visit hudsoncountry.org/nrafterschool to see a complete description of every class offered.



The class description page is on our website at www.hudsoncountry.org under the New Rochelle menu selection.

Guidelines for Activity Registration:

1. Fill out the attached registration form for each child.
2. List an alternative choice in case an activity has exceeded capacity limits or there are not sufficient numbers of participants. **DO NOT SEND CHECKS FOR THE ALTERNATE CHOICE.** If the alternate class is necessary, we will contact you concerning any difference in cost.
3. Bring the following forms and checks to our office at 340 Quaker Ridge Road:
 - a. A completed registration form for each child
 - b. A separate check for each activity made out to the Hudson Country Montessori School
4. Please make sure whomever in the office takes your form and check **writes the date and time on the form** as registration is first-come-first-serve.

Please return these forms promptly. We will make every effort to see that your child is able to participate in their first choice activity, however registration forms are accepted on a first-come-first-serve basis and class sizes are limited. **PLEASE NOTE:** If there is not sufficient enrollment for an activity, that activity will be cancelled and your check will be returned.

All students who do not participate in the HEP program will remain in our regular late session.

Please help us provide excellent activities by picking up your child promptly at 4:40 pm.

Email Lauren Kaechele at hudsonenrichmentny@hudsoncountry.org with questions or comments.



Hudson Enrichment Program
Session I

Registration Form

Forms and payment must be in no later than September 6, 2019.

Name of child _____ Classroom # _____

Address _____ Age _____

Phone Number _____ Email Address _____

Please Fill in Complete Name of Activity and Meeting Day:

Activity _____ Meeting Day _____ Fee _____

Activity _____ Meeting Day _____ Fee _____

Activity _____ Meeting Day _____ Fee _____

Activity _____ Meeting Day _____ Fee _____

Activity _____ Meeting Day _____ Fee _____

Please attach separate checks for each activity requested. Please do not send cash.

Total Fee _____

Please list any alternate choice in case sessions you selected above are already filled:

Activity _____ Meeting Day _____ Fee _____

Do NOT include the fee for the alternate session at this time.

MAKE CHECKS PAYABLE TO **HUDSON COUNTRY MONTESSORI SCHOOL**

I hereby give my child, _____, permission to participate in the enrichment program held after regular school hours.

Parent/Guardian Signature

Date