EMERGING STARS AFTERSCHOOL AT P.S. 159Q			
			Check One:
]
Student's Name:			M F
Class:	Start Date:		-
Sibling in Emerging Stars/Class:]
Mother/Father/Guardian:			
Cell Phone Number:			
Work Number:			
E-Mail:			
Mother/Father/Guardian:			
Cell Phone Number:			
Work Number:			
E-Mail:			
FOR OFFICE USE:			
Program Fee:]	
ONE TIME Registration Fee:	\$50.00	1	
TOTAL DUE:			
	Amount	Paid	
	Balance		
*Monthly payment due on first d	av of term. We do not acc	ept credi	it
card payments. You will receive	-	-	