

Name of Participant: _____		Parent/Guardian: _____	
Address: _____		Home Phone: _____	
_____		Cell Phone: _____	
Zip Code: _____	Municipality you pay taxes to: _____	E-Mail address: _____	
Participants Gender: _____	Age: _____	Birth Date: _/ _/ _ _	Primary Diagnosis: _____
Last 4 Digits of Participant's Social Security #: * * * - * * - _____		Medicaid Waiver #: _____	

We require every participant to have a medical form on file which is valid for 3 years. We ask if your participant has any significant changes in his/her life such as behavioral issues, medication changes or physical limitations please make us aware so we can provide the appropriate support. Please indicate in writing below (N/C) if there is no change.

**PLEASE WRITE FEE NEXT TO THE PROGRAMS YOU ARE ENROLLING IN DURING THE FALL 2011**

<p><b>GLEE CLUB – GLEE 411</b> FEE: \$76.00 _____ TRANS FEE: \$168.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>SPARE TIME – SPARE 411</b> FEE: \$174.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>ADULT SWIM – AQUA 411</b> FEE: \$65.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>SHARKS SWIM CLUB – SHARK 411</b> FEE: \$162.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>T/A PARTNERS IN SPORTS – OLYM 411</b> FEE: \$74.00 _____ TRANS. FEE: \$168.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>YOGA - YOGA 411</b> FEE: \$56.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>SEC DANCE COMPANY – DANCE 411</b> FEE: \$54.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>DANIELLE RINALDI ARTS – ARTS 411</b> FEE: \$98.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>PEEWEE CLUB – PWEE 411</b> FEE: \$58.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p>	<p><b>KIDS IN MOTION – KIDS 411</b> FEE: \$83.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>SEC FIT CLUB – FIT 411</b> FEE: \$77.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>BOWLING – BOWL 411</b> FEE: \$173.00 _____ TRANS. FEE: \$154.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>PLAY PRODUCTION – PLAY 411</b> FEE: \$116.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>DINERS CLUB – DINE 411</b> FEE: \$253.00 _____ TRANS. FEE: \$99.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>NIGHT ON THE TOWN – NITE 411</b> FEE: \$154.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>FRI TRAVEL CLUB – CLUB 411</b> FEE: \$231.00 _____ TRANS. FEE: \$99.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>TOTALLY TEENS – TEENS 411</b> FEE: \$60.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>SATURDAY SPORTS – SATSP _____</b> FEE: \$68.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p>	<p><b>INSTRUCTIONAL SWIM – SWIM _____</b> FEE: \$131.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>LUNCH &amp; MOVIE – MOVIE 411</b> FEE: \$128.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>MAGICAL MYSTERY TOUR – TOUR 411</b> FEE: \$192.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>DINING OUT – DOUT 411</b> FEE: \$100.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>RENAISSANCE FAIRE – RENA 411</b> FEE: \$68.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>WITCHES BALL – HALL 411</b> FEE: \$20.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>A DAY ON BROADWAY – BDWY 411</b> FEE: \$110.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>AWESOME 80's PARTY - AWES 411</b> FEE: \$20.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>NYCB NUTCRACKER – NYCB 411</b> FEE: \$120.00 _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p> <p><b>WINTER WONDERLAND – WINT 411</b> FEE: FREE _____ <input type="checkbox"/>JP      <input type="checkbox"/>DP</p>
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**FALL \$** \_\_\_\_\_ **Less Cr \$** \_\_\_\_\_ **Plus: Prev Bal.\$** \_\_\_\_\_ **Total:** \_\_\_\_\_

**FALL Total Payment Due** \_\_\_\_\_

PAYMENT MUST BE MADE IN FULL AT THE TIME OF REGISTRATION.  
PAYMENT PLANS CAN BE ARRANGED BY CONTACTING SEC AT 914-698-5232 EXT. 106.

**FOR OFFICE USE ONLY**

Date Reg. Rec'd \_\_\_\_\_ Ck Date \_\_\_\_\_ Ck# \_\_\_\_\_ Amt \$ \_\_\_\_\_ Ck Date \_\_\_\_\_ Ck# \_\_\_\_\_ Amt \$ \_\_\_\_\_  
Reg. Entered \_\_\_\_\_ Med. Date \_\_\_\_\_ Scholarship Amt \$ \_\_\_\_\_ Payment Plan \_\_\_\_\_

Date	A/D	Program Name	Code	Prog Fee	Trans Fee	Reason	w/r/c	10% fee	Amount	Prog Min	Init	Init