

# **M.A.X. Afterschool Program**

## **Advanced Registration**

**School Year : \_\_\_\_\_**

Child's Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Additional Child/Children:

Child's Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_

Best Phone # to reach you \_\_\_\_\_

Email address \_\_\_\_\_

Please make the SAVE YOUR SPOT check (\$75 per child) payable to:

Manhasset Afterschool Xperience, Inc

c/o Munsey Park School

1 Hunt Lane

Manhasset, NY 11030

