



**MULTI-CULTURAL FAMILY
SUPPORT CENTER (MFSC)**
LITERACY PROGRAMMING

P.O. Box 394
Paulsboro, NJ 08066
267-341-8325
aliyahschoolofart@gmail.com
www.aliyahschoolofart.com
FB/IG aliyahschoolofart

Registration for the **Multi-Cultural Family Support Center, Literacy Program**

I am an adult (18 years or older) <input type="checkbox"/>		I am a youth/young adult (18 mons-17 years old) <input type="checkbox"/>		
I would like:		Group Sessions <input type="checkbox"/>	Private Sessions <input type="checkbox"/>	Virtual Sessions <input type="checkbox"/>
I am interested in the following programs:				
ESL (English as a Second Language)	Sept-Dec <input type="checkbox"/>	Jan-Mar <input type="checkbox"/>	Apr-June <input type="checkbox"/>	Jul-Aug <input type="checkbox"/>
Literacy Intervention (Reading/Writing/Phonics/Comprehension Intervention)	Sept-Dec <input type="checkbox"/>	Jan-Mar <input type="checkbox"/>	Apr-June <input type="checkbox"/>	Jul-Aug <input type="checkbox"/>
Learning Spanish	Sept-Dec <input type="checkbox"/>	Jan-Mar <input type="checkbox"/>	Apr-June <input type="checkbox"/>	Jul-Aug <input type="checkbox"/>
Career/College Prep	Sept-Dec <input type="checkbox"/>	Jan-Mar <input type="checkbox"/>	Apr-June <input type="checkbox"/>	Jul-Aug <input type="checkbox"/>
Essay Writing	Sept-Dec <input type="checkbox"/>	Jan-Mar <input type="checkbox"/>	Apr-June <input type="checkbox"/>	Jul-Aug <input type="checkbox"/>
Creative Writing	Sept-Dec <input type="checkbox"/>	Jan-Mar <input type="checkbox"/>	Apr-June <input type="checkbox"/>	Jul-Aug <input type="checkbox"/>

Personal Information (Please enter student’s personal information)

Student First Name: _____

Student Last/Family/Surname Name: _____

English or Nick Name: _____ Gender: Male Female

Parent/Guardian Information (for students 18 and under)

Parent/Guardian First/Last Name: _____

Parent/Guardian First/Last Name: _____

Address: _____ City: _____ Province/State: _____ Postal Code: _____

Telephone Number: (____) _____ - _____ Alt. Number: (____) _____ - _____

Email: _____ Date of Birth: _____/_____/_____

First Language: _____ Other Language/s: _____

Highest Completed Grade/Level Achieved: _____

Name/Address of Last School Attended: _____

Name/ # of Years attended in Higher Education: _____



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Declaration: Please read the following before signing.

1. I declare that the information I have submitted on this application is true and accurate. Falsifying any document or information submitted will result in the immediate cancellation of the registration to the program.
2. I understand that this information along with subsequent information is collected under the authority of **Aliyah School of Art's(ASA), Multicultural Family Support Center(MFSC)** for the sole purposes of admission, registration, research, and other purposes consistent with the mandate of this institution.

I hereby certify that all of the information on this application is true and complete. I agree to abide by ASA, MFSC rules and regulations including payment fees.

Signature: _____ Date: _____

If under the age of 18, I authorize ASA, MFSC to release my academic records and reading scores.

Signature: _____ Date: _____

When completed and signed this document is confidential.

Thank you for your interest in the MFSC'S Literacy Program. We are looking forward to helping our students reach their literacy goals!

What's Next?

Once you've completed, signed, and returned this document, a representative from Aliyah School of Art's Multi-Cultural Family Support Center will contact you to:

1. Set up Payment Arrangements
2. Schedule an Evaluation Date (All incoming students must submit to an in person evaluation. Evaluations are used to better learn what areas students need assistance in. Evaluations also help us create an individual Growth & Development plan for our students.)
3. Schedule and Arrange Literacy Sessions per Program Quarter.

Registration Forms can be emailed to aliyahschoolofart@gmail.com

Or

Mailed to
Aliyah School of Art/MFSC
P.O. Box 394,
Paulsboro, NJ 08066