



**OUR SAVIOR**  
NEW AMERICAN SCHOOL

**"Classical Christian Education"**

*Pre-K to Grade 12*

## Summer Enrichment Registration Form

### Student's Information:

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
\_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Entering Grade: \_\_\_\_\_  
\_\_\_\_\_ DOB: \_\_\_\_\_

### Parent (s) Information:

Phone(s): \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_ Relationship \_\_\_\_\_

Email(s) \_\_\_\_\_ Relationship: \_\_\_\_\_  
\_\_\_\_\_ Relationship: \_\_\_\_\_

### Pickup/Drop off:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Sessions:

\_\_\_ July 11-22, 2022 (9:00-11:00am)      \_\_\_ August 8-19, 2022

### Payment: \$300 per session

\_\_\_ Cash or \_\_\_ Check (**Made to: Summer Enrichment Program**)

140 Mark Tree Road, Centereach NY 11720

Phone: (631) 588 2757 • Fax: (631) 588 0978

[www.osnas.org](http://www.osnas.org)

**Medical:**

Allergies: \_\_\_\_\_

Type of Care Needed: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Medication Needed: \_\_\_\_\_ Time: \_\_\_\_\_

Epi-Pen  yes  No

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date