Washington, D.C. Trip 2017: Registration and Payment

Please return this form, along with corresponding payment, NYCDOE Parent Notification/Consent Form, and Emergency/Medical/Special Needs Form, BY December 2, 2016,

Attn: Mr. Smith or Ms. Ward.  Any checks should be made payable to MS 447.

PART ONE: Information

Child’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s phone number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PART TWO: Registration.  Please check one of the following.

\_\_\_\_\_\_\_ Unfortunately  my child will NOT be able to attend the Washington, D.C. trip.

\_\_\_\_\_\_\_ My child will attend the Washington, D.C. trip on May 10-12, 2017, and I am enclosing the full payment of $367 for my child’s trip.

\_\_\_\_\_\_\_ I am enclosing the first payment of $100 for my child and will participate in the payment plan below.

Payment Plan timeline:

Payment #1 of $100 due by December 2, 2016

Payment #2 of $100 due by January 10, 2017

Payment #3 of $100 due by February 10, 2017

Payment #4 of $67 due by March 10, 2017 (FINAL PAYMENT)

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PART THREE: Would you like to be a parent chaperone?

\_\_\_\_\_\_\_ I would like to chaperone.  Included is my additional deposit for $100, and I will follow the payment plan above for myself.

\_\_\_\_\_\_\_ I would like to chaperone.  Included is my full payment of $367.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART FOUR: Do you need financial assistance?

\_\_\_\_\_\_\_ I am enclosing a partial payment of $\_\_\_\_\_\_\_\_\_\_ and would like to receive some financial assistance.\*

\* We realize that economic times are difficult and do not wish for the cost of this trip to prohibit your child from   attending.  Partial scholarships are available. We ask that each family requesting a scholarship sell 7 boxes of candy in order to defray the cost, or contribute part of the cost.  This will allow us to help more students attend the trip.  If you will need financial assistance, please write a letter or contact Mr. Smith at esmith@ms447.org or call 718-330-9328.

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PART FIVE: Please help with a donation:

\_\_\_\_\_\_\_ I am enclosing an additional donation of $\_\_\_\_\_\_\_\_\_\_ to help defray the costs for another student. (THANK YOU!!!)