***Washington, D.C. Trip 2015: Registration and Payment***

**Please return this form, along with corresponding payment, NYCDOE Parent Notification/Consent Form, and Emergency/Medical/Special Needs Form, BY FEBRUARY 13, 2015, Attn:** **Ms. Vissa. 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 trip.

\_\_\_\_\_\_\_ My child will attend the Washington trip on May 6-8, 2015, and I am enclosing the full payment of $394 for my child’s trip.

\_\_\_\_\_\_\_ I am enclosing the first payment of $131 for my child and will participate in the payment plan below.

Payment Plan timeline:

Payment #1 of $131 due by February 13, 2015

Payment #2 of $131 due by March 6, 2015

Payment #3 of $132 due by March 27, 2015 (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 $131, and I will follow the payment plan above for myself.

\_\_\_\_\_\_\_ I would like to chaperone. Included is my full payment of $394.

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***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 Ms. Vissa at cvissa447@gmail.com or 718-330-9328.

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***PART FIVE: Can you make a donation?***

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