

**The Upper Saddle River Children's Academy**

500 East Saddle River Road

Upper Saddle River, New Jersey 07458

201- 955- 0001

**After School Enrichment Application**

**Student Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Gender: Boy Girl**

**Address:**

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

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Parents' Names** \_\_\_\_\_

**Caregiver Name (If Applicable)** \_\_\_\_\_