John Read Middle School Morning Supervision - 7:05 a.m. Paid Program

Student Name:	Gender:
	☐ Male ☐ Female
Grade:	Quarter:
□ 5 □ 6 □ 7 □ 8	
Home Address:	Home Phone:
	Home Email:
Parent #1 Name:	
Work Phone:	
Cell Phone:	
Parent #2 Name:	
Work Phone:	
Cell Phone:	
7:05 - 8:52 a.m. Paid Morning Program	
Please enclose a check made out to "JRMS Activity Fund" for \$100 covering the noted quarter.	
\$5.00 Drop Off Fee (before 8:00 a.m.) when needed	
Parent Signature:	
Date:	
Check #:	

* Please note the following:

- Program will begin at 8:35 a.m. on a 90 minute delayed opening.
- Program will begin at 9:05 a.m. on a 2 hour delayed opening.
- Program will begin at 10:05 a.m. on a 3 hour delayed opening.

Please mail or deliver the completed registration form with a check (Pay to the order of "JRMS Activity Fund") to:

Lori Clement

John Read Middle School 486 Redding Road Redding, Connecticut 06896