



297-299 Cromwell Avenue
Staten Island, N.Y. 10305
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info@FusionPrograms.org

WEEKLY REGISTRATION

Indicate the date and program request below.

WEEK 1

DATE: Thursday ____/____/____

Each Program is 1 Hour in Length

SELECTED PROGRAM(S):

Culinary Arts 3:30-4:30pm Fitness 4:30-5:30pm Digital Tech 5:30-6:30pm

Week 1 - Total Number of Programs: _____

WEEK 2

DATE: Thursday ____/____/____

Each Program is 1 Hour in Length

SELECTED PROGRAM(S):

Culinary Arts 3:30-4:30pm Fitness 4:30-5:30pm Digital Tech 5:30-6:30pm

Week 2 - Total Number of Programs: _____

WEEK 3

DATE: Thursday ____/____/____

Each Program is 1 Hour in Length

SELECTED PROGRAM(S):

Culinary Arts 3:30-4:30pm Fitness 4:30-5:30pm Digital Tech 5:30-6:30pm

Week 3 - Total Number of Programs: _____

WEEK 4

DATE: Thursday ____/____/____

Each Program is 1 Hour in Length

SELECTED PROGRAM(S):

Culinary Arts 3:30-4:30pm Fitness 4:30-5:30pm Digital Tech 5:30-6:30pm

Week 4 - Total Number of Programs: _____

FEE

\$100 Per Hour

All forms of payment accepted. Indicate your payment method below. You will be contacted for remittance.

Check Cash Credit Card

REGISTRATION INFORMATION

Last Name _____ First _____ MI _____

DOB ____/____/____ Gender _____ Cell (____) _____ Home Tel. (____) _____

Email Address _____

Home Address _____

Other Parent/Guardian _____ Relationship _____

EMERGENCY CONTACT

Name _____ Tel. (____) _____ Relationship _____

PLEASE EMAIL THE COMPLETED FORM TO info@fusionprograms.org