

The Pathways to Learning 2008 Fall/Winter Program
Mendham Township Public Schools
Mail-in Registration Form

Registration forms will be accepted via mail or online
Monday, September 29th through Wednesday, October 8th

Please use one registration form per child.

This is the printable 'Mail-in' registration form.
If you wish to register online, please visit the Pathways to Learning web page, Fall/Winter Programs, and select the online registration form.
For further information please email Sarah Witko at
pathways@mendhamtp.org

Child's Name First: _____ Middle Initial: ___ Last: _____

Child's Grade: _____ Child's Teacher: _____

Parent's Name First: _____ Middle Initial: ___ Last: _____

Address Street: _____ P.O. Box: _____

City: _____ State: _ Zip: _____

Phone Home: _____ Cell: _____ Work: _____ Ext.: ___

Parent 1 Email Email: _____ **Parent 2 Email** Email: _____

Emergency contacts if parents/guardian is not available:

Contact 1 Name: _____ Phone: _____ Relationship: _____

Contact 2 Name: _____ Phone: _____ Relationship: _____

Contact 3 Name: _____ Phone: _____ Relationship: _____

I would like to register my child for the following program(s):

1) _____ Tuition: \$ _____

2) _____ Tuition: \$ _____

Total Tuition: \$ _____

Payment may be made by check – or you may make your payment online by visiting
www.mendhamtp.org and click on Pathways to Learning > Fall/Winter Programs.

Make checks payable to: 'MTBOE Pathways Program'.

Please note there will be no refunds of tuition or fees, for absence or withdrawal for any reason including dismissal due to conduct.

Drop-off or mail checks to:

Mendham Township School District
MTBOE Pathways Program
18 West Main Street
Brookside, NJ 07926

You will be contacted with additional information after
your registration form is received and confirmed

Mendham Township School District

Parental Notification to School Official For Participation in the Pathways to Learning Program

I, _____, give permission for
(print parent/guardian name)

my child _____ to stay after school
(print student name)

and participate in the Pathways to Learning Program each of the listed days of the week

(print day(s) of week your child is in Pathways classes)

I, _____, also promise to pick
my child up from the class(s) he or she is registered for within the designated time frames
outlined in the parental letter and on our website and will adhere to the fee schedule if I
am not able to meet those requirements.

Parent Signature

Date

Please List the Primary Adult Responsible for Picking Up Your Child From Each Pathways Class:

Print Adult Name

Day(s) of the Week

Acceptable Alternate Adult

Day(s) of the Week

***Please note: If your child will be picked up by an adult other than the names you have provided, a note needs to be sent into school with your child and given to their Pathways instructor.**