



455 Mamaroneck Rd, Scarsdale, NY 10583
914-722-1289

Drop In Registration Form

Name of Program _____ Date _____

Parent's Name _____ Phone _____

Address _____

Email _____

Emergency Contact _____ Phone _____

Child 1 Name _____ DOB _____

Special Needs _____

Medical Concerns/Allergies _____

Child 2 Name _____ DOB _____

Special Needs _____

Medical Concerns/Allergies _____

Amount Paid \$ _____ Cash Check Registered

CHECKS MUST BE MADE OUT TO VILLAGE OF SCARSDALE

Please drop off this form with payment anytime during business hours prior to the program date