ORANGE TOWNSHIP PUBLIC SCHOOLS
**ORANGE PREPARATORY ACADEMY**
400 Central Avenue New Jersey 07050
Tel: (973) 677-4135 Fax: (973) 677-2439
Website: http//www.orange.k12.nj.us

Ronald C. Lee, Superintendent of Schools

Ms. Aretha D. Malloy
Mr. Dana Gaines
Co-Principals

Mr. Noel Cruz
Ms. Samantha Fossella
Vice-Principals

# Orange Preparatory Academy Saturday Program Registration Form

Student Name:_____

Grade: _____ D.O.B.: _____ Gender: _____

Student Address:_____

Telephone Number:_____ Alternate Phone:_____

☒ **Saturday Program Dates (9:00 a.m. – 12:00 p.m.):**

| | |
|---|---|
| Dec. 5, 12, 19 | Mar. 5, 12, 19 |
| Jan. 9, 16, 23, 30 | Apr. 2, 9, 23, 30 |
| Feb. 6, 13, 27 | May 7, 14, 21 |

**Please write the current grade average:** **ELA 8/ENG I:**_____ **Math 8/ALG I:** _____

**ELA 8/ENG I:**_____ **Math 8/ALG I:** _____

**PARENT OR GUARDIAN**

Name: _____

Business Phone: _____ Cell Phone: _____

**ADDITIONAL EMERGENCY NAMES**

Name: _____ Relationship: _____

Phone: _____ 2nd Phone: _____

Name: _____ Relationship: _____

Phone: _____ 2nd Phone: _____

**PLEASE READ CAREFULLY**

i, the parent/guardian of the above name registrant, hereby give my approval for the registrant to participate in any activities at the ***Orange Preparatory Academy Extended Day Programs*** and understand as a parent/guardian, I must abide by the rules and regulations set forth. All necessary precautions will be taken to protect each child from physical harm or property loss. However, the undersigned agree(s) that they do jointly and severally indemnify and hold harmless the Orange Board of Education against liability for any and all claims for damages to property or injury to or death of my child or ward arising out of the scheduled activities in the extended day programs.

**Parent/Guardian:** _____ **Date:** _____

**– Over –**

**PHOTO RELEASE**

During our program, pictures and videos will be taken or recorded to create storyboards, brochures, newsletters or news articles. We would like your permission to use any photos or videos your child may appear in for said purposes.

I hereby do ____, do not ____, and consent to reproduce photographs or video taken of my child for the above mentioned purposes.

Parent/Guardian Signature: _____ Date: _____