



Roslyn After School Program Application for Admission

Child's Name: _____

Telephone: _____

Address: _____

City: _____

State: _____ Zip: _____

School: _____

Grade: _____

Parent's Name: _____

Business Telephone: _____

Enrollment Days: Monday Tuesday Wednesday
 Thursday Friday

Applications may be mailed to:

Roslyn After School Program
c/o Heights School
240 Willow Street
Roslyn Heights, NY 11577

