

Madison Community House  
25 Cook Ave. \* Madison, NJ 07940 \* Telephone 973-377-0244

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Six-Week Session Janet Allocco, Director

Registration: March 9th Tuesday: 12:30 TO 2:00 AND 4:00 – 5:00 P.M. ---Classes begin week of March 15th  
NO CLASSES - VACATION WEEK – 3/29-4/2 Classes resume 4/5/10  
Registration Place: Madison Community House (No mail or phone registration prior to (March 9th)  
Registration Fee: \$30.00 per child / per session \$6.00 for each Workshop – On back of form

MONDAY	Arts and Crafts	3:30-5:00 pm	Grades 2 -4	Limit 8	3/15 – 4/26
	Yum –Yum Cooking	3:30-5:00 pm	Ages 5 & 6	Limit 8	3/15 – 4/26
	Rhythm & Exercise	11:30 – 12:30	Ages 4 & 5	Limit 14	3/15 -4/26
TUESDAY	Yum –Yum Cooking	3:30-5:00 pm	Ages 4 & 5	Limit 8	3/16 – 4/27
	Yum – Yum Cooking	1:05-2:30 pm	Ages 4 & 5	Limit 8	3/16 – 4/27
	Arts and Crafts	3:30-5:00 pm	Grades K - 1	Limit 8	3/16 – 4/27
	Knitting	3:30-5:00 pm	Grades 3-5	Limit 6	3/16 – 4/27
WEDNESDAY	Yum –Yum Cooking	3:30-5:00 pm	Ages 5 & 6	Limit 8	3/17 – 4/28
*No class 4/14)	Yum –Yum Cooking	1:05 – 2:30 pm	Ages 4 & 5	Limit 8	3/17 – 5/5
THURSDAY	Yum –Yum Cooking	3:30-5:00 pm	Ages 4 & 5	Limit 8	3/18 – 4/29
	Art for Kids	3:30-5:00 pm	Grades 3 – 5	Limit 6	3/18 – 4/29
FRIDAY	JUNIOR COOKING	3:30-5:30 pm	Grades 2 – 4	Limit 6	4 weeks 4/9 -4/30

**NOTE: The Madison Community House also sponsors Dance classes with Dorene Roche.**

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_  
Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

My son/daughter has my permission to participate in the after school programs listed below:  
Yum-Yum (Mon)\_\_\_\_\_ Yum-Yum (Tues.)\_\_\_\_\_ Yum-Yum (Wed.)\_\_\_\_\_ Yum-Yum(Thurs.)\_\_\_\_\_  
Arts & Crafts (Mon.)\_\_\_\_\_ Arts and Crafts(Tues.)\_\_\_\_ Knitting(Tues.)\_\_\_\_\_ Yum-Yum (Wed.)\_\_\_\_\_  
Rhythm & Exercise(Mon)\_\_\_\_\_ Art for Kids(Thur.)\_\_\_\_ Junior Cooking (Fri)\_\_\_\_\_ Yum-Yum(Tues)\_\_\_\_\_  
**DEAR PARENTS: By signing your name you are giving your child permission to participate in the class and have read the rules and regulations for behavior in the classroom.**

Parent Signature: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Medical Problems: \_\_\_\_\_

**PLEASE BRING A DRINK FOR YOUR CHILD – NON-PEANUT SNACK PROVIDED**

