



# C. B. Jennings Elementary Dual Language School

50 Mercer Street ▪ New London, Connecticut 06320-5296 ▪ (860) 447-6050 ▪ Fax: (860) 437-6267

Jaye Wilson  
Interim Principal  
[wilsonj@newlondon.org](mailto:wilsonj@newlondon.org)

Carol Paldino  
Dean of Students  
[paldinoc@newlondon.org](mailto:paldinoc@newlondon.org)

## After School Enrichment Program Application

The program is free of charge for students

Decline Program: \_\_\_\_\_ Please fill out student's information, sign and date below

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F Race: \_\_\_\_\_

Classroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone's numbers: Home \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

At dismissal time of the program at 3:45pm., my child will (please check one)

Walk home: Yes No With: \_\_\_\_\_

Take Bus: Yes No Please indicate Name of Person

Be Picked up: Yes No

Person Authorized to Pick Up my Child: \_\_\_\_\_  
Print Name and Phone Number

\_\_\_\_\_  
Print Name and Phone Number

**Make sure the person's name is also in the registration form**

Primary instructional language: \_\_\_ English \_\_\_ Spanish

Additional information: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Coordinator: Gloria Sotomayor, Operations Manager

Acceptance date: \_\_\_\_\_

