

Please complete both sides of this registration form, detach and mail with your check to enroll your child in the program.

Name: _____	Telephone: _____
Street Address: _____	Grade to be completed: _____
City and Zip Code: _____	(as of July 2009)
School Attending: _____	Flash Animation & Web Design: <input type="checkbox"/> Session I July 6 - 10
<i>Please make checks payable to: M.C.V.S.D.</i>	Flash Animation & Web Design: <input type="checkbox"/> Session II July 13 - 17
<i>I would prefer that you bill my charge account:</i>	
Visa / MasterCard: _____	Student Signature: _____
Expiration Date: _____	Parent Signature: _____

Flash Animation & Web Design

a five day, summer enrichment program for students entering grades 6 - 7 - 8

High Technology High School

P.O. Box 119
Lincroft, New Jersey 07738

the information you requested re: the 2009 Summer Computer Science program for 6th, 7th & 8th grade students

