

# WARWICK VALLEY CENTRAL SCHOOL DISTRICT COMMUNITY ENRICHMENT REGISTRATION FORM

Name: \_\_\_\_\_

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

Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Program/Class Name: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Check #: \_\_\_\_\_

**Please make the check payable to Warwick Valley CSD. Mail completed  
Registration Form, with payment, to:**

Warwick Valley Central School District  
Attn: Lois Leonard  
PO Box 595  
Warwick, NY 10990

