



## WARWICK VALLEY CENTRAL SCHOOL DISTRICT COMMUNITY ENRICHMENT REGISTRATION FORM

Name:

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Address:

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Cell Number:

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Email:

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Program/Class Name:

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Payment Amount:

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Check #:

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**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