



# The Saturday Academy Registration Form



**Please print and complete all parts. Detach and mail with check/money order made payable to *PCTI* to: Saturday Academy - Attn: Assistant Superintendent  
PASSAIC COUNTY TECHNICAL INSTITUTE  
45 REINHARDT ROAD WAYNE, NEW JERSEY 07470**

Student's Last Name		First Name	Age
Street Address	Apt. #	City or Town	Zip
Telephone #		Emergency Telephone #	
Grade	School Currently Attending	Town	
Title of Course Selected			

**Does your child have any medical concerns? (i.e. allergies, asthma, diabetes, etc.) Please explain: \_\_\_\_\_**

\_\_\_\_\_

Email Address for class confirmation: \_\_\_\_\_

CHECK ENCLOSED IN THE AMOUNT OF: \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH: \_\_\_\_\_

PARENT OR GUARDIAN'S SIGNATURE: \_\_\_\_\_  
(Required for enrollment)

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**NOTE: PLEASE CALL 973-389-4210 BEFORE FEBRUARY 22<sup>ND</sup> TO CONFIRM YOUR CHILD'S ACCEPTANCE TO THE SATURDAY ACADEMY. No confirmation for registration will be sent. Students will be notified ONLY if their class is cancelled.**