

## **Diane Gagliardi Enrichment Program**

November 2023

Dear ECLC Alumni, P.R.I.D.E. and CPS Clients,

The **Diane Gagliardi Enrichment (DGE) Program** continues to be successful! **Please note that we will be holding two, eight-week sessions this year in person! Each session is split into two, four-week courses but the attached form is only for the spring session.**

**The cost for a session is \$100.** We thank the ECLC Foundation for subsidizing this program.

**Time:** 6:30-8:00pm

**Fall:**

**First Course:** March 6, 13, 20, 27

**Second Course:** April 3, 10, 24, and May 1

Payment should be included with registration. If there is a financial burden, please contact Mr. Killian so we may set up a payment plan. We do not offer scholarships. We no longer accept self-directed funds.

**Please download and print the attached form. Please mail to the ECLC Chatham Campus, care of Mr. Killian no later than January 2, 2024.**

Deadline is firm. Registrations will not be accepted after that date. Forms will be taken off website after due date.

**If traveling home via Access Link, be sure that the pick-up window does not extend beyond 8:00 PM. Please provide an Access Link ID # ONLY if you plan to use Access Link.**

Sincerely,

Mr. Killian  
Principal

Melissa Borrello  
Evening Administrator

*As a courtesy to our Chatham P.R.I.D.E. families, DGE participants may remain at P.R.I.D.E Center at the end of the day and receive transportation to Chatham Campus by P.R.I.D.E personnel.*

*Parents are responsible for prompt pick-up at 8:00 PM at ECLC Chatham Campus, 21 Lum Ave.*

*P.R.I.D.E. charges a nominal Fee for this service. P.R.I.D.E. will notify and bill you directly.*

# DIANE GAGLIARDI ENRICHMENT PROGRAM REGISTRATION FORM

## Spring 2024 - CHATHAM CAMPUS

(Please print all information clearly)

Participant Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Access Link ID # \_\_\_\_\_ (Pick-up is at 8:00, at 21 Lum Avenue, Chatham)

Allergies & Diet Restrictions (example: gluten free, dairy free, nut allergies, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**Mark your top four Course preferences for each Session with #1, #2, #3 and #4.**

Spring Session Classes		
Cooking _____	Arts & Crafts _____	Karaoke _____
Yoga _____	Fun & Games _____	Paint by Number _____
Sports/Gym _____	Computers _____	
Just Dance _____	Puzzles & Adult Coloring _____	

We will try to accommodate your **TOP TWO** preferred 4 Week Course selections.

Payment Enclosed \_\_\_\_\_\$100

**Payment:** No Cash. Self-directed funds are no longer a payment option.

**Checks Payable To:** ECLC FOUNDATION

Mail this Registration Form and attached Medical Form with payment enclosed to:

**ECLC of New Jersey**

**Attn: Jason Killian**

**21 Lum Avenue**

**Chatham, NJ 07928**

**Forms must be mailed! Deadline: 1/10/2024**

## **Course Descriptions**

### **Karaoke - Instructor:** Ms. Sewall

Come sing and dance to your favorite hits. It's where YOU can become the DJ!

### **Yoga - Instructor:** Mrs. Jacobi

Find your inner Zen while doing Yoga.

### **Just Dance - Instructor:** Mrs. Farahar

Dance along to your favorite routines from Just Dance.

### **Fun & Games: - Instructor:** Mrs. McDowell-Bryant

Test your skills by playing exciting board, dice and card games with your friends.

### **Paint by Number - Instructor:** Ms. Willard

Follow the patterns to make a masterpiece with paint.

### **Puzzles and Adult Coloring - Instructor:** Ms. Cadogen

Clients will choose between completing puzzles, adult coloring, crossword puzzles, word searches, all while listening to music in a calm, peaceful environment.

### **Sports/Gym - Instructor:** Ms. Burdge

Come to open gym where you can exercise while playing play different sports.

### **Computers - Instructor:** Ms. Lynch

Clients will be practicing keyboarding and mouse skills, as well as learning how to use Microsoft programming.

### **Arts & Crafts - Instructor:** Ms. Lasky

Clients will complete various art projects and crafts showing off their artistic side.

### **Cooking - Instructor:** Ms. Capelli

Clients will follow recipes to make snacks and goodies.

**This form must be completed & returned with registration**  
**ECLC DGE PROGRAM MEDICAL FORM**

Participant Name \_\_\_\_\_

Address \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

In the event of an emergency, notify:

\_\_\_\_\_  
Name/Telephone Number

\_\_\_\_\_  
Name/Telephone Number

Do you have any food allergies? If yes, please list

\_\_\_\_\_  
\_\_\_\_\_

Do you have any other allergies? If yes, please list

\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical conditions/problems, which we should know about? For example, heart problems, diabetes, seizures, asthma, etc. Please explain

\_\_\_\_\_  
\_\_\_\_\_

Do you carry emergency medication (inhaler, epipen, diastat, pills)?

\_\_\_\_\_  
I understand that in the event of an emergency requiring immediate medical intervention, ECLC of New Jersey will arrange for me to be taken to Overlook Hospital in Summit, NJ.

If you have a medical insurance provider, please list provider's name & policy number below.

\_\_\_\_\_  
Medical Insurance Provider's Name

\_\_\_\_\_  
Policy Number

Please sign below and, if you live with a parent or guardian, have them sign below as well.

\_\_\_\_\_  
Adult Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date