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.

<table>
<thead>
<tr>
<th>Spring Session Classes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooking _____</td>
</tr>
<tr>
<td>Yoga _____</td>
</tr>
<tr>
<td>Sports/Gym _____</td>
</tr>
<tr>
<td>Just Dance _____</td>
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</tbody>
</table>

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

________________________________________________________________________

________________________________________________________________________

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