

## Diane Gagliardi Enrichment Program

August 2024

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

We hope you are having a wonderful summer. The **Diane Gagliardi Enrichment (DGE) Program** continues to be successful! **Please note that we will be holding two, eight-week sessions in the Fall and Spring! Each session is split into two, four-week courses.**

As a reminder, registration is on a **first come, first serve basis**, so be sure to register early. **The cost for one session is \$100 and both sessions is \$200. You cannot combine payment for DGE and alumni dances. They must be two separate checks.** We thank the ECLC Foundation for subsidizing this program.

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

### **Fall:**

**First Course:** 10/2, 10/9, 10/16, 10/23, 10/30

**Second Course:** 11/6, 11/13, 11/20

### **Spring:**

**First Course:** 3/5, 3/12, 3/19, 3/26

**Second Course:** 4/2, 4/9, 4/30, 5/7 (please note – no DGE 4/16, 4/23)

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 September 9, 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

## Fall 2024 & Spring 2025 - 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)

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

Fall Session Classes		Spring Session Classes	
Cooking _____	Arts & Crafts _____	Cooking _____	Arts & Crafts _____
Yoga _____	SMARTboard Games _____	Yoga _____	SMARTboard Games _____
Sports/Gym _____	Adult Coloring/Puzzles _____	Sports/Gym _____	Adult Coloring/Puzzles _____
Just Dance _____	Karaoke _____	Just Dance _____	Karaoke _____
Paint by # _____		Paint by # _____	

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

Payment Enclosed \_\_\_\_\_ \$100 for 1 session \_\_\_\_\_ \$200 for 2 sessions

**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: 9/9/2024**

## Course Descriptions

### **SMART board Games - Instructor:** Mrs. McDowell-Bryant

Test your skills by playing exciting games on the SMARTboard with your friends.

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

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

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

Find your inner Zen while doing Yoga.

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

Dance along to your favorite routines from Just Dance.

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

Follow the patterns to make a masterpiece with paint.

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

Clients will pick choose between crossword puzzles, word searches, coloring all while listening to music.

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

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

### **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 OF NEW JERSEY FOUNDATION  
DIANE GAGLIARDI ENRICHMENT 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 Student**

\_\_\_\_\_ **Date**

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

\_\_\_\_\_ **Date**