Clarksville Elementary School PTA Spring 2018

## After School Program Cool Crafts



Ready to get creative and have lots of fun? Join Cool Crafts for colorful creativity. We will be using all sorts of art mediums to make a variety of arts and crafts. All supplies included.

Teachers: Mrs. Stone and Ms. Koroleva Brought to you by the CES PTA

Registration is LIMITED to a first come, first serve basis.

## **Important Information:**

When: 6 sessions - Wednesdays: 03/14-04/25

Session Dates are: 03/14, 03/21, 03/28, 04/11, 04/18, 04/25

Time: 4:05-5:00pm Who: Grades K-5

Why: Students can use their imaginations to be creative and express themselves by using different art and

craft techniques.

**Cost**: \$120

Deadline: Wednesday, March 7, 2018

## REGISTRATION/PERMISSION FORM

- Please complete a separate registration form for each child.
- We must have: EMAIL address & EMERGENCY name and phone number
- Payment Policy: Please make checks payable to CES PTA.
- Return form & payment in an envelope marked "Cool Crafts ASP" to your child's teacher or the PTA mailbox by 4 pm on Wednesday, March 7<sup>th</sup>.

## PLEASE PRINT CLEARLY. PARENTS & STUDENTS: PLEASE SIGN REGISTRATION FORM ON BOTTOM LINES.

| Student's Name   | Teacher & Grade  |
|--|--|
| Home Phone   |  |
| Work Phone   |  |
| Name(s) of pick-up person(s)   | :  |
|  | ·  |
| _  | #:   |
| Allergies/Information the Ins <sup>.</sup>   | tructor should know - please write on back   |
|  | be provided to Mrs. Stone in order to  |
| participate.)  |  |
| Program: Cool Crafts Wedneso   | days (4:05-5:00) <u>Fee</u> : \$120  |
| the PTA is not the provider of this cla coordinated the registration. The instor agents of the PTA. I understand an may carry a risk of injury. I agree that available from the PTA or its agents at expenses relating to participation in the assure my child's safety and prevent in CES PTA and its officers and members occur.  My child and I understand and agree the appropriate behavior in the class, or is attend the remaining classes scheduled. | to participate in the above class. I understand and agree that ass, but has only arranged for the class to be held at CES and ructors are independent contractors and are not the employees d agree that any physical activities involved in this program t no coverage or reimbursement for medical expenses shall be not instructors, and I shall be responsible for all medical his program. While all reasonable precautions will be taken to njuries from occurring, I will not hold the instructor(s), the s, or the CES or staff liable for any accident or injury that may that, after one warning, any student who does not maintain s not picked up promptly after the class, will not be allowed to d for that program. Parents will be notified at the time of the ed from class. Refunds will not be issued for any student |
| removed for these reasons. There is a<br>not be issued if a parent cancels regis   | late fee of \$10 per 5 minutes for tardy pickups. Refunds will tration within 1 week of the commencement of the program. I   |
| have read, understood, and agree to th   | nese guidelines of the CES After School Programs.  |
| Parent Name (Please print clearly)   |  |
| Parent (Signature)   |  |
| Student (Signature)  | Date   |