

Clarksville Elementary School PTA Spring 2018
After School Program
Ooey Gooley Science



Students will make a variety of fun hands on science experiments including a tornado in a bottle, an erupting volcano, a groovy lava lamp and ooey gooley slime! 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 -Mondays: 03/12- 04/23

Session Dates are: 03/12, 03/19, 03/26, 04/9, 04/16, 04/23

***No class on April 2, 2018**

Time: 4:05-5:00

Who: Grades 2-5

Why: Students will observe and learn different science concepts by mixing and combining different materials.

Cost: \$130

Deadline: Wednesday, March 7th by 4:00 pm

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 "Ooey Gooley Science ASP" to your child's teacher or the PTA mailbox by **4 pm on Wednesday, March 7th**.

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

Student's Name _____ Teacher & Grade _____
Home Phone _____ Cell Phone _____
Work Phone _____ Email address _____

Name(s) of pick-up person(s): _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE #: _____

Allergies/Information the Instructor should know - **please write on back (Instructions/Medicine must be provided to Mrs. Stone in order to participate.)**

Program: Ooey Gooley Science Mondays (4:05-5:00) Fee: \$130

I hereby give permission for my child to participate in the above class. I understand and agree that the PTA is not the provider of this class, but has only arranged for the class to be held at CES and coordinated the registration. The instructors are independent contractors and are not the employees or agents of the PTA. I understand and agree that any physical activities involved in this program may carry a risk of injury. I agree that no coverage or reimbursement for medical expenses shall be available from the PTA or its agents and instructors, and I shall be responsible for all medical expenses relating to participation in this program. While all reasonable precautions will be taken to assure my child's safety and prevent injuries from occurring, I will not hold the instructor(s), the CES PTA and its officers and members, or the CES or staff liable for any accident or injury that may occur.

My child and I understand and agree that, after one warning, any student who does not maintain appropriate behavior in the class, or is not picked up promptly after the class, will not be allowed to attend the remaining classes scheduled for that program. Parents will be notified at the time of the warning and before the child is removed from class. Refunds will not be issued for any student removed for these reasons. There is a late fee of \$10 per 5 minutes for tardy pickups. Refunds will not be issued if a parent cancels registration within 1 week of the commencement of the program. I have read, understood, and agree to these guidelines of the CES After School Programs.

Parent Name (Please print clearly) _____

Parent (Signature) _____ Date _____

Student (Signature) _____ Date _____

