Clarksville Elementary School PTA Winter 2019

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 “The Great Escape ASP” to your child’s teacher or the PTA mailbox by **4 pm,** **Thursday, December 20th – No Exceptions**

**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: The Great Escape Thursdays (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. Neither full nor partial refunds will be issued if a parent cancels registration later than 12/20/18. I have read, understood, and agree to these guidelines of the CES After School Programs.

**\*A student may not attend a class on a day when they are absent from school due to illness.**

Parent Name (Please print clearly) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

Student (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

**After School Program**

**The Great Escape!**

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**Students will work in teams to find clues and solve**

**puzzles in order to unlock their team lock box and**

**complete their mission. Can you breakout before time**

**is up?**

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** – Thursdays from 4:05-5:00pm:

**\*** **Jan 10, Jan 17, Jan 24, Feb 7, Feb 21, Feb 28**

**\*\*No class on Jan 31st.**

**Time**: 4:05-5:00pm

**Who**: Grades 2-5

**Why: Students will use their critical thinking and problem**

**solving skills to solve codes and puzzles.**

**Cost:** $130

**Deadline**: **4pm-Thursday, December 20th, 2018 – NO EXCEPTIONS**

**\*\*\*Keep this half for your records\*\*\***