

Clarksville Elementary School PTA Spring 2020  
**After School Program**  
**Make Your Own Kaleidoscopes**



Do you love painting and crafts? Do you love art and design? Have you ever looked into a kaleidoscope? Would you like to create your own kaleidoscopes to take home? In this class, you will make multiple kaleidoscopes that will brighten up your home and have amazing pieces of your own artwork to look at! So, grab your paint brush and creativity hat. Sign up now!

Teacher: Mr. Weiskind through the Enrichment Zone, LLC  
 Brought to you by the CES PTA

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

**Important Information:**

**When:** 6 sessions - Tuesdays: 3/3, 3/17, 3/24, 3/31, 4/21, 5/5

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

**Who:** Grades K-1

**Why:** To Have Fun and Use Your Creativity!

**Cost:** \$150 - Includes cost of all supplies. Students will need to bring an old shirt to use as a smock.

**Deadline:** 3pm-Thursdays, February 27<sup>th</sup>, 2020 - **NO EXCEPTIONS**

**A parent volunteer is needed for the class to take place**

**\*\* free tuition for one child of volunteer for all 6 sessions\*\***

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

**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 "Kaleidoscopes" to your child's teacher or the PTA mailbox by **3 pm on Thursday, February 27<sup>th</sup> - 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 the instructor in order to participate. Supplies in the After-Care program and nurse's office are not available during ASP classes.)**

**Program:** Kaleidoscopes      **Tuesdays:** 4-5pm      **Fee:** \$150

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, the Enrichment Zone, LLC 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 Enrichment Zone, LLC, 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 2/27/20. 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 \_\_\_\_\_