

Cool Crafts



Description: 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.

Teacher: 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 Dates: March 2, 9, 16, 23, 30, Apr 20
No classes on Apr 6 and Apr 13.

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: \$140

Deadline: 3pm-Thursdays, Feb. 27th - **NO EXCEPTIONS**

*****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 "Cool Crafts" to your child's teacher or the PTA mailbox by 3pm-Thursdays, Feb. 27- **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: Cool Crafts Mondays/4:05-5:00 Fee: \$140

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, its agents, and the 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 March 1. 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 _____