Clarksville Elementary School PTA Fall 2022

After School Program

Adventures with the Avengers

Are you a fan of The Avengers? Would you like to make your own **Iron Man Arc Reactor?** Would you like to have your own **Captain America Shield?** Have you always wanted to make your own version of **Thor's Hammer?** Would you like to become the **Hulk?** If you love the Avengers and want to be a superhero, then sign up to have "Adventures with the Avengers"!

Instructor: Mr. Weiskind
Brought to you by the CES PTA and The Enrichment Zone, LLC

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

Important Information:
Where: Clarksville Elementary School
When: Tuesday: 9/20, 10/25, 11/1, 11/15, 11/29, 12/13
Time: 4:05-5:00
Who: Grades 2 - 5
Why: To have fun!
Cost: $150
Deadline: 4pm - Thursday, September 15th – **NO EXCEPTIONS**

****Please use 1 check for each child's registration per class.****

*****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 ***THE ENRICHMENT ZONE***
Return form & payment in an envelope marked "Avengers" to your child's teacher or the PTA mailbox by **4 pm on Thursday, September 15th – No Exceptions**

Student's Name _____ Teacher & Grade_____
Home Phone _____ Cell Phone_____
Work Phone_____
Email address – WRITE VERY CLEARLY_____

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: Avengers Tuesday/4:05-5:00pm 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 the last day of registration for any reason.**
***A student may not attend a class if he/she is experiencing any symptoms of COVID, as identified by HCPSS.**
***Due to the evolving situation with COVID, if the Enrichment Zone, PTA, HCPSS, or local/state/federal government cancel programs before the last day of registration, full refunds will be granted. If the Enrichment Zone, PTA, HCPSS, or local/state/federal government cancel the program between the last day of registration and the first date of a class, a partial refund will be granted. No refunds will be granted once class begins.**

I have read, understood, and agree to these guidelines of the CES After School Programs.

Parent Name (Please print clearly) _____

Parent (Signature) _____Date_____