

After School Program



Adventures of The Last Jedi

Are you a fan of Star Wars? Do you want to be a Jedi knight? Would you like to make your own unique lightsaber? Star Wars fans, prepare to immerse yourself in the sequel to the Star Wars class from years ago. This year, we are going to make our own lightsaber nun chucks, that use the "Force". So, get ready to use the "Force" as you join the Adventures of the Last Jedi!

Material fees are included in tuition.

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

Registration is LIMITED to a first-come, first-served basis.

Important Information:

Where: Clarksville Elementary School

When: 7 sessions - Tuesdays: 01/02, 01/09, 01/16, 01/23, 01/30, 02/06, 02/13

Time: 4:05-5:00 pm

Who: Grades 2 - 5

Why: To have FUN!

Cost: \$175

Deadline: 4pm - Thursday, December 21st - NO EXCEPTIONS

\*\* Parent Volunteer is needed for the class to take place.

Free tuition for one child of volunteer for all 7 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 THE ENRICHMENT ZONE.

Return form & payment in an envelope marked "Jedi" to your child's teacher or the PTA mailbox by 4pm on Thursday December 21 - 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: Jedi

Tuesdays/4:05-5:00 pm

Fee: \$175

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 the first 15 minutes & after 15 min, the fee is \$20 per 5 minutes.

\*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 \_\_\_\_\_