CES PTA SPRING 2024 After School Program



Students will have fun making arts and crafts using a variety of materials.

Instructors: Mrs. Stone and Ms. Koroleva

Brought to you by the CES PTA and The Enrichment Zone, LLC

Registration is ${\bf LIMITED}$ to a first-come, first-served basis.

Important Information:

Where: Clarksville Elementary School

When: 6 sessions - Tuesdays: March 5, 12, 19, April 2, 9, 16

Time: 4:05-5:00 pm Who: Grades K-5

Cost: \$160

Deadline: 4pm - Thursday, February 22nd - 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 THE ENRICHMENT ZONE.

Return form & payment in an envelope marked "Cool Crafts" to your child's teacher or the PTA mailbox by 4pm on Thursday February 22 - No Exceptions

| Student's Name | Teacher & Grade | |
|---|--|--|
| Home 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 sk (Instructions/Medicine must be provided to the the After-Care program and nurse's office are | instructor in order to participate. | Supplies in |
| Program: Cool Crafts T | uesday/4:05-5:00 pm | <u>Fee</u> : \$160 |
| I hereby give permission for my child to participate in is not the provider of this class but has only arranged registration. The instructors are independent contract understand and agree that any physical activities invotated that no coverage or reimbursement for medical experenciclement Zone, LLC or its agents and instructors, a relating to participation in this program. While all reasafety and prevent injuries from occurring, I will not CES PTA and its officers and members, or the CES or My child and I understand and agree that, after one when behavior in the class or is not picked up promptly after classes scheduled for that program. Parents will be not is removed from class. Refunds will not be issued for fee of \$10 per 5 minutes for the first 15 minutes & a *Neither full nor partial refunds will be issued if a for registration for any reason. *A student may not attend a class if he/she is experience to the evolving situation with COVID, if the local/state/federal government cancel programs be granted. If the Enrichment Zone, PTA, HCPSS, or between the last day of registration and the first refunds will be granted once class begins. I have read, understood, and agree to these guide Parent Name (Please print clearly) | If for the class to be held at CES and a class and are not the employees or age olved in this program may carry a risk on a ses shall be available from the PTA or and I shall be responsible for all medical sonable precautions will be taken to as hold the instructor(s), the Enrichment staff liable for any accident or injury warning, any student who does not mainer the class, will not be allowed to attend the time of the warning and any student removed for these reasonal fiter 15 min, the fee is \$20 per 5 minuted and any symptoms of COVID, as ide the Enrichment Zone, PTA, HCPSS, or fore the last day of registration, fur local/state/federal government can date of a class, a partial refund with the CES After School Programments of the CES After | coordinated the ents of the PTA. of injury. I agreed its agents, the all expenses are my child's to Zone, LLC, the y that may occur nation appropriate and the remaining before the child as. There is a latites. In the last day notified by HCPS all refunds will lacel the program in the granted. It |
| Parent Signature | Date | |