# CES PTA Fall 2025 After School Program

## Comic Book Creators



## Comic Book Creators

Students will use their imaginations to write and illustrate their own comic book. Students will learn how to include speech bubbles with different styles of lettering and draw details such as movement lines to enhance their stories.

Instructor: Mrs. Stone and Mrs. Koroleva

Brought to you by the CES PTA

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

#### **Important Information:**

Where: Clarksville Elementary School

When: 6 sessions - Wednesdays: Sept 24, Oct 1, 8, 15, 22, 29

**Time**: 4:05-5:00 pm **Who**: *G*rades K-5

**Cost**: \$175

Deadline: 4pm - Friday, September 12th - 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.

<u>Payment Policy</u>: Please make checks payable to <u>THE ENRICHMENT ZONE</u>.

Return form & payment in an envelope marked "Comic Book Creators" to your child's teacher or the PTA mailbox by 4pm on Friday, September 12th- No Exceptions

Student's Name	Teacher & Grade	
	Cell Phone	
Work Phone		
Email address - WRITE VERY C	LEARLY	
Name(s) of pick-up person(s)	:	
EMERGENCY CONTACT PHONE	#:	<del></del>
Allergies/Information the Ins	tructor should know - please write	e on back.
	ided to the instructor in order to part	
	ice are not available during ASP class	
Program: Comic Book Creators	Wednesdays/4:05-5:00 pm	<u>Fee</u> : \$175
Thereby give permission for my child to	participate in the above class. I understan	id and caree that the PTA
	only arranged for the class to be held at C	
registration. The instructors are indepe	ndent contractors and are not the employe	es or agents of the PTA. I
	activities involved in this program may carr	
	medical expenses shall be available from th	
	or all medical expenses relating to participo to assure my child's safety and prevent inju	
	and its officers and members, or the CES	
	and II understand and agree that, after	
	vior in the class or is not picked up promptl	
	es scheduled for that program. Parents wil	
	oved from class. Refunds will not be issued	
\$20 per 5 minutes.	\$10 per 5 minutes for the first 15 minute	s a after 15 min, the fee is
	e issued if a parent cancels registration	later than the last day
of registration for any reason.	,	,
	local/state/federal government cancel p	
	e granted. If the instructor(s), PTA, HO	
	the program between the last day of re be granted. No refunds will be granted o	
I have read, understood, and agree to	these guidelines of the CES After Scho	ool Programs.
Parent Name (Please print clearly	)	
Parent Signature	Date	2
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