### CES PTA Fall 2025

## After School Program

# The Universe of STAR WARS



Are you a fan of <u>Star Wars</u>? Do you want to be a Jedi knight? Would you like to make your own light sabre? Star Wars fans - get ready to immerse yourself in Star Wars projects where you will get to make your own X-Wing Starfighter, Death Star, and Light Sabre. So, get ready to use the Force as you join the Universe of Star Wars! Material fees <u>are</u> included in tuition.

Instructor: Mr. Weiskind

Brought to you by the CES PTA

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

### **Important Information:**

Where: Clarksville Elementary School

When: 6 sessions - Mondays: 9/29, 10/27, 11/3, 11/10, 11/17, 12/1

**Time**: 4:05-5:00 pm **Who**: *G*rades 2-5

**Cost**: \$175

Deadline: 4pm - Friday, September 12 - NO EXCEPTIONS

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

Free tuition for one child of a parent who volunteers for all class 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.

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

Return form & payment in an envelope marked "Star Wars" to your child's teacher or the PTA mailbox by <u>4pm on Friday</u>, <u>September 12th</u> – <u>No Exceptions</u>

Student's Name 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 sh (Instructions/Medicine must be provided to the After-Care program and nurse's office are not	instructor in order to partici	pate. Supplies in th
<u>Program</u> : The Universe of Star Wars M	ondays/4:05-5:00 pm	<u>Fee</u> : \$175
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 invotate no coverage or reimbursement for medical expeninstructors, and I shall be responsible for all medical all reasonable precautions will be taken to assure my anot hold the instructor(s), the CES PTA and its office accident or injury that may occur. My child and I underwho does not maintain appropriate behavior in the classe allowed to attend the remaining classes scheduled the warning and before the child is removed from classes these reasons. There is a late fee of \$10 per 5 mistores.  *Neither full nor partial refunds will be issued if a of registration for any reason.  *If the instructor(s), PTA, HCPSS, or local/state/day of registration, full refunds will be granted. It local/state/federal government cancel the program date of a class, a partial refund will be granted. No	I for the class to be held at CES stors and are not the employees lived in this program may carry a isses shall be available from the Pexpenses relating to participation whild's safety and prevent injurieers and members, or the CES or erstand and agree that, after on its or is not picked up promptly after that program. Parents will be issued for inutes for the first 15 minutes a parent cancels registration lated federal government cancel program for the instructor(s), PTA, HCPS between the last day of registration of the cancel as the cancel program of the instructor(s), PTA, HCPS between the last day of registration of the cancel as the cancel as the cancel program of the	and coordinated the or agents of the PTA. I risk of injury. I agree TA or its agents and in in this program. Whiles from occurring, I will staff liable for any e warning, any student fter the class, will not e notified at the time of any student removed after 15 min, the fee inter than the last day grams before the last is, or tration and the first
I have read, understood, and agree to these guide		Programs.
Parent Name (Please print clearly)		
Parent Signature	N-4-	