CES PTA Winter 2026/2027

**After School Program**

# The Great Escape




## The Great Escape

*Students will work in teams to find clues and solve puzzles in order to unlock their team lock box and complete their mission. Can you break out before time is up?*

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 – Tuesdays: Jan 5, 12, 26, Feb 2, 9, 16
**Time**: 4:00-5:00 pm
**Who**: Grades 3-5
**Cost**: $175
**Deadline**: 4pm –December 10, 2026– **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 "Great Escape" to your child's teacher or the PTA mailbox by **4pm-December 10, 2026– 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: The Great Escape Tuesdays/4:00-5:00 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 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 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.**

***If the instructor(s), PTA, HCPSS, or local/state/federal government cancel programs before the last day of registration, full refunds will be granted. If the instructor(s), 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_____