## **After-School Enrichment Registration Form Fall 2015**

| Child's Nar   | me  |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Grade   | <br>Room #  |  | Teacher's  |  |  |  |
|   | Room //   |  |  |  |  |  |
|   |   |  |  | -  |  |  |
| Parent's Na   | ame   |  |  | E-   |  |  |
| mail  |   |  |  |  |  |  |
| Address   |   |  |  |  |  |  |
| Phone (   | )   |  | Em   | ergency Phon   | ne   |  |
| •   | ,   |  |  |  |  |  |
| You must belo   | ong to the PTA to enroll your clee and join on registration night   | hild in a class.  Į  |  |  |  |  |
| U Lini on   | Irish Step Dancing  | K-3  | M  | -  | \$50   | Cafeteria  |
|   | Pottery   | K-3<br>K-3   | M  | 5 4  | \$50<br>\$45   | Art Room   |
|   | Snapology<br>(Amusement Parks)  | 1-3  | TH   | 5  | \$52.50  | Cafeteria  |
|   | Math Fact Fun   | 1-3  | W  | 6  | \$60   | Cafeteria  |
|   | Fun and Fitness   | K-3  | T  | 6  | \$60   | Gym  |
|   | Dodgeball   | 2-3  | TH   | 6  | \$60   | Gym  |
|   | Art Exploration   | 1-3  | T  | 6  | \$60   | Art Room   |
|   | Learn to Draw More  | K-3  | W  | 4  | \$45   | Library  |
| The application Staff, the PV PT/ liability for any i he/she has regis I understand that the class.  DISCIPLINE: After parent telephon permitted to contact the contact that the class. | eer-school classes are meant to be a<br>ned by the instructor to discuss the<br>ontinue in the class. No refunds will | I hereby release, di<br>Committee, and it<br>result from my child<br>d, no refunds will b<br>a fun, learning expe<br>e problem. Should<br>Il be given. | lischarge, and wai<br>t's individual men<br>ld's participation<br>be given as mater<br>perience. Howeve<br>I the child persist | nive any and all res<br>mbers, and the PV<br>in this program or<br>rials are purchased<br>er, any student wh | sponsibility to the large sponsibility to the large sponsibility to the large sponsible sponsibl | Pleasant Valley om and against of attend class e set in advance of will have his/her t will not be |
| Please not about:   | te here any allergies or  | medical cor  | nditions tha   | at the instru  | ictor needs  | to know  |
| Parent/Gua  | ardian Signature:   |  |  | Daf  | te   |  |
|   | TA Use Only   | -  |  | _  |  |  |
| Amount Pai  | id \$Metho  | od of Paymen   | t: Cash  | Check  | #  |  |
| Does amour  | nt include an amount for  | another class  | s/child? YE  | .s 1   | NO   |  |
| Name of oth   | 1 1.21 .1   |  |  |  |  |  |