Ferson Creek 2015 After-School Enrichment Registration Form

*Registration Forms are due Wednesday, January 21**

A Limited number of printed 2015 ASE Catalogs & Calendars will be available in the school office.

Student Information:

Student Name: _____ **Home Phone:** _____

During class: _____

Grade/Teacher: _____ **Emergency Phone:** _____

Parent Names: _____

E-Mail:_____

PARENTS MUST COMPLETE/SIGN BELOW FOR REGISTRATION TO BE ACCEPTED!

Waiver and release of all claims and assumption of risk: I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, that my minor child/ward or I may sustain as a result of said participation. I further agree to waiver and relinquish all claims my minor child/ward or I may have as a result of participating in this program/activity against Ferson Creek school, including its officials, agents, volunteers, and employees.

Indicate Sensitivities/Medical concerns. A nurse is NOT on the premises during enrichment classes.

_____Bee sting _____Nut allergy _____Asthma _____Allergies (describe)_____

Other _____

SIGN HERE OR YOUR FORM WILL NOT BE ACCEPTED!

_____

Parent Signature **Date**

REGISTER EARLY! PLEASE NOTE DATES AND TIMES ON YOUR CALENDAR FOR CLASSES! No confirmation will be sent home (We will contact you if a class fills and enrollment isn't possible).

*** **PLEASE VOLUNTEER HERE!** ☺ You will be contacted to confirm your volunteer assignment. THANKS!***

Class Choice	Class Name	Date(s)	Cost	Volunteer Here to chaperone class 2:45 to 4:15 PM
1				
2				
3				
4				
5				
	PLEASE TOTAL AND WRITE CHECK TO "FERSON CREEK PTO"	TOTAL :	$	

Inclement Weather Waiver

***PLEASE RETURN THIS FORM WITH YOUR REGISTRATION**

In the event of inclement weather, all after-school activities, including After-School Enrichment, are cancelled. I would like the following procedure to take place for my child:

Child's Name: _____

Child's Grade/Teacher: _____

☐ Please make sure my child takes the bus

☐ I will pick my child up in the car line at the time of school dismissal

Signature_____

If after-school activities are cancelled, we will make every effort to reschedule ASE classes. However, there is no guarantee that instructors will be available on another date. No refunds will be issued.