

Above & Beyond Winter 2012

Registration, Parent Approval, and Student Waiver Form

*****REGISTRATION DEADLINE: WEDNESDAY, December 14th*****

*****Please go to the PTA website www.rspta.org to view the Winter 2012 brochure and to print additional registration forms. All parents must be registered PTA members to participate.*****

Child's Name: _____ Grade/Class (i.e., 2C): _____

Parent(s): _____ Home Phone: _____

Daytime Phone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Phone: _____

All emergency contact information **MUST** be completed

Please write a separate check for each class, payable to the instructor listed in the brochure.

1. Program Name: _____ Day: _____

Parent Volunteer Date* _____ Parent e-mail: _____ Check Amount: _____

2. Program Name: _____ Day: _____

Parent Volunteer Date* _____ Parent e-mail: _____ Check Amount: _____

***** PLEASE NOTE: Parent participation is vital for all classes. If no date is requested, one will be assigned. IF YOU DO NOT CALL IN ADVANCE TO CANCEL/RE-SCHEDULE OR YOU DO NOT SHOW UP FOR YOUR ASSIGNED DATE, YOUR CHILD WILL NOT BE ALLOWED TO REGISTER FOR THE NEXT SESSION*****

Check one: Please enroll my child in Program 2 *only* if Program 1 is filled.
 Please enroll my child in both Program 1 and Program 2.

Please complete the following: My child may walk home (grades 3 and up). I will pick up my child.

My child attends Kids' Time by the Sea Other _____

PLEASE READ, COMPLETE AND SIGN 2ND PAGE OF THIS FORM

Send completed registration form and checks made out to the instructor with your child to school in an envelope marked "Above & Beyond."

NO REGISTRATION FORMS WILL BE PROCESSED WITHOUT PAYMENT.

THERE WILL BE NO CHANGES TO CLASS ENROLLMENT AFTER CLASSES HAVE BEGUN.

Scholarships are available. Please call Carrie Sakey 521-1119

I (we), as parent(s) or guardian(s) of the above-named minor, do hereby, for our son/daughter, myself, my (our) heirs, executors and administrators, remise, release and forever discharge Roger Sherman School PTA, Inc., Fairfield PTA Council, PTA district 4, and the Connecticut Congress of PTA (Connecticut State PTA) and all PTA officers, employees and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of referred. I hereby certify the minor is my (our) son/daughter and I (we) do hereby certify that to the best of my (our) knowledge and belief said minor is in good health.

In order for all students to have a positive experience, if there are discipline issues involving a student, the Above & Beyond instructor will notify the child's parents. If the unacceptable behavior continues, the student will not be permitted to complete the course and there will be no refunds available.

In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical conditions which should be made known to a treating physician. (If none, please write the word "None"): _____

Signature _____ **Print name** _____ **Date** _____
Connecticut Congress of PTA 60 Connolly Parkway Bldg #12 Hamden, CT 06514