

**KATONAH ELEMENTARY SCHOOL PTO
BEFORE/AFTER SCHOOL ACTIVITIES PROGRAM –WINTER 2017**

REGISTRATION: January 3, 2017 (Tuesday) – January 17 (Tuesday)

Students must submit the following items stapled together in an envelope clearly marked KES PTO ASA:

- 1) ASA registration form,
- 2) ASA permission slip,
- 3) A separate check for each class and each student.

Siblings may not share registration forms, permission slips or payment checks. Registrations must be sent by backpack mail to the ASA box located in the main office. **ALL FORMS AND PAYMENT MUST BE SUBMITTED FOR REGISTRATION TO BE ACCEPTED.**

Please get your registration forms in as early as possible. Due to class size limits, some classes do close out. **Registration ends promptly at 3:40pm on TUESDAY, JANUARY 17.**

All forms will be picked up at the school office each day of registration.

FEES: The fee for each class varies. Checks should be made payable to “KES PTO”

A **separate check** is required for **each class** and **each student**. Write your child's name, phone number, teacher and ASA class on the check.

CLASS FEES

MONDAY:

STEP BY STEP [1-5] \$150
YOGA [K-2] \$140

TUESDAY:

AVIATION [3-5] \$140
COOK IT UP KIDS [K-5] \$180
DINOSAURS ROCK [K-5] \$150
MAGIC [K-2] \$140
TGA GOLF [K-5] \$150

WEDNESDAY AM:

CHESS [K-5] \$140

WEDNESDAY:

FRENCH LEVEL 2 [3-5] \$140
HANDS ON SCIENCE [K-3] \$140
JEWELRY [3-5] \$140
TGA TENNIS [K-5] \$150
YOGA [3-5] \$140

THURSDAY:

ACTING [2-5] \$140

BEGINNERS SPANISH [3-5] \$140

SCRAPBOOKING [1-3] \$150

KARATE [K-5] \$140

FRIDAY:

WE DO ROBOTICS [3-5] \$140

DESIGNS AND TRENDS [3-5] \$140

PROGRAM DETAILS:

The Winter 2017 BSA/ASA program begins Tuesday, January 24 and runs for eight weeks. BSA starts at 8:10 a.m. and ends at 9:10 am. **ASA classes begin at 3:45 pm and end at 4:45 pm.**

The ASA program dates are as follows (subject to change):

Mondays: 1/30, 2/6, 2/13, 3/6, 3/13, 3/20, 3/27, 4/3 [4/24]

Tuesdays: 1/24, 1/31, 2/7, 2/14, 2/21, 2/28, 3/7, 3/14 [3/21]

Wednesdays: 1/25, 2/8, 2/15, 2/22, 3/1, 3/8, 3/15, 3/22 [3/29]

Thursdays: 1/26, 2/2, 2/16, 2/23, 3/2, 3/9, 3/16, 3/23 [3/30]

Fridays: 2/3, 2/10, 2/17, 3/3, 3/17, 3/24, 4/21, 4/28 [5/5]

SCHOOL NOTES:

The permission slip required at registration will serve as that student's school note to stay for all eight (8) classes in the session. If your child is not attending ASA and does not bring in a note, he/she will be kept at school until a parent or caregiver can be reached. Any day your child attends school but will not be staying for his/her after school activity class, will be picked up early or any other changes you must provide a note to the attention of **Barbara Bonfantini**, our program facilitator, through backpack mail. This process will allow for her to account for every child and to make adjustments as needed.

DROP OFF:

If your child is enrolled in a before school activity **please walk your child into the main vestibule and sign in with the instructor.** The instructor will be escorting the children to their assigned classroom. *Reminder you must stay with your child if the instructor has not arrived yet.* The office staff is not responsible for children in the building before school starts.

PICK UP:

For safety reasons, students will not be excused from their program until a parent or guardian comes for them. The program instructor will escort the children to the Gymnasium at the end of the program. You are responsible for picking up your child from the Gymnasium. Students who are repeatedly picked up late will not be permitted to continue attending the class.

In case of inclement weather, check the Katonah-Lewisboro School District website, www.klschooldistrict.org, or listen to WHUD 100.7 FM and follow the schools early dismissal procedure. Classes canceled due to inclement weather will be rescheduled at the end of the program if possible. All classes are canceled on days where there is an early dismissal scheduled.

For the safety of the children it is important that you park ONLY in legally designated parking areas. **Parking around the entrance circle, and on the hill is NOT permitted.** Parking is available on Huntville Road and in the visitors' parking lot across the street. **Please also remember pick up time is promptly at 4:45.**

CONDUCT:

Students who misbehave and/or continually disrupt the class will be asked to leave the program.

Questions regarding course offerings can be directed to Liz Stevens: lizmurf@mac.com

Questions regarding registration can be directed to Liz Stevens: lizmurf@mac.com

Facility Administrator: Barbara Bonfantini: bbonfantini@klschools.org

KES PTO BEFORE/AFTER SCHOOL ACTIVITIES

WINTER 2017 REGISTRATION FORM

One completed registration form must be submitted for each child. Registration begins **JANUARY 3 (TUESDAY)** and **closes JANUARY 17 (TUESDAY)** at 3:40pm.

Write your child's name, teacher, home phone number and the title of the class on the front of the check made payable to "KES PTO". **A separate check is required for each class. FEE FOR EACH CLASS VARIES!**

You will be contacted immediately if your child does not get into a class or if the class is cancelled.

Student: _____ Home Phone # _____

Grade: _____ Teacher: _____ Bus #: _____
Does student go to CCC? Yes No

Parent/Guardian: _____ Business/Cell Ph # _____

Email Address (**Required. Please print legibly**): _____

Parent/Guardian: _____ Business/Cell Ph # _____

1st Class Class: _____ Day: _____

Child may be picked up by: _____ (**Required**)

(Please write "parent" or name of other adult)

Child may be picked up by: _____ (**Optional**)

(Please write "parent" or name of other adult)

Child may be picked up by: _____ (**Optional**)

(Please write "parent" or name of other adult)

Child may be picked up by: _____ (**Optional**)

(Please write "parent" or name of other adult)

2nd Class Class: _____ Day: _____

Child may be picked up by: _____ (**Required**)

(Please write "parent" or name of other adult)

Child may be picked up by: _____ (**Optional**)

Child may be picked up by: _____ *(Please write "parent" or name of other adult)* **(Optional)**

Child may be picked up by: _____ *(Please write "parent" or name of other adult)* **(Optional)**

(Please write "parent" or name of other adult)

3rd Class Class: _____ Day: _____

Child may be picked up by: _____ **(Required)**
(Please write "parent" or name of other adult)

Child may be picked up by: _____ **(Optional)**
(Please write "parent" or name of other adult)

Child may be picked up by: _____ **(Optional)**
(Please write "parent" or name of other adult)

Child may be picked up by: _____ **(Optional)**
(Please write "parent" or name of other adult)

EMERGENCY CONTACT: Please list contact(s) who lives close to the child and can be easily reached in an emergency if the parent is unavailable. We will always try to reach a parent first. Emergency contacts must be available from 3:00p.m. to 4:45p.m. on the days(s) of scheduled classes.

EMERGENCY CONTACT: _____ **PHONE:** _____
(Must be someone other than parents)

EMERGENCY CONTACT: _____ **PHONE:** _____
(Must be someone other than parents)

EMERGENCY CONTACT: _____ **PHONE:** _____
(Must be someone other than parents)

KES PTO BEFORE/AFTER SCHOOL ACTIVITIES

STUDENT PERMISSION SLIP

(Name of child) _____ has my permission to participate in the KES PTO BEFORE/AFTER SCHOOL ACTIVITIES for the WINTER 2017 session on _____ [day(s) of the week] at Katonah Elementary School from 8:10-9:10 am (BSA) or 3:45 p.m. to 4:45 p.m. (ASA).

I am aware that:

- (a) this note will serve as the only permission slip needed;
- (b) I am required to send in another note only if my child is not attending ASA; and
- (c) if my child is not attending ASA and does not bring in a note, he/she will be held at school until a parent or caregiver can be reached.

I, as parent or guardian of the minor, do hereby, for my son/daughter, myself, my heirs, executors and administrators, remise, release, and forever discharge the Katonah Elementary School, Katonah-Lewisboro School District, The Katonah Elementary School PTO and all PTO officers, employees, volunteers 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 that the minor is my son/daughter and that his/her date of birth is _____, and I do hereby certify that to the best of my knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the under-signed will assume full responsibility for any such action, including payment of costs. I 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

Address

Phone Number

* * * * *