

After-School Program Registration Form – 2021-2022

Trimester One – December 7 through March 8 – 3:15 to 4:15 **or** 3:15 to 5:15 p.m. (choose 1 hr. or 2 hr. class)

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Thank you for your interest in our After-School Program. You may register your child for your chosen program(s) by completing this form and returning it by email to Amelia Maia at amaia@centerforteachingandlearning.com​ or in person in our school office by Friday, December 3 at 3:30 p.m. Please note that the program will only make if the minimum number of students is met for that program. Payment will not be taken until the chosen program(s) has been confirmed. Registration for all programs will be ongoing unless already full, and payment will be prorated.

|  |  |
| --- | --- |
| Full Name of Student |  |
| Grade |  |
| Parent/Guardian Name |  |
| Phone where you can be reached between 3:15 - 4:15 p.m. |  |
| Email |  |

In case of emergency, please provide the following information:

|  |  |
| --- | --- |
| Emergency Contact Name & Relationship |  |
| Emergency Contact Cell Phone |  |
| List all medical conditions and/or allergies |  |

Please register my child for the following activities: *(indicate*​ *by checking the box labeled “Register”)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Program Offerings | Grades | Day | Cost | Min-Max Students | Enrolment Information | Register ✔ |
| After School Artist | 1 - 6 | Tuesday | $245 plus $20 supply fee (1 hr.)  $440 plus $20 supply fee (2 hrs.) | 5 - 10 |  |  |

2021-22 After-School & After-Care Authorization Waiver/Release

Please read carefully, initial consent next to each heading, and sign and date the bottom of this “2021-2022” After-School & After-Care Authorization Waiver” form:

\_\_\_\_\_\_ **Permission to Treat**

In the event an emergency occurs involving your child, CTL and After-school Program/Care providers will make every possible effort to reach you immediately. If CTL officials, After-school Program/Care providers, and/or EMS personnel deem it necessary, the child will be transported to an Emergency Room. The costs of services provided by ambulance, physician, clinic, hospital, or dentist remain the responsibility of the parent/guardian. If I cannot be reached in a medical emergency, I authorize CTL officials, After-school Program/Care providers, and EMS personnel to transport and obtain medical treatment for my child. I give consent for the medical facility to secure all necessary emergency medical care for my child.

\_\_\_\_\_\_ **Medical Release**

I hereby release CTL and all CTL administrators, teachers, staff, and After-school Program/Care providers from any liability in the event of accident, injury, sickness, or other emergency occurring on or off the premises, while being transported in a vehicle or while participating in any other After-school Program/Care activity sponsored by CTL.

\_\_\_\_\_\_ **Media Release**

I authorize CTL and After-school Program/Care providers to photograph and/or videotape my child in After-school Program/Care activities for school, program, and class viewing, special events, yearbooks, websites, social media, or local publicity.

\_\_\_\_\_\_ **Internet Consent**

I give permission for my child to utilize internet access at CTL. I understand that this access is designed for educational purposes. CTL has taken precautions to eliminate controversial material. However, I also recognize it is impossible for CTL to restrict access to all controversial materials, and I will not hold them responsible for materials acquired on the network at CTL.

\_\_\_\_\_\_ **Athletics Waiver/Consent**

I give my son/daughter permission to participate in After-school athletics, allowing my child to practice and play in games, races, and/or practice. I also understand that the Center for Teaching & Learning (CTL) is not liable for any injuries that may occur while participating in these After-school sports, whether games (home or away), races, or practice. Also, I understand that practice may be held away from CTL campus (due to shortage of facilities) and that CTL is not liable in transportation to/from or at these facilities (Guardians will be notified of where these other facilities are located before practice begins). It is important to know that in sports involving training, such as running, this will be done in the vicinity of, but not necessarily on campus. This means that training may include running near roads (the least busy ones) and on “off-road” trails. Practicing and playing in any sport always runs the risk of injury, but if it is done in safe conditions injuries can be kept to a minimum. I understand that CTL cannot be held liable for any injuries that possibly occur while safety precautions have been given and are administered. CTL will strive to provide the safest environment possible. I have read and understand the above waiver/consent. I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s name) to participate in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (sport). I understand that CTL will not be held liable for any injuries as is mentioned in the above waiver.

\_\_\_\_\_\_ **Acknowledgement of Risk, Assumption of Responsibility**

As the parent/guardian of a student who is participating in the school-sponsored activities, I recognize and acknowledge that there are CERTAIN RISKS OF INJURY. I hereby certify I am voluntarily assuming all risks associated with my child(ren)'s participation in the above school-sponsored activities.

\_\_\_\_\_\_ **Release and Hold Harmless Agreement**

In consideration of my child's participation in the extracurricular activity/sport, I, and my agents, representatives, assigns, heirs and successors hereby waive, relinquish, indemnify, and hold harmless the Center for Teaching and Learning, Inc., officers, administrators, employees, agents, representatives, volunteers, insurers, assigns and successors, and each and every one of them, from and against all claims, demands, suits, causes of actions, whether known or unknown, past, present or future, including, but not limited to, any and all costs, expenses, and attorneys' fees, made or asserted on behalf of the above-named student or asserted by or on behalf or any person and student's agents, and the Center for Teaching and Learning, Inc.. I further certify that I have the legal authority and am competent to sign on behalf of my child(ren) and family.

Printed name of the student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of the parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_