



Problem Solvers...It's Elementary!

The CLES PTA sponsored Problem Solvers after school activity is an interdisciplinary creative problem solving opportunity. This class will provide strong writing and language arts components but will also utilize logical thinking skills.

This is a six week class, after school (3:35pm – 4:35pm), on Tuesday's, only for CLES students in 4th grade. The class will be taught by Ms. Epstein. The cost is \$60.00 per student (limited to 25 students). Checks should be made payable to the CLES PTA.

All after school activities are required to have a second adult present in order for the class to be held. If there is not a second adult the class will be cancelled. A class discount of 50% will be offered to one parent for their student who agrees to this commitment. Please read the posted information on the CLES PTA website for after school activity procedures, the registration process, and Q&A at www.clespta.org.

*****Class Dates are: 3/25/08, 4/1, 4/8, 4/15, 4/22, and 4/29**

Registration for this class will begin with a CLES PTA Member priority registration on 3/7/08. Please see the CLES PTA website for more detailed information on this process. Membership priority registration will end on 3/11/08. If there is still space available registration will continue for all CLES families until 3/14/08. Notice will be sent via eSchool newsletter regarding availability.

Any questions or comments can be directed to the PTA coordinator for this program Terri Chiu at tachiu@comcast.net.



CLES PTA Sponsored Problem Solvers ASA spring 2008
PROGRAM REGISTRATION FORM/WAIVER

STUDENT NAME _____

GRADE / TEACHER _____

*****Class Dates are: 3/25/08, 4/1, 4/8, 4/15, 4/22, and 4/29**

ALLERGIES (FOOD OR DRUG) _____

PARENT'S NAME _____

DAY PHONE _____ EVENING PHONE _____

CELL PHONE _____

ADDRESS _____

My child will (circle one):

- be picked up by a parent
- be picked up by someone other than a parent (name) _____
- go to after care _____ (you must notify your aftercare provider)
- walk home

***PARENT'S E-MAIL** _____

EMERGENCY CONTACT, IF PARENT IS NOT AVAILABLE _____

CHECK # _____

RELEASE: I, as the parent or legal guardian of the above-named child, hereby give permission for his/her participation in this activity. I further authorize, without my prior approval, the rendering of any emergency medical treatment should the above-named child become ill or injured while participating in this activity. I understand that the CLES PTA Insurance does not cover medical expenses and individual insurance should be utilized in the case of injury. In consideration of the permission granted to the above-named child to participate in this activity, I do hereby agree, on my own behalf and on behalf of the above-named child, to release the instructor and the Centennial Lane Elementary School PTA (CLES-PTA) and its officers, members, agents, representatives, and volunteers, from any and all actions, causes of action, damages, claims, or demands of whatever kind or nature which I or the above-named child may have against the CLES PTA, the instructor, or the other above-listed parties for any injuries, known or unknown, which are incurred by, arise from, or in any way relate to the above-named child's participation in this activity.

I have read this release and information posted on the CLES PTA website – www.clespta.org and I fully understand their terms. I execute the release voluntarily and with full knowledge of its significance and consequences. Please make a copy of this form for your records.

Signature of Parent or Guardian

Date

*Please include email for class updates and registration confirmation. Thank You.