

Enrichment Classes Fall, 2018, Session 2

CMA Champion Martial Arts (Karate)

This is a dynamic program with world champion instructors! CMA Champion Martial Arts focus on traditional styles of Korean and Japanese Martial Arts. This is a popular program with both children and parents.

Top reasons why Karate rocks:

- Teaches self-discipline and focus
- Encourages positive values for school and home
- Teaches children respect and how to set goals
- KARATE IS FUN

Teacher: Master Tyler Weaver

Day: Monday

Location: Cafeteria

Time: 3:00-4:00pm

Fee: \$127.00 (6 classes)

Grade: K-6

Dates: October 22, 29, November 5, 12, 19, 26

Art for Life

Come learn how to sculpt, paint and make crafts from award winning artists! This class will have all new projects, including making a Gingerbread House, a Winter Wonderland and a Glow in the Dark painting/sculpture. Learn the basics of sculpting, like model forming. Learn color theory as we paint with water colors and acrylics. Make crafts found nowhere else!

Teachers: Lannie and Nicole

Day: Thursday

Location: Art Room

Time: 3:00-4:00pm

Fee: \$97.00 (6 classes)

Grade: K-6

Dates: November 8, 15, 29, December 6, 13, 20

Class Registration- Fall Session 2, 2018

Name: _____ Grade/ Teacher _____

Monday

_____ **CMA Martial Arts**

Location: Gym

Time: 3:00-3:45pm

Fee: \$127.00 (6 classes)

Dates: **October 22, 29, November 5, 12, 19, 26**

Thursday

_____ **Art for Life**

Location: Art room

Time: 3:00-4:00pm

Fee: \$97.00

Dates: **November 8, 15, 29, December 6, 13, 20**

Registration is on a first come basis. Please return completed forms and payments by October 19.

Late Registrations will not be accepted. Payment date: _____ Amount: _____ Check # _____

Parent Signature: _____ Date: _____

Important information

- All participants of Enrichment classes will need to complete the Extended Care registration form (child and medical information forms only), if you are not currently registered for Extended Care. If you are late picking up your child, they will be signed into Extended Care and a fee will be charged. Please complete this form along with your class choice form. Please complete one form per child. See attached forms needed.
- To ensure the safety of all children, it is imperative that children are signed out when picked up after class.
- Pick up: Northeast school doors adjacent to the lower playground/parking lot/ Extended Care Entrance. Please call 303-777-3812, ex. 108 for staff to let you in.
- If your child will be absent from class please notify Mrs. Wooley @ 303-777-3812, ex. 108, or at mwooley@svdok8.com before 2:15pm. If your child does not check in with us we will check with their teacher then call you if we are unable to confirm they have been picked up.

2018-2019 Extended Care Information Card

Child Information Please fill in every field.

First Name:	Middle Name:	Last Name:
Date of Birth:	Gender:	Age:
Grade for 2018/19 school year:	Homeroom Teacher:	Start date:

**** Parent/Guardian Information**

Mother First Name:	Last Name:
Address:	City/State/Zip:
Home Phone:	Cell:
Employer Name:	Employer address:
Work phone:	City/State/Zip:

Father First Name:	Last Name:
Address:	City/State/Zip:
Home Phone:	Cell:
Employer Name:	Employer address:
Work phone:	City/State/Zip:

****Alternate Emergency Contact (All emergency contacts must be 18 and older)**

Name #1	Relationship to child:
Address:	City/State/Zip
Home phone:	Cell:
Name #2	Relationship to child:
Address:	City/State/Zip
Home phone:	Cell:
Name #3	Relationship to child:
Address:	City/State/Zip
Home phone:	Cell:

**** Required information- complete contact information must include names, addresses, & phone numbers wherever indicated**

Authorization to pick up your child from Crusader Club/Extended Care (only the following people are authorized to pick up my child without written permission and photo ID)

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Anyone specifically NOT authorized to pick up your child- Name:		

The above persons are authorized to pick up my child and/or may be contacted by Extended Care staff in the event of an emergency if parents or guardians cannot be reached.

Parent/Guardian's Signature:	Date:
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**** 2018-2019 Medical/Doctor/Dentist/Hospital/ Information**

Child's First Name: _____ Last Name: _____

Doctor's Name:	Phone:
Address:	City: State: Zip
Dentist Name:	Phone:
Address:	City: State: Zip
Preferred Hospital:	
Address:	City: State: Zip

****Required information- complete contact information must include, name, address & phone numbers for doctor, dentist and preferred hospital Allergy/Health Information**

Does your child have any allergies?	No ___ Yes ___ (please explain)
Does your child require any medications during the program?	No ___ Yes ___ (please explain) * A current copy of the Administration of Medication form MUST be provided with each medication. (Can be found on school website)
Does your child require emergency medications? (Epipen, inhaler, etc.)	No ___ Yes ___ (please explain) * A current copy of the Administration of Medication form MUST be provided with each medication. (Can be found on school website)
Medical conditions that require child's dietary supplements or restrictions	No ___ Yes ___ (please explain)
Any restrictions of normal physical activities?	No ___ Yes ___ (please explain)
Anything else we should know in caring for your child?	No ___ Yes ___ (please explain)
Child's immunization records up to date and on file in the school office?	No ___ Yes ___

Sign IN/Out Authorization (Before school, and special circumstances only for After School)**

I give my permission for my child (who is 8 or older) to sign him/herself OUT of After School** Yes ___ No ___ Parent/Guardian Initials _____
I give my permission for my child (who is 8 or older) to sign him/herself IN Before School Yes ___ No ___ Parent/Guardian Initials _____
** Special circumstances include, children going to after school sports and children who are picked up by a parent/guardian authorized person who is under the age of 18 years old.

Sunscreen Authorization

I give my permission for St. Vincent de Paul Crusader Club staff to assist in applying sunscreen to my child's exposed skin, including face, neck, ears, shoulders, arms, legs and feet, prior to participation in outdoor activities. I acknowledge and understand that sunscreen will not be applied to any broken skin or if a skin reaction is observed. I understand that it is my responsibility to provide a sunscreen with a minimum SPF of 15 or higher. I understand that sunscreen is not provided by St. Vincent de Paul School. Parent/ Guardian signature: _____

Video viewing Authorization

I give permission for my child to view G Movies. I understand this will be on special occasions only (inclement weather, special party, etc.) Parent/Guardian signature: _____
