

ASE REGISTRATION FORM

WINTER 2012

Personal Information:

Child's Name _____

Teacher _____

Grade _____ Bus _____

Home Phone Number: _____

Parent #1 Name: _____

Parent #1 Email: _____

Parent#1 Cell Phone: _____ Work Phone: _____

Parent #2 Name: _____

Parent #2 Email: _____

Parent #2 Cell Phone: _____ Work Phone: _____

Emergency Contact Name: _____

Emergency Contact Home Number: _____

Emergency Contact Cell Phone Number: _____

Class Selection:

I would like to register my child for the following class: _____

_____ on: Monday, Tuesday, Wednesday, Thursday, Friday (circle one).

If unavailable, my second choice is: _____

on: Monday, Tuesday, Wednesday, Thursday, Friday (circle one).

In addition, I would like to register my child for another class: _____

_____ on: Monday, Tuesday, Wednesday, Thursday, Friday (circle one).

If unavailable, my second choice is: _____

on: Monday, Tuesday, Wednesday, Thursday, Friday (circle one).

Please indicate anything you would like us to consider in placing your child (sibling placement, etc.) _____

Additional Information:

Please indicate whether you would like to volunteer to work at ASE and receive priority on your child's registration: YES NO (Please circle).

If yes, what days? _____

Does your child have any known allergies? YES NO (Please circle)

If yes, explain: _____

Will your child be attending CCW after ASE? YES NO (Please circle)

If yes, which days? _____

Will someone other than the child's parent pick him/her up from ASE? YES NO (Please circle)

If so, please provide that person's name and contact information: _____

Waiver/Permission:

My child _____, born on _____ has my permission to participate in the 2012 Grafflin PTA ASE program. I, as parent or guardian of the minor, do hereby, for my child, myself, my heirs, executors and administrators, remise, release and forever discharge the Chappaqua PTA, Grafflin PTA and the NY State Congress for Parents and Teachers, Inc. 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 the referred. I hereby certify that the above-named is my son/daughter or minor under my guardianship. I do hereby certify 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 undersigned will assume full responsibility for any such action, including payment of costs. I have read the ASE brochure and will abide by all requirements, rules and regulations described therein. Further, I waive any and all rights for damages my child may have against the PTA, Chappaqua Schools, or the teachers for any injuries suffered by my child in connection with ASE classes.

Signature _____ Date: _____

I understand that I must be a member of the Chappaqua PTA in order for my child to participate in Grafflin ASE and that dues in the amount of \$15.00 are required for membership. I agree that, if I have not already paid my dues, I will pay them immediately.

Signature _____ Date: _____

I understand that, upon receiving confirmation that my child is registered in a class, I am responsible for remitting payment in the amount indicated in the brochure.

Signature _____ Date: _____