

After School Program Scholarship Request Session 2 January 14- March 22, 2013

For Administrative Use Only:
Scholarship requested on:
Processing fee received:
Cash:Amt\$
Check #: Name:

Date:		

- ➤ To request a scholarship, please return this form with the \$5 processing fee to the PTO mailbox in the Irving office by **Monday, December 3, 2012.**
- > Scholarships will be granted on a first come first serve basis with priority given to students who have not yet been granted a scholarship for a class this academic year.
- > Scholarship requests received after December 3, 3012 will not be considered.
- ➤ Please use a separate scholarship request form for each child and submit all pages of the form for consideration.
- ➤ Requests will not be considered without payment.
- ➤ Please make checks payable to **Irving PTO**.
- ➤ You will receive an email confirming the status of your request for your child(ren) Friday, December 14, 2012
- Classes may be canceled due to inclement weather. Please be advised that efforts will be made to make up the missed time when feasible. Refunds will not be issued.
- Complete course descriptions can be found at http://irvingpto.com/eagle-extras/

Please direct questions to EagleExtras@irvingpto.com

Child's Name:	Grade/Teacher:
Parent/Guardian Name #1:	
Daytime/Emergency # Ho	ome Phone:
Email address:	
Parent/Guardian Name #2:	
Daytime/Emergency # Ho	me Phone:
Email address:	
Emergency Contact (other than parent or guardian)Na	me:
Phone #	
Comments on Child (allergies, special needs, etc.):	
I would like my child to be granted a scholarship for the	e following class:
First Choice Class:	
Second Choice Class:	

My Child will be picked up by	Contact#:
My Child will go to Hephzibah:	yesno
Please sign here if your child will walk I	nome:
•	asis. Student who qualify for free and reduced lunch may be considered for as per session (limited to two sessions per year).
teacher or designated monitor. If parents neighbor or family member for a timely pi	ing up their children in the lobby on time at the end of class from the program s/guardians cannot pick up a child on time they should arrange with a friend, ck up. If a child is not picked up at the end of class the onsite coordinator will contact number(s) to make arrangements for pick up. At no time will a child
•	e for pick up, or if the behavior of a child is disruptive in class, the student will ass. For detailed information re: these policies, please visit the Eagle Extras
Waiver	
will be assuming the risk and legal liability child/ward might sustain as a result of perprogram: I recognize and acknowledge that voluntarily agree to assume the full risk of sustain as a result of participation in any agree to waive and relinquish all claims my Elementary School PTO, District 97, and It employees (hereinafter referred to as "the and all claims for injuries, damages, or lost associated with this program. I further agree to the sustain as a result of participation in any agree to waive and relinquish all claims my Elementary School PTO, District 97, and It employees (hereinafter referred to as "the and all claims for injuries, damages, or lost associated with this program. I further agree to the sustain as a result of percentage and acknowledge that the sustain as a result of percentage and acknowledge that the sustain as a result of participation in any agree to waive and relinquish all claims my agree to waive and	rare that in signing up and participating in afterschool programs at Irving you and waiving and releasing all claims for injuries, damages or loss which your articipation in any and all activities connected with and associated with this at there are certain risks of physical injury to participants in this program and I f any injuries, damages or loss regardless of severity that my child/ward may and all activities connected with or associated with this program. I further y child/ward may have as a result of participating in this program against Irving rving Elementary School, including respective officials, agents, volunteers and a parties"). I do hereby fully release and forever discharge the Parties from any as that my minor child/ward and arising out of, connected with, or in any way ree that this agreement shall be governed by the State of Illinois. I have read a release of all claims and assumption of risk.
My signature indicates that I understand the	ne above guidelines, procedures and waiver.
Please be advised that each program marequired for participation.	y require an additional waiver specific to the organization that will also be
Parent/Guardian Signature:	Date: