

Scholarship Request  
For Administrative Use Only

Date Received: \_\_\_\_\_

Cash/Check #: \_\_\_\_\_ -

Amt\$ \_\_\_\_\_

Last name on check:: \_\_\_\_\_

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Date Received: \_\_\_\_\_

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Amt\$ \_\_\_\_\_

Last name on check:: \_\_\_\_\_



**EAGLE EXTRAS**  
**After-School Program**  
**Session 3 Registration Form**  
**April 4-May 17, 2013**

Date: \_\_\_\_\_

- To register, please return these forms with full payment to the PTO mailbox in the Irving office by **March 22, 2013**. Classes that have not met the minimum enrollment will be canceled at this time.
- No registrations will be accepted after the first class has been held.
- Space is limited and classes are filled on a first come first serve basis. Please register early to reserve your child's spot in the class (es). We will do our best to accommodate all interested.
- **Please use a separate registration form and class selection form for each child. Please return all three sheets of this form per child.**
- Please make checks payable to **Irving PTO**. Registration will not be accepted without full payment.
- **If you would like to be considered for a scholarship, please submit this form with the \$5 processing fee.**
- You will receive an email confirming your registration, payment, and scholarship contributions.
- 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](mailto:EagleExtras@irvingpto.com)

Child's Name: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Parent/Guardian Name #1: \_\_\_\_\_

Daytime/Emergency #: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Parent/Guardian Name #2: \_\_\_\_\_

Daytime/Emergency #: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact (other than parent or guardian)


Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Comments on Child (allergies, special needs, etc.):

My child will be picked up by: \_\_\_\_\_ Contact #: \_\_\_\_\_

My child will go to Hephzibah: \_\_\_\_\_yes \_\_\_\_\_no

Please sign here if your child will walk home: \_\_\_\_\_

	Day	Dates	Time	Class	Grade Level	Amount due
	Mon	Apr 8-May 13	3:15-4:15 pm	Mad Science	2-5	\$100
	Mon/Thurs	April4-May 16	3-4 pm	Let's Get Saktive	K-2	\$110
	Mon	Apr 8-May 13	3-4 pm	Paper Play	K-2	\$75
	Tues	Apr 9-May 14	3:15-4:15 pm	Mad Science	k-1	\$100
	Tues/Thurs	Apr 4 - May 16	3-4 pm	Irving Girls Run	Girls Grades 3-5	\$110
	Tues	Apr 9 – May 14	3:15-4:15 pm	Extra Extra Read All About It!	3-5	\$95
	Tues/ Fri	Apr 6 –May 17	3-4:15pm	Fitness and Fun on the Run	Boys Grades 3-5	\$125
	Wed	Apr 9 – May 15	2-3pm	Acting is ...Child's Play	K-5	\$95
	Thurs	April 4- May 16	3-4pm	Orff Ensemble	2-5	\$70
	Fri	Apr 5 -May 17	3-4 pm	Chess Scholars	K-5	\$82
	Fri	Apr 5 -May 17	3 - 4pm	Sharing Our Talents	K-5	\$65
					Course Fees	
					Scholarship donation***	
					Total(check payable to Irving PTO)	

\*\*\*Every session students may be unable to benefit from the enrichment of Eagle Extras classes due to financial constraints. Your contribution could help fund those students\*\*\*

☐ I would like to be considered for a payment plan. I can pay 2 equal installments on the following dates: March 29 and April 19th. My first installment is included with this form. In addition, I have included the remaining checks dated accordingly for deposit.

☐ I would like to be considered for a scholarship. I have included the \$5 processing fee with my form. I have indicated my first and second choice class for my child.

Parents/guardians are responsible for picking up their children in the lobby on time at the end of class from the program teacher or designated monitor. If parents/guardians cannot pick up a child on time they should arrange with a friend, neighbor or family member for a timely pick up. If a child is not picked up at the end of class the onsite coordinator will contact the parents using the emergency contact number(s) to make arrangements for pick up. At no time will a child be left without adult supervision.

If parents/guardians arrive consistently late for pick up, or if the behavior of a child is disruptive in class, the student will no longer be able to participate in the class. For detailed information re: these policies, please visit the Eagle Extras section of the Irving PTO website.

### Waiver

Please read this form carefully and be aware that in signing up and participating in afterschool programs at Irving you will be assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which your child/ward might sustain as a result of participation in any and all activities connected with and associated with this program: I recognize and acknowledge that there are certain risks of physical injury to participants in this program and I voluntarily agree to assume the full risk of any injuries, damages or loss regardless of severity that my child/ward may sustain as a result of participation in any and all activities connected with or associated with this program. I further agree to waive and relinquish all claims my child/ward may have as a result of participating in this program against Irving Elementary School PTO, District 97, and Irving Elementary School, including respective officials, agents, volunteers and employees (hereinafter referred to as "the parties"). I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that my minor child/ward and arising out of, connected with, or in any way associated with this program. I further agree that this agreement shall be governed by the State of Illinois. I have read and fully understand the above waiver and release of all claims and assumption of risk.

My signature indicates that I understand the above guidelines, procedures and waiver.

Please be advised that each program may require an additional waiver specific to the organization that will also be required for participation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child has selected

☐ Fitness and Fun on the Run ☐ Girls Running Club.

Please order the following tshirt size for my child:

Child Small

Adult Small

Child Medium

Adult Medium

Child Large

Adult Large

Yes, my child, \_\_\_\_\_, will participate in the end of session 5K run at Soldier Field on May 19 benefitting Lurie Children's Hospital.