

Scholarship Request
For Administrative Use Only

Date Received: _____

Amt\$: _____



EAGLE EXTRAS
After-School Program
 Session 2 Registration Form
 January 20-March 24 2017

For Administrative Use Only

Date Received: _____

Cash/Check #: _____

Amt\$: _____

Date: _____

Please consider registering online--it saves paper and time for everyone!!
www.irvingpto.com/eagle-extras

- To register, please return these forms with full payment to the PTO mailbox in the Irving office by **January 13th at 3pm**. Classes that have not met the minimum enrollment at that time will be cancelled.
- 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.*
- You will receive an email confirming your registration, payment, and scholarship contributions.
- Classes may be cancelled 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.
- We are not able to accommodate changes in the schedule after the registration period is over.
- Complete course descriptions can be found at <http://irvingpto.com/eagle-extras/>.

Please direct questions to EagleExtras@irvingpto.com.

*** = REQUIRED INFO**

*Child's Name: _____ *Grade/Teacher: _____

*Parent/Guardian Name #1: _____ Street Address: _____

*Daytime/Emergency #: _____ Secondary Phone #: _____

*Email address: _____

Parent/Guardian Name #2: _____

Daytime/Emergency #: _____ Secondary Phone #: _____

Email address: _____

*Emergency Contact (other than parent or guardian)

*Name: _____ *Phone #: _____

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

*After Eagle Extras,

☐ My Child will be picked up by: _____ Contact#: _____

☐ My Child will go to Hephzibah.

☐ My child will walk home. Sign here to give permission for your child to walk home: _____

	Day	Dates	Time	Class	Grade Level	Amount due
	Mondays	Jan. 23-March 20	3pm-4:30 pm	Floor Hockey/Dodgeball	Grades 2-5	\$130
	Mondays	Jan. 23-March 20	3:15-4:15pm	Sense-ational Science	Grades K-2	\$130
	Mondays	Jan 23-March 20	3:15-4:30	Icook	Grades k-5	140
	Tuesdays	Jan 24-March 21	3:15-4:15pm	Knitting Club	Grades 2-5	\$120
	Tuesday	Jan 24-March 21	3:15-4:15 pm	Playmakers Theatre	Grades K-2	\$120
	Tuesdays	Jan 24-March 21	3:15-4:15pm	Taekwondo	Grades k-5	\$120
	Wednesdays	Jan 25-March 22	2:15-3:30pm	Cozy Cottages and Winter Birds	Grades 1-5	\$140
	Wednesdays	Jan 25-March 22	2pm-3:30pm	Multi-sports Madness!	Grades K-2	\$130
	Wednesdays	Jan 25-March 22	2:15-3:15 pm	Shake it Up Dance!	Grades 1-5	\$120
	Thursdays	Jan 26-March 23	3:15-4:15pm	Robotics	Grades 1-5	\$130
	Thursdays	Jan 26-March 23	3:15-4:15pm	Ceramics	Grades 3-5	\$120
	Thursdays	Jan 26-March 23	3pm-4:30	INSPIRE STEAM	Grades k-1 GIRLS ONLY!!	130
	Fridays	Jan 20-March 24	3-4:30 pm	Chess Scholars	Grades K-5	\$130
	Fridays	Jan 20-March 24	3-4:30pm	YogaKids	Grades k-5	\$130
					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.

Payment options and scholarships

- ☐ I have included a check for full payment.
- ☐ I would like to be considered for a payment plan. I can pay 2 equal installments on the following dates: **January 20 & March 1**. My first installment is included with this form. I have included the remaining check dated accordingly for deposit.
- ☐ I would like to be considered for a financial scholarship. (Free and reduced lunch students are eligible to request a scholarship for any 1 class during a session.) I have also indicated my first and second choice class.

Pick-up procedure

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: _____

**PLEASE RETURN THIS WAIVER WITH REGISTRATION FORM TO THE PTO
MAILBOX LOCATED IN THE FRONT OFFICE.**