

**PARK HILL ECE-8 SCHOOL  
PTSA AFTER-SCHOOL ENRICHMENT PROGRAM**

**RELEASE OF LIABILITY AND EMERGENCY FORM**

As the parent or legal guardian for the below registered student, I hereby acknowledge that receiving instruction in Enrichment activities presents the risk of injury from instructors, other students, and materials used in the activities, and I am aware of the risk of such injury. Providing only such that Park Hill ECE-8 School shall use reasonable care in selecting instructors for such activities, I hereby assume such risk of injury and, for myself, my heirs and personal representatives, so I hereby release Park Hill ECE-8 School, the Denver Public School System, their officers, employees and agents and each individual Enrichment leader or instructor and his/her officers, employees and agents, and all other students involved in the activities from any liability for any injury which my child may suffer in connection with participation in such activities. I further acknowledge that my child's participation in these activities is permitted only upon my execution of this instrument and that his/her participation is purely voluntary.

Parent or Guardian Name (please print) \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_

Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (mobile) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Does your child take any medications; have allergies, medical issues or other special needs?

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACTS**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**OTHER PERSONS AUTHORIZED TO SIGN CHILD OUT OF CLASS** (please include student name if allowed to sign him/herself out – YOU MUST DO THIS FOR ALL CHILDREN, 1<sup>ST</sup> GRADE AND UP, ENROLLED IN KALEIDOSCOPE CORNER – see brochure for full details.)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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**PARENT/GUARDIAN:**

**COMMITMENT CONTRACT:**

I am committed to having my child attend all classes in which he/she is registered. I understand my child can drop the class after notification to the instructor, but will not be allowed back in that session. I also understand that he/she will be asked to leave the class if there is a serious behavior problem. There will be one warning given after a serious behavior problem. If my child repeats inappropriate behavior, he/she will be required to leave the class without a refund of tuition.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**PICKUP POLICY:**

I understand that I am responsible for picking up my child/guardian at the appointed time. I understand that if I am late, my child may be waiting for me in the school office. I understand that I may be assessed a late fee. I also understand that if I am habitual late picking up my child/guardian, a warning will be given. If I am late again, he/she will be required to leave the class without a refund of tuition and may no longer be eligible to attend Enrichment classes.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**STUDENT:**

**COMMITMENT CONTRACT:**

I am committed to attending all classes in which I am registered. I understand that if I decide not to continue, I will tell the instructor and will be let out of the class and will not be allowed back in. I also understand that if the instructor feels my behavior is inappropriate for the class, I will be asked to leave the class and will not be allowed back in. I understand that I will be given ONE warning for inappropriate behavior and that if I repeat my behavior I will be required to leave the class.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

# PTSA AFTER-SCHOOL ENRICHMENT PROGRAM

## REGISTRATION FORM

STUDENT NAME	BIRTH DATE	CLASS CODE (A1, B3, etc.)	CLASS TITLE	KALEIDOSCOPE (YES/NO)*	FEE	\$10 LATE FEE**
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

\*Make sure to update your paperwork that allows your child to sign him/herself in and out of Kaleidoscope Corner.

\*\*Late Fees apply to registrations received after deadline; please see first page of brochure for current registration deadline.

**Please check one of the following payment options:**

- I have included separate checks (made out to Park Hill PTSA) for each class.
- I would like to pay with a credit card. Please send a PayPal.com invoice to \_\_\_\_\_ (email address).
- I am requesting a 1/2 TUITION SCHOLARSHIP. Please limit to one per child, per session - late fee NOT exempt.
- I am requesting a FULL SCHOLARSHIP. Please limit to one per child, per session - late fee NOT exempt.  
Full scholarships are not guaranteed. Please specify a 2<sup>nd</sup> choice class if we are unable to provide a scholarship for your 1<sup>st</sup> choice.  
Second choice - \_\_\_\_\_