

Scholarship Request
For Administrative Use Only

Date Received: _____

Amt\$: _____



EAGLE EXTRAS
After-School Program
 Session 3 Registration Form
 April 11th-May 27th, 2016

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 **April 3rd 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.
- 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: _____

<input checked="" type="checkbox"/>	Day	Dates	Time	Class	Grade Level	Amount due
	Mondays	April 11th-May 23rd	3:15-4:15 pm	Kids Crafting for Good	Grades 2-5	\$100
	Mondays	April 11th-May 23rd	3:15-4:15pm	Mad Science: NASA	Grades K-2	\$120
	Mondays	April 11th-May 23rd	3pm-4:30pm	Floor Hockey	Grades 3-5	\$120
	Tues AND Thurs	April 12th-May 19th	3:15-4:15 pm	Irving Running Club	Grades 2-5	\$110
	Tues AND Thurs	April 12th-May 26th	3:15-4:15pm	Let's Get Saktive	Grades K-1	\$120
	Tuesdays	April 12th-May 24th	3:15-4:15pm	LEGO Engineering	Grades 1-2	\$135
	Wednesdays	April 13th-May 25th	2:15-3:30pm	Everything Green	Grades 1-5	\$135
	Wednesdays	April 13th-May 25th	2pm-3:30 pm	Multi-sports Madness!	Grades K-2	\$120
	Wednesdays	April 13th-May 25th	2:15-3:15pm	LEGO Spybotics	Grades 3-5	\$135
	Thursdays	April 14th-May 26th	3:15-4:15pm	Afterschool Stage Stars	Grades K-2	\$100
	Fridays	April 15th-May 27th	3-4:30 pm	Chess Scholars	Grades K-5	\$120
	Fridays	April 15th-May 27th	3-4:30pm	YogaKids	Grades K-5	\$120
					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

have included a check for full payment.

would like to be considered for a payment plan. I can pay 2 equal installments on the following dates: **April 3rd & May 13th**. My first installment is included with this form. In addition, I have included the remaining check

dated accordingly for deposit.

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 fo

If you have selected the Irving Running Club, please select the approximate T-shirt size for your child:

___ Child Small

___ Adult Small

___ Child Medium

___ Adult Medium

___ Child Large

___ Adult Large

Yes, my child, _____, will participate in the end of session 5K at Soldier Field on May 15th benefiting Lurie Children's Hospital.

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 after school 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.