

## BAM PTA Enrichment: Spring 2020 Registration Form

Registration Deadline: Friday, January 24<sup>th</sup>, 2020

LEARNS/BEARS Registration Deadline: Friday, January 31<sup>st</sup>, 2020

Please PRINT ALL INFORMATION LEGIBLY and FILL OUT BOTH SIDES.

Child's Last Name:

First Name:

Grade/Teacher/Room (Important!!! Do not leave blank):

Parent's/Guardian's Name:

Phone #1:

Phone #2:

LEARNS/BEARS: YES / NO

Email Address:

If YES, How Many Days? 1 2 3 4 5

**YOU MAY SIGN UP YOUR CHILD FOR MORE THAN ONE CLASS A DAY (IF APPLICABLE). PLEASE PUT AN "X" IN EACH BOX FOR EACH CLASS YOU ARE SIGNING UP YOU FOR**

Class & Grades	Day	Time	Fee	Partial	X	Class & Grades	Day	Time	Fee	Partial	X
Choral Music K	Mon	2:25	\$165	\$141		Liv & Chiu Art 1-5	Wed	2:35	\$190	\$162	
Choral Music 1-2	Mon	3:30	\$165	\$141		Liv & Chiu Art 1-5	Wed	3:40	\$190	\$162	
Yoga! K	Mon	2:25	\$165	\$141		Chess 2-5	Thurs	3:30	\$180	\$153	
Yoga 1-5	Mon	3:30	\$165	\$141		Chess 2-5	Thurs	4:35	\$180	\$153	
Yoga 1-5	Mon	4:35	\$165	\$141		Gesture Drawing K	Thurs	2:25	\$165	\$141	
Henna 4-5	Mon	3:30	\$165	\$141		Soccer K	Thurs	2:25	\$180	\$153	
Ultimate Frisbee 3-5	Mon	3:30	\$165	\$141		Soccer 1-2	Thurs	3:30	\$180	\$153	
Cooking Round the World K	Tues	2:25	\$195	\$171		Soccer 3-5	Thurs	4:35	\$180	\$153	
Cooking Round the World 1-5	Tues	3:40	\$195	\$171		Mocha Art K	Fri	2:25	\$190	\$162	
Jedi Engineering K	Tues	2:25	\$195	\$171		Mocha Art 1-5	Fri	3:30	\$190	\$162	
Jedi Master 1-5	Tues	3:30	\$220	\$187		Mocha Art 1-5	Fri	4:35	\$190	\$162	
Math Games and Puzzles K-1	Wed	2:35	\$180	\$153		Magic 1-5	Fri	3:30	\$190	\$162	
Math Games and Puzzles 2-3	Wed	3:40	\$180	\$153		Magic 1-5	Fri	4:35	\$190	\$162	
Kickboxing K-5	Wed	2:35	\$180	\$153		Choral Music 3-5	Fri	3:30	\$165	\$141	
Kickboxing K-5	Wed	3:40	\$180	\$153		Tennis 1-5	Fri	3:30	\$180	\$153	
						Tennis 1-5	Fri	4:35	\$180	\$153	

Total Class Fees		Who Will Pick Up Your Child?	
Registration Fee	\$15		
Total Amount Owed			

\*\*\*Please make all checks out to *Berkeley Arts Magnet PTA*

<p><b><u>LEARNS/BEARS ONLY</u></b></p> <p>Please list your top 3 class choices. In the case that a class is full, we will make every effort to place your child in the next available section based on your preferences.</p>	1.
	2.
	3.

Office Use Only: Amount Paid FS/PS	Check #	Cash	Registration Fee Paid	LEARNS
---------------------------------------	---------	------	-----------------------	--------

Office Use Only   
Medical Alert

# MANDATORY EMERGENCY FORM

Child cannot register for classes without this form completed!

## EMERGENCY INFORMATION:

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Room: \_\_\_\_\_  
Parent's/Guardian's Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Health Plan:	Policy Number:
Physician's Name:	Phone Number:
Dentist's Name:	Phone Number:

Please list any allergies, including food, we should be aware of:

\_\_\_\_\_

Please list any illness, learning disability, medical and/or behavioral condition, we should be aware of: \_\_\_\_\_

\_\_\_\_\_

List two local emergency guardians who have agreed to take either temporary care (in case of illness) or extended care (in case of natural disaster) of your child if parent/guardian cannot be reached. This person would come to the school and pick up your child for you.

Name	Work/Cell Phone	Home Phone	Relationship

I, the undersigned parent/guardian of the student shown above, a minor, do hereby authorize and consent to any x-ray, anesthetic, medical or surgical diagnosis, or treatment and hospital care to be rendered under the general or special supervision and upon the advice of a physician, surgeon or dentist under the provisions of the Medicine Practice Act, or Dentist Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care but is given to provide authority and power for the physician/dentist to render care which in his/her best judgment may be deemed advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. It is the responsibility of the parent/guardian to immediately notify BAM PTA Enrichment Program in writing of any changes in the information above (bamafterschool@gmail.com).

By signing this form, you release BAM PTA Enrichment Program of any liability and assume all risk for personal injury and harm your child may suffer while participating in this program. Please ensure your child's application and payment are in the BAM PTA lock box in the office by registration deadline.

DATE & SIGN HERE:

\_\_\_\_\_