

# PTA Karate Enrichment Class Winter 2009

## Fridays, Age 5- Grade 4

Please do not send the registration to school with your child, as it will NOT be processed. It will be sent home or may be lost and this could result in your child not getting into a class.

**Teacher:** Jason Patten, Owner and 4<sup>th</sup> degree black belt, Patten's Martial Arts.

**Cost:** \$43 per child. There is no discount for multiple classes or multiple children in classes. An optional white uniform may be purchased for \$30 at the first class.

**Classes:** will meet once each week at 7:15-8:00pm on Friday's in the LPS gym. **The program will meet on February 6, 13, 20, 27, March 6, 13, 20, 27.** **Registration deadline is January 31, 2009.** Class times and location may be adjusted based on enrollment.

**Enrollment:** These classes are offered to all students residing in the Loveland School District in ages 5 to grade 4. Students residing in the Loveland School District, but attending other schools will be accepted after the January 31, 2009 registration date, if space is available. These classes will be filled on a first come first serve basis. This program is offered by the PTA and is self-supported. This program does not take money from the school District tax base or the PTA. The program reserves the right to cancel or combine classes as needed. A minimum of 12 students per class is needed to hold the class with a maximum of 25 students per class.

**Refund Policy:** Those moving from the Loveland School District or ill with a doctor's excuse will be released from their obligation to pay full tuition. In those cases the tuition will be prorated. If before classes begin February 5, 2009, you know you are unable to make the class time offered and the PTA is able to make other arrangements (I.e. Find a replacement student), you will be refunded. No refunds will be issued after the start of your child's first class. If for some reason an instructor is unable to teach a class and a qualified replacement cannot be found, the class will be cancelled and tuition will be refunded to students. If a class is under minimum enrollment it may be cancelled and tuition will be refunded.

**Pick-up procedure:** It is the responsibility of the parents of the students attending the classes to arrange transportation to and from class. Please arrive on time to pick-up your child. We understand that there are times when you may be running late, but if this happens on more than one occasion, you will be charged a babysitting fee of \$1.00 per minute beginning 10 minutes after your class is scheduled to end. This is similar to the policies in other Enrichment Classes.

Classes will be cancelled if Loveland School are closed due to inclement weather or other circumstances. In this situation, arrangements will be made for make-up sessions as needed.

### **Registration deadline is January 31, 2009.**

1. Fill out the registration form, one form per child.
2. Include a \$43 check or money order made payable to Loveland Elementary PTA.
3. Enclose completed form with payment and mail to: Stephanie McGill 6311 Paxton Woods Dr Loveland OH 45140

**E-mail confirmations will be sent of your child's placement once the minimum of 12 students has been reached.**

Loveland PTA Enrichment Class  
Friday Karate, 7:15-8:00pm  
Registration Form  
Winter 2009

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

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #'s: \_\_\_\_\_

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

Emergency Contact Name and Phone # \_\_\_\_\_

Allergies/Medical Condition:  
\_\_\_\_\_

My child has my permission to participate in Loveland PTA karate program after school. I also understand that I am responsible for picking my child up promptly at the end of each class or late fees may be charged. I have read all guidelines and understand them.

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

I hereby authorize the agents of Loveland PTA Enrichment program to act for me according to his/her best judgment in an emergency requiring medical attention for my child, and hereby waive and release the Loveland Elementary PTA, Loveland City Schools, as well as all district employees and/or agents of these entities from any and all liability for any injuries incurred as a result of participating in the activity. I further certify that the participant is physically fit and capable of participation in all program activities and that participation will not pose a risk of physical harm.

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