



535 James Hance Court
Exton, PA 19341
610-903-1300 ☎
610-903-1317 📠

Activity Name: K-1 Club – Game Days (150 Bldg. Students)

Objective: K-1 Club will be offered specifically for our kindergarten and 1st grade students! We will be teaching basic skills and playing games to practice what is learned with an emphasis on developing team building and good sportsmanship traits while making some new friends.

Location: 150 Building Gym.

Dates and Times: Tuesdays and Thursdays, Mar. 28th, 30th, Apr. 4th, 6th from 4:00 – 5:30pm.

***Please Note:** *If your child is enrolled in another after-school activity that conflicts with this program, please do not sign-up. Students who are picked up late will be asked not to return to the program; no refunds will be issued.*

Uniform: Wear sneakers. Students are encouraged to wear their PE uniform on intramural days. Please understand that skirts, jumpers and dress shoes are a safety issue and are not appropriate attire. Students wearing these items may be excluded from participation.

Essentials: Any safety equipment you'd like your child to wear will need to accompany him/her to school, water bottle if desired.

Participation Fee: \$25.00. Please make your check or money order payable to CCS.

Registration: The permission slip below must be completed and is mandatory for registration and attendance. Return it with the participation fee by the due date to CCS, attention: Mr. Handley, 535 Building.

Due Date: 8:30am on Wednesday, March 15, 2017.

Lottery Info: Space is limited, a participation lottery will be held if necessary. (Properly completed forms only.)

Notification: Individual confirmation of enrollment into this program is not provided. A roster will be posted listing participants. Please check CCS's website's Athletics page one week following due date to see if your child is registered.

Refunds: Your fee and registration form will be returned to you if your child is not selected via the lottery.

Medical Concerns: If your child requires any medications during the activity, please contact CCS's school nurse to make the necessary arrangements. Any health emergencies will be taken to the nearest emergency room and parents will be contacted as soon as possible.

Questions: Contact Mr. Matt McCain, Athletic Director, at mmccain@ccs.us, or call 610-903-1300 ext. 6614.

(Please detach, return lower section to CCS and keep the top portion for reference.)

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In such case as I cannot be reached, I authorize the CCS employee/parent chaperone to arrange for any necessary medical treatment. I understand that the rules and regulations of the CCS Student Code of Conduct are applicable and enforceable during all after school activities.

Student's Name: _____ Homeroom Teacher: _____ Grade: _____

Parent's Phone Number: _____ Email: _____

- I give permission for my child to participate in **K-1 Club**.
- I have enclosed the **\$25** participation fee for this program. Check/Money Order payable to CCS.
- I will pick up my child by **5:30pm at the 150 Building Lobby (150 Oaklands Blvd)**.

(Printed) Parent Name

Parent Signature