

Community Education—Spectrum Program

APRIL STAYCATION Gr K-5

Ms. Keane, HES Teacher April 18, 19, 20, 2017

Registration Deadline:
APRIL 3, 2017



April vacation week fun at HES. We will play cooperative games, do craft projects, make a fun snack, play board games, watch a movie and just have fun with friends! Don't forget to bring your lunch!

Register by April 3, \$70/per day, Discount for additional days (see below). Registrations received AFTER April 3 will be accepted on a space-available basis. Fee will be \$80/per day (no discount on additional days)

*Register by April 3	After April 3, space available basis
\$70/day	\$80/day

Tuesday, April 18	8:30 a.m.-4 p.m.	\$70*	\$80	\$ _____
Wednesday, April 19	8:30 a.m.-4 p.m.	\$70*	\$80	\$ _____
Thursday, April 20	8:30 a.m.-4 p.m.	\$70*	\$80	\$ _____

***DISCOUNT:** Take \$5 off per day for each additional day Total: \$ _____ (check only)
Register by April 3, pay \$70 for the first day and \$65 for each additional day
Payment for this program by **CHECK ONLY**, payable to: Town of Harvard

Minimum per day: 10 (Minimum must be reached by Monday, April 3) Maximum: 24
In case of a "snow day" parents will be contacted by phone and/or email, payment for that day will be refunded.

Class size is limited. Registration is on a first-come first served basis as received in the Community Education office. Confirmations are done via e-mail.

Late pick-up will result in a \$1.00 per minute fee payable immediately to the instructor.

*Use our on-line registration option at www.psharvard.org, Departments, Community Education, Spectrum OR Complete the form below and return to the Community Education office with your check by April 3.**

April Staycation April 18, 19, 20, 2017 Deadline to register: April 3* (see note above)

Name _____ Grade _____ Allergies _____

Address _____ Parent Name(s) _____

Home Phone _____ Cell # _____ Work Phone _____

e-mail _____

Emergency Contact & phone _____
(Other than parent, in case parent cannot be reached)

I, the undersigned, attest I am the parent or legal guardian of the above named child who attends the SPECTRUM program and agree to allow him/her to participate in the above listed Community Education/SPECTRUM class. I further agree to indemnify and hold harmless the staff, administrators, and official assistants and to absolve them from any and all liability arising from my child's participation in this activity. My child has permission to walk with staff to nearby locations such as the Harvard Town Common, Nature Trail, and Bare Hill Pond.

I have read and am fully aware of the policies (ie. late pick up, refunds etc.) of Harvard Community Education and the SPECTRUM Program.

PARENT/GUARDIAN SIGNATURE

DATE

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