

Math and Thinking Strategy After School Club for K-2 Students at Chapelgate Dates and Time:

Tuesdays 3:00 – 4:00 PM- Your child will go to this club at dismissal

9/17, 10/1, 10/15, 11/5, 11/19

Activities Include:

·Math Games and Centers ·Math Literature Connections ·Hands-on Lessons and Activities ·Math FUN! As we do a variety of activities your children will learn about thinking strategies like approach to task, precision and accuracy, connecting events, working memory, selective attention and more.

Cost and Payment:

\$200 PayPal kimleelearning@gmail.com or Venmo @Kimberly-Lee-7 or Check written to Kim Lee Learning LLC- email Kim for mailing address

This club in Room 118 is for Chapelgate students! Parents will receive an email after each class summarizing what we worked on and photos of what we did!

To register (First 22 students get priority) please:

- 1. Complete all 4 sections of this form
- 2. Scan or take a photo of this signed form
- 3. Email the form to **kimleelearning@gmail.com**
- 4. Submit payment (Venmo, check or Paypal) to Kim

Registration Form

Child's name	
Child's Grade and Classroom teacher-	_
Parent's name-	
E-mail address	
Parent's Cell Phone #	
Additional Emergency Contact person and phone # (emergency contact should be able to get to sch minutes)	ool in 30
Persons authorized to pick my child up from math club are:	

Permission Slip

I give permission for my child Strategy Club. I understand my child will I will pick up my child or arrange for my	l go to math club right at dismissal.	ol to attend Math and Thinking Math Club ends at 4:00 and either
		(Signature)
	Date:	
	Photo permission	
I give permission for Kim Lee Learn	ing LLC to take photos during the c	class for the sole purpose of the
weekly emails so parents can see what ch other purpose except for the weekly emai		No photos will be used for any
		(Signature)
	Date:	
☐ I DO NOT Give permission for	or my child to be photographed	1.
	ACKNOWLEDGEMENTS	
In consideration of Kim Lee Lear and participate in any programs, services, my minor child(ren) and our respective h Kimberly A Lee, and Michael J. Lee, a representatives, successors and assigns, p all claims, causes of action, losses, illness by virtue of my or my child(ren)'s partic KLL, except to the extent any such claim by the gross negligence of KLL. By signing below, I acknowledge and agriculture of the persons or parties.	classes or other activities at KLL and theirs and executors, hereby waive, along with their respective employers ersonal representatives, heirs, and east, injuries to person or property, of ipation in the program(s), service(s), cause of action, loss, illness or injuries.	release and forever discharge KLL, ees, agents, teachers and any other executors, from and against any and r any other damages arising from or s), class(es), or other activity(ies) at jury to person or property is caused tual agreement with KLL only, and
		(Signature)
		(Print Name)
	Date:	