



Math and Thinking Strategy After School Club for Grade 3-5 Students at Chapelgate

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

9/30, 10/21, 11/4, 11/18, 12/9

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:

\$210 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 15 students get priority) please:

- 1. Print this form and complete all 4 sections
- 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

Deadline to Register is September 17

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 school minutes)	ol in 30
Persons authorized to pick my child up from math club are:	
Allergies or Medical Conditions (Please enter "none" if no allergies or medical conditions)	

Permission Slip

I give permission for my child Thinking Strategy Club. I understand my cand either I will pick up my child or arrange	to stay after school to attend Math and hild will go to math club right at dismissal. Math Club ends at 4:00 e for my child to be picked up at 4.
	(Signature)
	Date:
	Photo permission
I give permission for Kim Lee Learning	g LLC to take photos during the class for the sole purpose of the
weekly emails so parents can see what child other purpose except for the weekly email t	dren are working on each week. No photos will be used for any o the class.
	(Signature)
	Date:
☐ I DO NOT Give permission for m	CKNOWLEDGEMENTS
and participate in any programs, services, myself, my minor child(ren) and our respect KLL, Kimberly A Lee, and Michael J. Le other representatives, successors and assig any and all claims, causes of action, loss arising from or by virtue of my or my child activity(ies) at KLL, except to the extent a property is caused by the gross negligence of	ng, LLC (" <u>KLL</u> ") allowing me and/or my minor child(ren) to attend classes or other activities at KLL and/or sponsored by KLL, I for tive heirs and executors, hereby waive, release and forever discharge ee, along with their respective employees, agents, teachers and any ms, personal representatives, heirs, and executors, from and against es, illnesses, injuries to person or property, or any other damages d(ren)'s participation in the program(s), service(s), class(es), or other any such claim, cause of action, loss, illness or injury to person or of KLL. e that I am entering into a contractual agreement with KLL only, and ACKNOWLEDGED AND AGREED:
	(Signature)
	(Print Name)
	Date: