

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

9/23, 10/7, 10/28, 11/11, & 12/2

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. 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

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 Strategy Club. I understand my child will go I will pick up my child or arrange for my chi	to math club right at dismissal. Mat	
		(Signature)
	Date:	-
	Photo permission	
I give permission for Kim Lee Learning		
weekly emails so parents can see what childr other purpose except for the weekly email to	<u> </u>	hotos will be used for any
		(Signature)
	Date:	-
☐ I DO NOT Give permission for r	ny child to be photographed.	
<u>AC</u>	KNOWLEDGEMENTS	
In consideration of Kim Lee Learning and participate in any programs, services, class my minor child(ren) and our respective heirs. Kimberly A Lee, and Michael J. Lee, along representatives, successors and assigns, perseall claims, causes of action, losses, illnesses, by virtue of my or my child(ren)'s participat KLL, except to the extent any such claim, cat by the gross negligence of KLL. By signing below, I acknowledge and agree with no other persons or parties.	sses or other activities at KLL and/or so so and executors, hereby waive, release g with their respective employees, conal representatives, heirs, and execu- injuries to person or property, or any tion in the program(s), service(s), clause of action, loss, illness or injury	sponsored by KLL, I for myself, ase and forever discharge KLL, agents, teachers and any other utors, from and against any and y other damages arising from or ass(es), or other activity(ies) at to person or property is caused agreement with KLL only, and
	TION TO WELD GED THIS TROKEL	
		(Signature)
	Date:	(Print Name)