CHESS MATES FOUNDATION

***“Providing children with opportunities to learn life skills for today’s world.”***

**STUDENT REGISTRATION**

## Student Name: Teacher: Grade:

|  |  |
| --- | --- |
| **CHESS CLUB ENRICHMENT** | |
| **Registration Deadline** | Sept. 18th, 2017 |
| **Schedule** | Mondays, 3:30-4:30 PM |
| **Dates** | Sept. 25th 2017 – March 26th 2018 |
| **Cost** | $142.50 |
| **School** | Highland Terrace |
| **Parent Coordinator** | Christina Srour  206.384.0540  [christinasrour@hotmail.com](mailto:christinasrour@hotmail.com) |

Medical / Allergies:

(if relevant)

Release to: after care

(circle one) guardians named below

## other:

**Emergency Contacts (Parents / Guardians):** (List anyone who has permission to pick up your child)

Name(s): , ,

Email: , ,

Phone(s): m, h w, m, h, w, m, h, w

## Street: , Zip:

**I permit my child to participate in Chess Mates’ after-school chess program.**

Parent Signature: Date:

Payment:

Check enclosed (payable to: Chess Mates)

My child is on the school’s free or reduced lunch program (payment waived)

I am sponsoring a child who can’t afford the fee (tax deductible donation)

**Every session must have at least one parent chaperone in attendance. Therefore, every parent is expected to chaperone for at least one session. Please choose a chaperone option:**

any day, assign me one (or two)

only on these dates:

never, but I will bribe another parent

I will chaperone extra days for bribes!

**Please see reverse side for disclosure statement**

**Disclosure:**

Individuals requiring special accommodations to attend or participate in PTA’s meetings or events are requested to contact Bhairavi Shah in advance to allow for any necessary requirements.

Email: [bhairavishah@hotmail.com](mailto:bhairavishah@hotmail.com)

Phone: 206.313.0689

Does your student require any special accommodations to participate in this program?

Y / N

If yes, please share this information with the PTA contact. Additionally, you may complete an Authorization of Exchange of Medical Information found here [http://schools.shorelineschools.org/studentservice/district- resources](http://schools.shorelineschools.org/studentservice/district-%20resources) to allow our enrichment director to have access to the information from the nurse necessary to ensure your student has the appropriate accommodations in place. Due to privacy laws, the District cannot share this information with the PTA without consent from you.

**Chess Mates Foundation is a Washington State 501(c)(3) nonprofit organization. We are funded through individual donations and from grants. Donations are tax deductible.**

**No Refunds. $20 cancellation fee if student withdraws before 3rd class.**

**CHESS MATES FOUNDATION • 7212 Woodlawn Ave NE • SEATTLE, WA 98115**