

LATE FALL 2017 AFTER SCHOOL ACTIVITIES AT OHS

REGISTRATION DEADLINE: THURSDAY, NOVEMBER 9!!!

SAME DAY REGISTRATIONS WILL NOT BE ACCEPTED.

To register after November 9, please see Late Registration instructions below.

WE WILL NOT PROCESS REGISTRATIONS WITHOUT CORRECT PAYMENT.

Attached is the schedule for After School Activities for Late Fall 2017 – we are looking forward to another great session! Please read **ALL** of the instructions carefully. A few reminders:

- There will be **NO MAKEUP** classes for this session.
- To register you **MUST** be an **OHS PTA MEMBER** for the 2017/18 school year. Go to www.ohspta.com and click “Join the PTA”.
- Registration is on a **first come first served basis**. Classes fill quickly. Please send a **completed registration form with a check for each child and each class, made out to the instructor/vendor** to school via “backpack mail” in an envelope marked “After School Activities”. We will not register a child without correct payment and a signed waiver.
- **Please send a dismissal note to your child's teacher EACH DAY they participate in an after school activity in order for your child to stay after school.**
- Classroom teachers dismiss students to their activities after the pickups and buses. All classes meet from 3:40-4:40. Students can be picked up at 4:40pm at the **main entrance** of the school.
- The OHS main office **CANNOT** answer after school activity questions.
- **Please contact Inga Flanagan or Pamela Carter with questions at ohsactivities@gmail.com.**
- **THE SCHOOL NURSE IS NOT PRESENT DURING AFTER SCHOOL ACTIVITIES.**

LATE REGISTRATION INSTRUCTIONS

If you wish to register a child **AFTER** November 9:

- Please **send an email** to ohsactivities@gmail.com with the child’s name, classroom, and the activity. We will respond with class availability AND instructions on how to proceed with registration.
- Late registrants **must pay the full course fee**.
- **Children who are not registered and rostered for a class will be sent home.** Do not send your child to an activity until we have **confirmed that he or she is enrolled**.

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Day	Dates	Course	Grade	CHECK TO	Cost
MONDAY	11/13, 11/20, 11/27, 12/4, 12/11, 12/18	HOLIDAY ART CRAFTS WITH CARYN	K-5	Caryn Mirgorodsky	\$87
MONDAY	11/13, 11/20, 11/27, 12/4, 12/11, 12/18	GYM GAMES WITH MR. MARKO	K-5	Erik Marko	\$73
MONDAY	11/13, 11/20, 11/27, 12/4, 12/11, 12/18	INTRO TO PILATES	3-5	Diane Manderville	\$63
MONDAY	11/13, 11/20, 11/27, 12/4, 12/11, 12/18	CHESS	1-5	DJA Chess Instruction	\$105
TUESDAY	11/14, 11/21, 11/28, 12/5, 12/19	DODGEBALL/KICKBALL	K-5	Overtime Athletics	\$63
TUESDAY	11/14, 11/21, 11/28, 12/5, 12/19	DIY W/ESSENTIAL OIL - Make and Take	1-5	Diane Manderville	\$78
TUESDAY	11/14	MAKE AN APPLE PIE	4-5	Michelle Albright	\$16
WEDNESDAY	11/15, 11/29, 12/6, 12/13, 12/20	FLOOR HOCKEY WITH MR. MARKO	K-5	Erik Marko	\$63
WEDNESDAY	11/15, 11/29, 12/6, 12/13, 12/20	HANDS ON POTTERY	2-5	Hands on Pottery	\$108
WEDNESDAY	11/15, 11/29, 12/6, 12/13, 12/20	MAKE A TRANSISTOR RADIO	4-5	Carl Fleming	\$91
WEDNESDAY	11/15, 11/29, 12/6, 12/13, 12/20	COOKING WITH CARYN	K-5	Caryn Mirgorodsky	\$93
WEDNESDAY	11/15, 11/29, 12/6, 12/13, 12/20	PAPER MACHE with Ms. Wicke	K-5	Rebecca Wicke	\$78
WEDNESDAY	11/29, 12/6, 12/20	ZUMBA WITH MISS GHAZIAN	K-5	Parvin Ghazian	\$73
WEDNESDAY	12/13	GINGERBREAD HOUSE MAKING Class ends at 5pm	K-5	Parvin Ghazian	\$71
THURSDAY	11/16, 11/30, 12/7, 12/14, 12/21	GYM GAMES WITH MR. MARKO	K-5	Erik Marko	\$63
THURSDAY	11/16	THANKSGIVING COOKIE DECORATING	K-5	Leisa Roth	\$23
THURSDAY	11/30	THANKSGIVING CELEBRATION	K-5	Parvin Ghazian	\$31
THURSDAY	12/7	HOLIDAY COOKIE DECORATING	K-5	Leisa Roth	\$23
THURSDAY	12/14	GINGERBREAD HOUSE MAKING Class ends at 5pm	K-5	Parvin Ghazian	\$71
THURSDAY/ FRIDAY	11/16 & 11/17	PIE FACE MURAL	K-5	Diana Garigliano	\$30
THURSDAY/ FRIDAY	11/30 & 12/1	LITTLE FISH MURAL	K-5	Diana Garigliano	\$30
THURSDAY/ FRIDAY	12/7 & 12/8	ORNAMENT MAKING	K-5	Parvin Ghazian	\$53
FRIDAY	11/17, 12/1, 12/8, 12/15	TENNIS in the OHS GYM	K-5	Marcy's Tennis Academy	\$83
FRIDAY	12/1	MAKE A PAPER WREATH	K-5	Caryn Mirgorodsky	\$14
FRIDAY	12/8	FUDGE MAKING	K-5	Caryn Mirgorodsky	\$18

SOME CLASS DESCRIPTIONS

For more details and descriptions of other classes, see ohspta.com.

DIY W/ESSENTIAL OIL: Make sugar scrubs, hand soap, bubble bath, etc, using essential oils (see description on ohspta.com for ingredients).

INTRO TO PILATES: Improve your posture and balance in this beginners Pilates class to help tone and strengthen your core muscles.

ZUMBA with MISS GHAZIAN: Come have fun grooving and shaking with Miss G to keep active in the cold winter weather!

DODGEBALL/KICKBALL: Students will be grouped according to age during play.

APPLE PIE: Assemble an apple pie to bake at home & make 1 to donate to operation Hope.

PAPER WREATH: Craft a paper wreath that with have sparkly cloths pins attached so your can display your favorite holiday cards!

FUDGE MAKING: Join in as we whip up a few different type of fudge recipes to be brought home and shared with family and friends.

PAPER MACHE: Create an animal, pumpkin, ghost, turkey, rocket ship, or most anything can imagine out of paper mache.

TENNIS Come play Tennis in the OHS GYM. Racquets are NOT provided. If your child needs a tennis racquet, please let us know.

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REGISTRATION FORM: DUE BY FRIDAY, NOVEMBER 9

Student: _____ Class: _____ Date of Birth: _____

Allergies? : Yes No If YES, list allergies: _____

Medical Conditions (if none, write "none"): _____

Parent: _____ Parent: _____

Email: _____ Email: _____

Phone: _____ Phone: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Check the box to the left to select an Activity:

Mondays		Tuesdays		Wednesdays		Thursdays		Fridays	
<input type="checkbox"/>	Art Crafts	<input type="checkbox"/>	Dodgeball/ Kickball	<input type="checkbox"/>	Floor Hockey	<input type="checkbox"/>	Gym Games	<input type="checkbox"/>	Tennis
<input type="checkbox"/>	Gym Games	<input type="checkbox"/>	DIY w/ Essential Oil	<input type="checkbox"/>	Hands on Pottery	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Pilates	<input type="checkbox"/>		<input type="checkbox"/>	Make a Radio	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Chess	<input type="checkbox"/>		<input type="checkbox"/>	Cooking	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Paper Mache	<input type="checkbox"/>		<input type="checkbox"/>	

Date(s)	Activity	Date(s)	Activity
11/14	Apple Pie	11/30	Thanksgiving Celebration
11/16	Cookie Decorating	12/1	Paper Wreath
12/7	Cookie Decorating	12/8	Fudge Making
12/13	Gingerbread	11/16 & 11/17	Pie Face Mural
12/14	Gingerbread	11/30 & 12/1	Little Fish Mural
11/29, 12/6 & 12/20	Zumba	12/7 & 12/8	Ornament Making

- Place this form and payment in an envelope labeled "OHS After School Activities."
- All check(s) must be payable to the vendor indicated on the attached class list.

WAIVER (PLEASE READ AND SIGN):

Please be advised that the school and the PTA DO NOT provide any accident liability insurance coverage for any off-site activities and DO NOT provide any insurance to cover the transportation to or from off-site activities.

I hereby certify the minor is my (our) son/daughter and that his/her date of birth is noted above and I (we) do hereby certify that to the best of my (our) knowledge and belief said minor is in good health. I understand the OHS after school policies as stated on this form/ registration. I understand the risks to my child in participating in after school activities, particularly physical activity. I take responsibility for these risks and agree to indemnify and hold harmless the PTA and its officers, the Town of Fairfield and the staff at OHS in the event my child sustains an injury.

In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I (we) hereby advise that the above named minor has had the above allergies, medicine reactions or unusual physical condition which should be made known to a treating physician. (If none, please write the word "None" above).

Signature of Parent/ Guardian: _____ Date: _____

Name of Parent/Guardian (Please Print): _____