

AHA!

(after hours activities at North Canaan Elementary School)

90 Pease Street P.O. Box 758 Canaan, CT 06018

August 23, 2016

Dear NCES Parents and Students,

I do hope you all had a nice and relaxing summer break and are ready to get back to the exciting adventures that the upcoming school year will bring. And a special and warm welcome to those of you who are new to our wonderful school! NCES is a great school with fantastic teachers and caring and helpful staff. It really doesn't get much better than this!

I would like to briefly introduce *AHA!*, an after school program sponsored by our town since 1991. *AHA!* classes are held every day in the school, from school dismissal at 3:00 until 5:30, including many early dismissal days (more info on NCES website). There is a reasonable charge for these classes which covers materials for our projects and the instructors' fees. We do offer several discounts, have a few scholarships for those who qualify, and we are a Care 4 Kids provider.

During the course of the school year, we offer a large variety of classes, hoping that we can eventually spark every child's interest at some point during the year. Many of the classes are seasonal or holiday specific. We offer some sort of sports/recreation whenever possible, although juggling after-school gym time during basketball season is tough. Other *AHA!* classes might include nature walks, cooking, music, Legos, computer, art, crafts, etc. And some days we just do whatever the group wants to do. A few classes are aimed at a particular age group while most are appropriate for all ages. The mix of young and old together has worked out well! So kindergartners and Pre-K are most welcome to join us!!

And just introduced for this year will be an early morning drop off program, beginning at 7:00.

Please fill out our application and medical form and return to *AHA!* via the NCES office. You are under no obligation to attend by filling out this information but we'll be ready for your child when you do come. Although I'm not great at keeping up with the site, fairly up-to-date information regarding classes and events can be found on the NCES website. Go to nceschool.org, and find *AHA!* under "for parents".

The *first day* of *AHA!* is August 29. The fee to attend *AHA!* is \$5.00 for early morning drop-off and \$6.00 per afternoon. I do like knowing ahead of time if your child is coming (send a note to your child's teacher, along with the fee) but last minute attendees are always welcome. Do let your child's teacher know which days she should dismiss your child to *AHA!* to make sure he/she gets to us at 3:00.

As further enticement to check us out, you may use the coupons below to sample two of our great classes for free. We are looking forward to seeing you very soon at *AHA!*

Lynn Nania, Director (824-0393)

This coupon may be exchanged for
one day of *AHA!*
Please enclose this with your next *AHA!*
registration and deduct the one day charge
of \$6.00 from your final balance.
Valid through December 2016

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one day of *AHA!*
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registration and deduct the one day charge
of \$6.00 from your final balance.
Valid through December 2016

AHA! Application
2016/2017

Family name: _____

First child's name: _____ Age: _____ Grade: _____

Second child: _____ Age: _____ Grade: _____

Third child: _____ Age: _____ Grade: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone(s): _____ (H), _____ (W), _____ (C), _____

E-mail: _____

Parents/guardians:

Mother's name: _____

Father's name: _____

Guardian's name: _____

Other notes of importance: _____

AAA! - 2016/2017

(after hours activities at NCES)
a Town of North Canaan program

Contact and Medical Release Form

Name: _____ Phone: _____

Age: _____ Grade (in Sept. 2016): _____ Birth date: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Emergency Contacts :

Parent Name: _____ Daytime Phone: _____

Parent Name: _____ Daytime Phone: _____

Other Name: _____ Daytime Phone: _____

Physician: _____ Phone: _____

Please list anyone besides your emergency contacts who may pick up your child.

Name: _____ Phone: _____

Name: _____ Phone: _____

Please list any medical concerns, such as allergies, medications, and/or medical history that your child may have.

Can we give your child something for pain, if needed? Yes No

If yes, what do you prefer? _____

Waiver and Release of all Claims

Please read this form carefully. When you sign this form you waive and release all claims for injuries your child might sustain arising out of their presence at or use of the facilities and/or participation in the programs and/or activities of the Town of North Canaan's AHA! and Camp AHA!

Acknowledge risk injury: *As a participant in the activities or programs at AHA! and Camp AHA!, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which my child may sustain as a result of participation or use of such facilities, activities or programs.*

Waive, Release & Indemnify: *I hereby waive, release and discharge any and all claims I may have or may acquire against the Town of North Canaan, AHA! and Camp AHA! and their officers, agents, employees, and/or volunteers as a result of my child's participation in activities and programs of AHA! and Camp AHA!, except for willful and wanton misconduct by AHA! and Camp AHA! or its authorized personnel.*

I have read and fully understand the above Waiver and Release of all Claims Form.

_____ Date: _____

printed name of Participant(s)

_____ Date: _____
signature of Parent/Legal Guardian

Signature below authorizes AHA! and/or Camp AHA! to transport your child to field trips and secure emergency medical transportation for your child. This form does not authorize or guarantee treatment upon arrival at the designated source of emergency medical or dental treatment, as each emergency facility sets their own treatment procedures. Please sign below if you grant AHA! and/or Camp AHA! permission to transport your child for field trips and emergency care.

_____ Date: _____
parent's signature

Fax: 860-824-0445

Phone: 860-824-0393

E-mail:

lcnania@yahoo.com

Mailing: Lynn Nania, 35 Undermountain Road Falls Village, CT 06031