



**CARROLLTON EARLY CHILDHOOD PTA
Nursery/Play Class Reservation Form
2017-2018**



www.cecpta.org

Parent Name _____ Phone Number _____
Address _____ Email Address _____

The monthly charge for Nursery/Play Class is as follows:

	<u>Annual Reservations</u>	<u>Monthly Reservations</u>	<u>Walk-in Rate</u>
One Child	\$5.00	\$8.00	\$10.00
Two Children	\$8.00	\$12.00	\$14.00
Three or more children	\$11.00	\$14.00	\$16.00

Sept.	FREE Nursery/Play Class! A- The Power of Play K- Armstrong Truck	Dec.	Holiday Brunch K- Music Together Dallas	Mar.	A- Simple Fitness for Moms K- Mr. Willy
Oct.	A- Adventures in DFW and How They Relate to Multiple Intelligences K- Police	Jan.	A- The 15 Most Important Parenting Tips K- Creepy Critters	April	A- Stress Free Potty Training K- Fire Truck
Nov.	FREE Nursery/Play Class! SILENT AUCTION! K- Storytime	Feb.	A- GRIT and How to Teach Your Child How to Have It K- Valentine Craft	May	New Board Installation K- TBD

Please list below all children who will need Nursery/Play Class and check the corresponding months.

Name	DOB	Sept *Free*	Oct	Nov *Free*	Dec	Jan	Feb	March	April	May

Monthly charge _____ X _____ number of *PAID* months of child care = _____
Total Due _____

Please make all checks payable to **CECPTA** and mail to:

CECPTA
c/o Nursery/Play Class
P.O. Box 118160 · Carrollton, TX 75011-8160

Nursery Coordinators: Stacy Groner & Anh Linh Tran (cecptanursery@gmail.com)

NURSERY/PLAY CLASS LIABILITY RELEASE FORM

I, the undersigned, as the parent or guardian, and acting on behalf of and, with the authority of any other parent, guardian or legal representative of (print names of children) _____

_____ hereby release, discharge and agree to hold harmless, the Carrollton Early Childhood PTA and any of its officers, directors, and members, of and from any and all personal liability, claims of liability, causes of action, claims or assertions for any personal injuries, damages or otherwise, which may arise, or be in any way connected, with the provisions of babysitting or Nursery/Play Class services by the Carrollton Early Childhood PTA and any of its officers, directors, or members.

Signature _____ **Date** _____

**Programs subject to change.*

*****For Office Use Only*****

Date Received _____ Amount Paid _____ Check# _____ Receipt issued _____