



**CARROLLTON EARLY CHILDHOOD PTA
Nursery/Play Class Reservation Form
2016-2017**



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-Changing a Tire K-Creepy Critters	Dec.	A-Cookie Decorating & Craft Booths K-Mr. Willy Welch	Mar.	A-Keeping Your Children Safe from Pornography K-Maricela & Friends
Oct.	A- Five Things Every Mom Needs to Hear K-Armstrong Semi-Truck	Jan.	A-Kindergarten Readiness K-Ms. Maria-Safari	April	A-Volunteering With Your Children K-Music Together Dallas
Nov.	FREE Nursery/Play Class! SILENT AUCTION! K-TBD	Feb.	A-Pillow Talk 101: Marriage Communication K-Valentine Craft & Party	May	New Board Installation K- Fire Truck & Police

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 _____