



**CARROLLTON EARLY CHILDHOOD PTA
Nursery/Play Class Reservation Form
2019-2020**



Parent Name _____ Phone Number _____
 Address _____ Email Address _____

The monthly charge for Nursery/Play Class is as follows, **no refunds for missed meetings with annual reservation:**

	<u>Annual Reservations</u>	<u>Monthly Reservations</u>	<u>Walk-in Rate</u>
One Child	\$35.00	\$8.00	\$10.00
Two Children	\$56.00	\$12.00	\$14.00
Three or more children	\$77.00	\$14.00	\$16.00

Sept.	FREE Nursery/Play Class! A- Heather Davila- Recharge your Life K- Cowboy Tex Music and Magic	Dec.	Holiday Brunch K- Alpie the Elf	Mar.	A- Tara Peckham- Winning at Instagram K- Movers and Shakers with Ms. Bernie
Oct.	A- CFBISD Kindergarten Information K- Fall Storytime-Carrollton Pub. Library	Jan.	A- Amy Hayes- Winter Illness Prevention K- Non-Traditional Heroes	April	A- Carolyn Zemlick: TBD K- Reading and Rhyming with Mother Goose
Nov.	FREE Nursery/Play Class! SILENT AUCTION! K- Operation Kindness	Feb.	A- Heather MacFayden-Important but not Essential K- Valentine's Storytime-FB PubLibrary	May	New Board Installation K- Pending: Fire Department Visit

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: Jessica Parker and Erin Shepardson (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 _____